

Title of Report:	CAMHS Interim Plan Update	
Status:	TO NOTE	
Committee:	Governing Body	Date: 27/07/18
Venue:	Dorking Halls, Reigate Road, Dorking, RH4 1SG	

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Governance:

Conflict of Interest: The Author considers:	No conflicts identified	✓
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Freedom of Information: The Author considers:	Open – no exemption applies	✓

Executive Summary:

The CAMHS Interim Plan is a system response to addressing the significant numbers of children and young people waiting for assessments reported by Surrey & Borders Partnership Trust. There are five priorities central to the CAMHS Interim Plan. Alongside the CAMHS Interim Plan, the CCGs, Surrey County Council and SABP have commissioned Attain to undertake a Joint Independent Review to identify recommendations/actions post the CAMHS Interim Plan. The purpose of this report is to provide an update on the progress made against the CAMHS interim plan, highlighting some of the positive developments and challenges experienced.

Implications:

What is the health impact/ outcome and is this in line with the CCG's strategic objectives ?	The purpose of the CAMHS Interim Plan is to join together as a system working in partnership across health, education and social care to achieve quality health outcomes for the populations and reduce health inequalities. The CAMHS Interim Plan is in line with the CCG's strategic objective of commissioning a safe and sustainable Children's service
What is the financial/ resource required?	A financial investment of £833.5k was secured from the Surrey Heartlands Transformation Board in May 2018 to address the number of children and young people waiting to access CAMHS for assessment.

<p>What legislation, policy or other guidance is relevant?</p>	<p>Under section 3A NHS Act 2006 each CCG has the power to arrange for the provision of such services or facilities as it considers appropriate for the purposes of the health service that relate to securing improvement in – (a) the physical and mental health of persons for whom it has responsibility; or (b) the prevention, diagnosis and treatment of illness in those persons.</p> <p>Under sections 45 and 148 Health and Social Care (Community Health and Standards) Act 2003 CCGs have a duty as prescribed NHS bodies to put and keep in place arrangements for the purpose of monitoring and improving the quality of health care provided by and for that body. Health care means services provided to individuals in the connection with the prevention, diagnoses, or treatment of an illness (including mental illness).</p>
<p>Is an Equality Analysis required?</p>	<p>An Equality Impact Assessment has been drafted highlighting the impact of the temporary 16 week change to the CAMHS access criteria for routine referrals to Community CAMHS Teams, Primary Mental Health Service and Behavioural, Emotional and Neurodevelopmental (BEN) pathway. This Equality Impact Assessment will be approved by the CAMHS Project Broad responsible for the delivery of the CAMHS Interim Plan on Tuesday 10th July 2018</p>
<p>Any Patient and Public Engagement/ consultation required?</p>	<p>As part of the Joint Independent Review there has been and will continue to be Patient and Public Engagement with CAMHS Youth Advisors; Family Voice and Health watch.</p>
<p>Potential risk(s)? (including reputational)</p>	<p>There is a CAMHS Interim Plan Risk register monitored at the CAMHS Project Board.</p> <p>GBAF – 255 Surrey Heartlands CCGs CAMHS waiting times.</p>

Recommendation(s):

(1) To note progress made to date with the CAMHS Interim Plan

Next Steps:

- (1) To refine KPIs monitoring process for the CAMHS Interim Plan and finalise dashboard
- (2) To start to consider evaluation matrix of the CAMHS Interim Plan beyond 16 weeks
- (3) Completion of the Joint Independent Review and plan to take recommendations forward
- (4) Consider learning from the CAMHS Interim Plan and Independent Review in the development of the Emotional Well-being and Mental Health Strategy

1. Background

In March 2018, Surrey and Borders Partnership (SABP) NHS Foundation Trust notified commissioners, there were a significant number of children and young people circa 2,079 awaiting routine assessment and likely treatment from Community CAMHS teams, Primary Mental Health Service and Behavioural and Emotional Neurodevelopmental (BEN) pathway. This poses significant clinical risk relating to children who may have undiagnosed mental health issues that have been unassessed and untreated by CAMHS.

In collaboration with Surrey Heartlands CCGs, Surrey County Council and SABP, consideration was given to five options to address the children waiting to access CAMHS. The preferred option was the implementation of a system wide response across health, education and social care. It is recognised that a traditional Business as Usual approach to address the above challenges by simply adding capacity is not the solution.

The CAMHS Interim Plan is the beginning of the journey rather than the end point to collectively address the challenges the service is facing and system work to transform the pathways before a referral is needed, support a temporary change to the access criteria for 16 weeks, clinical advice and guidance and considering alternative routes to provide additional capacity which make our CAMHS services safe with immediate effect.

A business case for the CAMHS Interim Plan was approved with investment of £1.2m from the six Surrey CCGs; Surrey County Council also invested £250k. This short-term investment will help ease demand and pressure on Surrey Mindsight CAMHS, whilst commissioners and SABP commission a joint independent review of the service to identify a sustainable new model for the service.

2. CAMHS Interim Plan

Priority work streams for the CAMHS Interim Plan, which are as follows:

1. **To review CAMHS Access criteria and develop support pack for universal professionals (schools, Social Care and GPs)** - provide support to education, social care and primary care to manage CYP with confidence and more effectively through a range of universal supports optimising service utilisation in the management of emotional well-being need and 'low level' mental health presentations.
2. **To optimise access to Clinical Advice and Guidance** - Providing access to clinical advice, guidance and consultation to primary care and other professionals to ensure a more 'integrated' approach to addressing the needs of children and young people in a timely way.
3. **Improving access to early help** - To reduce future demand and prevent future backlog in Surrey Mindsight CAMHS by providing access to Early Help services via Family Services (youth centre) drop-in across the 11 districts and boroughs for those with mild to moderate emotional well-being and mental health needs
4. **To provide alternative routes and capacity for children waiting to access service for a time limited period** - Engagement of sub-contractor to address children waiting for ASD and ADHD assessments and increase capacity for SABP to address children waiting to access Community CAMHS and Primary Mental Health Service.
5. **Review of case management criteria** - Reduce caseload for clinicians to safe and manageable levels. The intention is to work with education social care and GPs through effective shared care arrangements. Ensuring effective management of more complex cases and collaborating in relation to cases that are not high risk clinically but that require input from multiple agencies to optimally manage the child/young person's needs.

Governance arrangements

The CAMHS Interim plan is overseen and led by the CAMHS Project Board. The CAMHS Project Board, membership consists of Surrey CCGs; Surrey County Council and SABP. The CAMHS Project Board meets monthly to review progress and project risks with updates provided by the work stream leads. The board reports to the Children's Escalation Board. The CAMHS Project Board is supported by a project group which meets weekly with members from Surrey Heartlands CCGs; Surrey County Council and SABP. A weekly working group consisting of representatives from the children's clinical leads, SABP, social care, schools and education colleagues work together to progress priorities one, three and five.

3. Progress made to date

3.1 Priority one - *To review CAMHS Access criteria and develop support pack for universal professionals (schools, Social Care and GPs)*

3.1.1 CAMHS Access criteria

Surrey Heartlands CCGs approved a temporary change to the CAMHS Assess Criteria for routine referrals to *Primary Mental Health Service, Community CAMHS and the BEN pathway*. The temporary change is for a 16 week period which commenced on 4th June 2018 till 21st September 2018. It is important to note there is no change to the access criteria for Sexual Trauma and Recovery Services/Children in Care/Post Order/Looked After Children/Children's Eating Disorder services, Children with a Learning Disability/Hope/Extended Hope/Youth Support Services/Mindful. Referrals will continue to be received via the CAMHS one-stop. Similarly, for face to face counselling services from Eikon and other generic counselling providers; parent support via National Autistic Society and Barnardo's will continue to be available via referral to One Stop.

SABP continue to identify and prioritise children and young people who present with crisis and urgent need. The response to these children will be timely and in line with the performance and quality standards detailed in the contract, i.e. Crisis – Triage within 4 hours, Face to Face within 24 hours and Urgent – Triage within 5 working days, Face to Face within 10 working days.

SABP report since 4th June 2018, 236 routine referrals have been made for Primary Mental Health Service, Community CAMHS and the BEN pathway which have been returned to the referrer with sign posting to the support pack. Compared to June 2017 referrals where reported as 366 a reduction of 36%. 52 children referred under urgent and crisis criteria, which is quite low, however children and young people may be accessing the children and young people's Haven or Extended HOPE services which are in place to support crisis and prevent crises. Although this is positive, it is still quite early for the interim plan and further work is required to understand the performance figures reported.

3.1.2 Emotional Well-being and Mental Health Support Pack

The purpose of the emotional well-being and mental health support pack is to ensure that, all professionals working in primary care and universal services know how best to respond to a child/young person with mental health, emotional and wellbeing needs. It is recognised, that for most young people with mild emotional or behavioural difficulties

are best served by universal services e.g. families, community support, direct access, counselling services, national associations, schools, health visitors etc. therefore it was necessary to identify alternative resources which could be accessed.

The support pack identifies a total of 36 resources for 5-18 year olds (13 resources for children under 11s; 11 resources for children aged 11 and over and 12 resources covering all age groups). Although the resource pack has been well received by schools and social care, primary care colleagues in some CCGs have raised there are too many resources. Based on the feedback Children's Clinical leads have developed an abridged version with key information pertinent to their locality.

Surrey CAMHS Youth Advisors (CYA) also developed an emotional well-being support pack for young people, which has been printed and distributed to practices, schools and young centres.

In addition to the support pack, a pro-forma has been developed with primary care and schools to support access into CAMHS, for those children/ young people where their symptoms have been occurring over several months and would not have responded to prevention and early intervention services, such as counselling and behaviour support or evidence based parenting. The purpose of the pro-forma is to capture interventions that have been tried within universal settings and detail the impact of these interventions. Although, it is anticipated during the course of the CAMHS interim Plan, it is unlikely that any family will have completed the interventions identified to require this pro-forma to be used. Concerns have been raised regarding support for children or young people needed during the summer holiday. A number of measures have been identified, Surrey County Council Schools and Learning are contacting schools before the summer break to identify any vulnerable children; additional capacity from within specialist teacher teams and educational psychologist will be in place to avoid needs escalating. CAMHS one-stop will be provided with the contact details of the four area education officers who can contact Head teachers during the summer holiday if a referral to CAMHS is needed using the pro-forma. For children and young people home tutored (not registered with a school) GPs will lead the referral.

3.2 Priority 2 - To optimise access to Clinical Advice and Guidance

Clinical Advice and Guidance support pathway finalised and went live on 4th June 2018. This service is available from CAMHS One stop Monday – Friday between 12-2pm for any professional wanting to discuss a child/young person they may have concerns over.

Since the 4th June 2018 523 calls have been for advice and information which have been managed by the One Stop team. Of this 12 clinical advice and guidance call requests were made, with the majority of calls being for Psychiatry (7 in total). It is not known if each of the calls related to one child or several children.

3.3 Priority 3 - Improving access to early help

In order to support the temporary change to access criteria for CAMHS, Surrey Family Services has developed weekly Well-being drop in sessions for 5-17 year olds presenting with mild to moderate emotional and mental health needs. Schools, GP's and other organisations are encouraged, where appropriate, to signpost children and young people directly to these wellbeing sessions, while the interim CAMHS referral criteria are in place for 16 weeks from 4th June 2018. For children under-5's presenting with mild to moderate emotional health needs support can be accessed via their local children's centre.

The sessions are staffed by a multi-professional team, including those from a mental health background and the core function will be to offer relational support to children and families, whilst enabling access to a broader local early help offer provided by a range of partners. This might include supporting access to local leisure, positive activity, learning, counselling and family support opportunities. There are 12 well-being drop-ins one in each borough and district in Surrey operating during after school hours. The majority of drop ins commenced on 4th June 2018 with the final one commencing on the 18th June 2018. Family Services are working through logistics of having Education Psychologists delivering support in the well-being hubs during the summer.

Surrey Family Service report the numbers of children and young people is increasing, data is not yet available.

3.4 Priority 4 -To provide alternative routes and capacity for children waiting to access service for a time limited period

3.4.1 Harm reviews

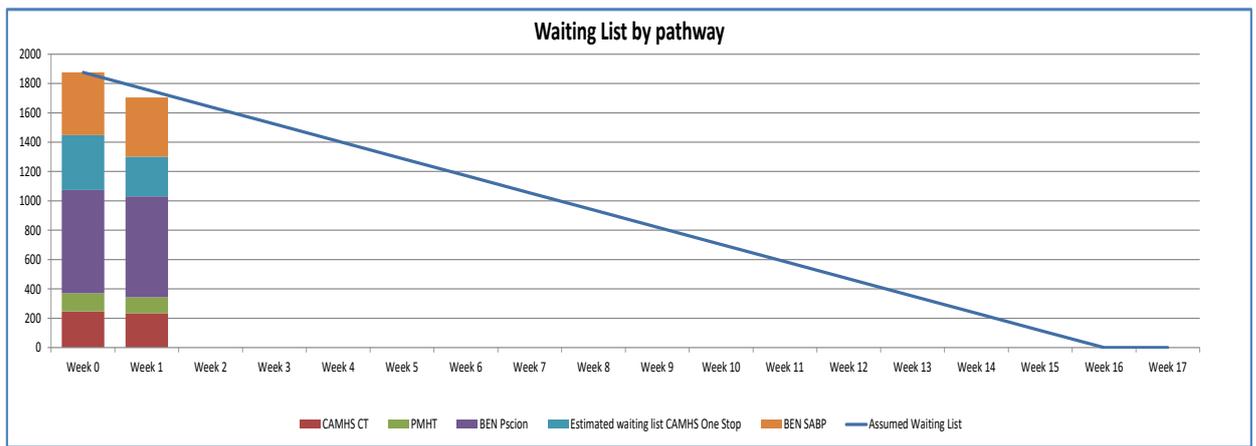
SABP have undertaken harm reviews of the children and young people waiting. This was an opportunity for SABP to reengage with facilitated support that was available to them more immediately. These services include online counselling support and access to self-help and psycho educational resources through organisations such as Kooth and support to parents via the National Autistic Society and Barnardo's parent support and educational/management resources. For CAMHS Staff, the harm review process will allow an opportunity for the teams to review their entire caseload thus alleviating (to some degree) the stress of high caseloads and an overwhelming concern that they would 'miss' a vulnerable child/family or a child that was deteriorating whilst waiting. SABP continue to undertake clinical risk assessments of all children currently on the waiting list.

3.4.2 Addressing the Children and young people waiting

SABP has commissioned Psicon, an experienced provider focussing on assessment and treatment for children and young people with ASD or ADHD. Psicon has contacted children/young people and families to arrange appointments. Clinic bases have been confirmed as follows:

- Haywards House St Peters Hospital (Mon – Sun 8am -9pm)
- Tandridge Hub (Thu – Sun 8am – 9pm)
- South Lodge Epsom (Sat & Sun 8am – 9pm)
- Azalea House Guildford (Sat & Sun 8am – 9pm)

This priority commenced on 18th June 2018, towards the end of June 2018, following further data cleansing by SABP to the numbers of children waiting reduced from 2079 to 1800 children and young people waiting. At the time of reporting the week 1 data indicates that SABP completed 163 assessments against a plan of 117. Further assurance has been requested regarding ensuring sustained progress during the 16 weeks. In addition, there is still further work to be undertaken in developing a performance dashboard.



3.5 Priority five - Review of case management criteria

The focus of this priority is twofold, firstly establishing caseload and ensuring discharging criteria is consistently applied across each of the areas resulting in a reduction of cases to a safe and manageable level. Secondly, identifying and establishing an appropriate process to enable cases to be held as shared care with Primary Care or Social Care.

Internally SABP continue to progress patient flow using Choice and Partnership Approach (CAPA) Model and recruitment to vacant posts to reduce caseloads. From a system's perspective there are two areas of focus;

1. GP shared care – Clear protocol around shared care required which could include training involvement from CAMHS around prescribing standards medication and clear discharge with advice and guidance from CAMHS.
2. Schools and Social care - Identification of children and young people with ASD where CAMHS do not have active role in provision but remain on case load, recognising the role of schools and social care in the management of these children and young people. Identifying the support/training or guidance SABP could provide to enable education and social care to support.

SABP has acknowledged the actions required to deliver priority five are unlikely to reduce caseloads in the short term as the actions progressing are mid to longer term.

4. Joint Independent Review

Surrey CCGs, Surrey County Council and SABP have jointly commissioned Attain in June 2018 to undertake an independent review of Mindsight Surrey CAMHS. The objectives of the review are to:

- understand and reflect on the context of the wider system
- identify the challenges impacting on the service
- propose solutions that address the immediate challenges, but will also inform the optimisation of services and the development of a sustainable service model

The review will aim to answer six key lines of enquiry identified by the Partners include:

1. Is what we commissioned being delivered? Is the commissioned service deliverable in the current context?
2. What are the key reasons for increased demand in the Mindsight Surrey CAMHS service?

3. Why is there a variation in the Behavioural Emotional Neurodevelopmental (BEN) and CAMHS Community Teams backlog?
4. How could we intervene earlier?
5. How effective are our pathways in meeting the health and wellbeing needs of children and young people?
6. What are your recommendations for all of the above questions in order to deliver a safe and sustainable service within the resources available?

Although, tier one and four services are out of scope; Attain will review the extent to which tiers two and three services are provided within a coherent wider care model. The approach Attain is using focusses on system, service and resources reflecting on the As-is and To-be.

Interim findings have been shared with partners at the beginning of July 2018 which are as follows:

Findings: headlines



<ul style="list-style-type: none"> • The 2015 CAMHS strategy was innovative and ambitious – it was inclusive of a number of agencies, services and concepts • The commissioner and provider structures for CAMHS are complex and have resulted in the fragmentation of strategy, contract management and service delivery • To date, the wider system and agencies have not been wholly united in the delivery of emotional wellbeing and mental health support to children and young people • Data suggests an increase in demand for Tier 2 and 3, and sub-contracted activity, that wasn't forecast in the commissioning plan, with multiple potential contributing factors, including changes in access thresholds, effectiveness of triage, community paediatric provision (all need further analysis) – this is especially true for BEN and Community CAMHS, resulting in backlogs and high case loads. Team structure and resourcing, and contracting structures are also contributing to variation in BEN/CAMHS CT pathways 	<ul style="list-style-type: none"> • The commissioned vision for CAMHS is not being delivered by Mindsight Surrey CAMHS. <u>Mindsight has not fully mobilised a de-medicalized model, to deliver the CAMHS vision</u> nor consistently managed, escalated or mitigated the demand and operational challenges faced by the service. Access to data has been a significant barrier. Recent engagement with commissioners and proactive approach to the Interim Plan is demonstrating a commitment to addressing the challenges • Clear commitment to early intervention, but mixed evidence of strong provider partnerships that are delivering early interventions or work by Mindsight Surrey CAMHS with system partners to do the same (e.g. schools and GPs) • Qualitative and anecdotal evidence of good clinical outcomes (further analysis required)
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There are a number of emerging recommendations in relation to strategy; the service and resources

Emerging recommendations



- Strategy**
- continued development of a needs-based Emotional Wellbeing & Mental Health Strategy – building coherence in strategy and vision across the six CCGs and SCC
 - approach to commissioning and provision of CAMHS that enables the delivery of the emerging Emotional Wellbeing & Mental Health Strategy and is aligned to and coherent with other services and contracts that support children and young people (e.g. education and primary care)
- Service**
- development of a de-medicalised model that values and unites whole system community assets to plan, provide and evolve emotional and wellbeing services and specialised mental health services
 - a coherent united Surrey-wide service, that is localized to meet the needs of different populations
- Resources**
- identify champions and resources to ensure the delivery of CAMHS transformation
 - leveraging variety of skills and capabilities from wide ranging workforce, breaking down organisational and professional boundaries to foster a culture of shared responsibility
 - seamless contractual and performance management arrangements

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Over the next four weeks Attain will be focusing on Strategy especially its links to the wider Emotional Wellbeing & Mental Health Strategy. Providing an outline of how CAMHS strategy fits into the wider children's services portfolio. Provide recommendations for CAMHS commissioning and provider structures. Provide a view on the demand pressures in the system. In terms of services, provide an outline CAMHS care model that will deliver the CAMHS strategy using service user stories to demonstrate care model with CYA and Health watch (if possible/available). In relation to resources, Attain will outline of how resource/ financial investment benchmarks against other parts of the country. Provide a workforce analysis and recommendations alongside, data and IT recommendations. Finally provide a roadmap of medium-term actions, post Interim Plan and longer-term actions for delivery. The final report is due at the end of July 2018.

5. Recommendation

Governing Body is asked to note progress made to date with the CAMHS Interim Plan.

6. Next steps

6.1 To refine KPIs monitoring process for the CAMHS Interim Plan and finalise dashboard

6.2 To start to consider evaluation matrix of the CAMHS Interim Plan beyond 16 weeks

6.3 Completion of the Joint Independent Review and plan to take recommendations forward

6.4 Consider learning from the CAMHS Interim Plan and Independent Review in the development of the Emotional Well-being and Mental Health Strategy