

Appendix 1

Hillingdon Child and Adolescent Mental Health Services update

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“CAMHS isn’t just about funding. What is needed is a fundamental shift in culture. A whole system approach is needed focusing on prevention of mental ill health, early intervention and recovery. We owe this to young people. It is with their future in mind that we must all commit to, and invest in this challenge. “, Future in Mind, June 2015”

1. Background

This report outlines the current work of Hillingdon's Joint Children and Young Persons Emotional Health & Wellbeing Transformation Board, and what has been achieved over the years, the current gaps in services in Hillingdon, and the development and implementation of the Local Transformation Plan (see appendix 2). The Transformation plan has been informed by the recent draft Joint Strategic Needs Assessment for CAMHS, the CAMHS review 2013, and Hillingdon Healthwatch's reports on CAMHS, which involved interviewing children, young people and their families. These reports will enable the Board to target areas of greatest need within Hillingdon, and build on work that is currently being carried out. The work so far recognises that it is important to ensure adequate capacity at all levels of CAMHS, with an aim to move away from organisational boundaries, with clear joined up pathways, with a particular focus on prevention and early intervention services as these services prevent children and young people becoming more acutely unwell.

2. Local Transformation Plan

2.1 Requirements

The guidance on the new requirements was made available during August (see:

<http://www.england.nhs.uk/wp-content/uploads/2015/07/local-transformation-plans-cyp-mh-guidance.pdf>)

To access this additional funding each CCG and Local Authority is required to submit a Local Transformation Plan to NHSE by 16th October with the funding released in December if the plan meets the assurance process requirements.

Key objectives outlined by NHS England for this additional funding are to:

- Build capacity and capability across the system

- Roll-out the Children and Young People's Improving Access to Psychological Therapies programmes
- Develop evidence based community Eating Disorder services for children and young people
- Improve perinatal care.
- Bring education and local children and young people's mental health services together around the needs of the individual child through a joint mental health training programme

2.2 Hillingdon Local Transformation Plan

The Joint Children and Young Persons Emotional Health & Wellbeing Transformation Board is required to develop the plan and is accountable for delivery. It will build on the good work in place so far and set out in Appendix 1.

The Board is chaired by the CCG Clinical Lead for Children and attended by senior representatives from the CCG, London Borough of Hillingdon, the Voluntary sector and Hillingdon Healthwatch .

The introduction of the Local Transformation plan and the promise of new funding will enable us to establish clear information on funding streams, accountabilities and responsibilities and to set targets for improvement including reducing waiting times and increased use of evidence based interventions, with a strong focus on outcomes. There will also need to be a strong initial focus on building a baseline.

The updates on the plan will reported back to the Health and Well-Being Board as required.

Key areas of the plan in year 1 (November 2015 to March 2016)

1. Reducing the waiting times for tier 3 CAMH Service
2. Development of Self Harm, Crisis and Intensive support service
3. Development of comprehensive LD service for children with mental health, challenging behaviour and autism
4. Develop a Community Eating Disorder service
5. Understanding the role of Schools/College in emotional well-being and commissioning services such as counselling
6. Development of primary CAMHS for non MH specialist staff
7. Development of MH training for the Children's workforce

3. Definitions of CAMHS

Currently, Child and adolescent mental health services (CAMHS) are delivered in line with a four-tier strategic framework which is the basis for planning, commissioning and delivering services; most children and young people with very low level mental health problems will be seen at Tiers 1 and 2. However, there is a general perception that when most people think of CAMHS, they think of the Tier 3 provision, which in Hillingdon is provided by CNWL.

Tier 1 : CAMHS at this level are provided by practitioners who are not mental health specialists working in universal services; this includes GPs, health visitors, school nurses, teachers, social workers, youth justice workers and voluntary agencies. Tier 1 Practitioners

will be able to offer general advice and treatment for less severe problems, contribute towards mental health promotion, identify problems early in their development, and refer to more specialist services.

Tier 2 : Practitioners at this level tend to be CAMHS specialists working in community and primary care settings in a uni-disciplinary way as opposed to multi-disciplinary/ psychiatry led services). For example, this can include primary mental health workers, psychologists and counsellors working in GP practices, paediatric clinics, schools and youth services. Practitioners offer consultation to families and other practitioners, outreach to identify severe or complex needs which require more specialist interventions, assessment (which may lead to treatment at a different tier), and training to practitioners at Tier 1.

Tier 3: This service provides community mental health services to children, young people and their families with complex mental health difficulties. The team is headed by a Consultant Psychiatrist and also includes therapists, nurses and psychologists. The team provide treatment which can be pharmacological and /or psychological.

Tier 4: This tier is the high complex inpatient hospital treatment, which is commissioned by NHS England.

Going forwards, we here in Hillingdon are committed to moving away from the above traditional model, to a system, that is built around need with clear joined up pathways, and one that is not defined around organisational boundaries.

4. Needs Assessment

4.1 National/local context and evidence base

There has been universal acknowledgment in policy over the past ten years of the challenges faced by children and young people in developing resilience and psychological wellbeing. At the same time, effective treatments have been identified to improve the life chances of children and young people, and to minimise the impact on the long-term health of the population and economic cost to the public purse.¹

Nationally the need, ie number of young people experiencing mental health issues has been rising for a number of years, which has led to increased referrals into CAMHS. Furthermore investment has been falling, across both the NHS and Local Authority. As a result the Government set up a Taskforce in 2014 to review the current system, which led the publication of a report 'Future in Mind 'in March 2015. The findings included:

- 28% of pre-school children face problems that have an impact on their psychological development
- One in 10 five-to-16-year-olds has a mental disorder
- One in six young adults aged 16-24 has a common mental disorder
- About 500,000 children and young people say they are unhappy and dissatisfied with their lives
- 35% of young people with mental health problems actually get help.
- 75% of adult mental health problems are present before age of 18.

- Self Harm is more prevalent within females in their mid-teens; between 2001/2 to 2010/11 rates of hospital admission due to DSH have increased nationally by around 43% among 11-18 year olds (175,000 in 2010/11).
- Suicide is the leading cause of death for males aged under 50; the Office for National Statistics data shows 19 deaths by suicide for every 100,000 men in 2013. Overall, 6,233 suicides were registered in men and women over the age of 15 in 2013 - 4% higher than the previous year, with 78% of suicides were in men.

The report led to a commitment to increase investment in services by £250m for 5 years, on the understanding that local areas transform their services, so that by 2020 an additional 100,000 children and young people will receive treatment.

4.2 Local Background Information

Findings from the draft JSNA, published in June 2015 include:

- that around 4,000 5-16 year olds will have a mental disorder, with around 60% being male, with prevalence increasing with age. Of these Conduct and Hyperkinetic disorders are more common amongst boys and emotional disorders among girls.
- there are also an estimated 2,000 young people aged 16-19 in Hillingdon with neurotic disorders.
- there are an estimated 480-620 children and young people who have both a Learning Disability and mental health problem
- an audit of Looked After Children in Hillingdon in 2011/2 found that 485 had a mental disorder
- the Hillingdon SEN database has identified 460-children and young people within the Autism Spectrum .
- there were 223 hospital admissions for self harm in the 21 months between April 2013 and December 2014 for children and young people aged 0-24; with 80% being females.

The recent report by Hillingdon Healthwatch 'Seen and Heard' (May 2015) the second in a series exploring the condition of services for children and young people experiencing mental health difficulties highlighted Self-Harm and included feedback for young people and their families as well as professionals, including :

- "My daughter was self-harming, not eating and constantly going missing but it took a crisis to happen before she was seen"
- "They said my daughter wasn't autistic enough to get help, even when she stopped eating and was self-harming"
- "We can't carry on in a situation where A&E is the only pathway"
- "We're having to discharge young people who self-harm from A&E without community resources to refer them to"
- "We have to ask ourselves is a paediatric ward, with very sick children hooked-up to drips, the best and most sensitive place to deal with young people with mental health problems?"

- “It frustrates me when the mental health problems of young people are dismissed as ‘attention seeking’. You wouldn’t tell someone with cancer to just ‘get better’ or ‘go for a walk’”

CNWL, who provides specialist CAMHS services in Hillingdon receive 70% of referrals from GPs, with other sources including A&E, Child Health, Local Authority and other Mental Health Trusts. The CAMHS caseload in Hillingdon increased during 2014/5 so that at the end of the year was around a third bigger than it was at the start of the year. This reflects the increased awareness of mental health, increased complexity. The most significant rise in referrals has been for those children and young people with issues self harm.

5. Gaps in services

5.1 Gaps

The CAMHS needs assessment 2015 and Healthwatch report identified gaps which fell into 2 broad categories:

Services for Children and Young People	Tier
More capacity in bereavement support: 'Seasons for Growth' is only currently delivered in approximately 50% of schools but needs to be delivered in all schools	1
School based counselling services well-being plans in and out of schools	1
No counselling provision for young people below age 13 as they do not have access to LINK, unless they meet CAMHS criteria or school have provision (which very few do)	1/2
Training and support for schools to manage emotional wellbeing, and challenging behaviour in schools	1/2
Lack of peer mentor for children across primary and secondary schools	1/2
'No Tier 2 provision' - e.g. loss of primary mental health workers working in the community under CFACS	2
Services to reduce sexual exploitation of vulnerable children, specifically grooming	2
Mental Health provision for children with LD, challenging behaviour and/or Autism	2/3
Services to assess risk and provide interventions for young people who are or want to self-harm	2/3
Mental health assessment of Unaccompanied Asylum Seeking Children and counselling/management of PTSD for this age group	3
Easier access and shorter waiting times for CAMHS Clinic	3
Services for parents	Tier
Lack of post diagnosis counselling for parents who have received an ASD diagnosis	3
More support for parents who are struggling to parent including tailored parenting interventions, and support for parents with children aged over 5	2

5.2 Meeting Demand

Estimates of the need for CAMHS in Hillingdon based on CHIMAT suggested that the number of children & young people (aged <18) in Hillingdon who may experience a Mental Health problem appropriate to a response from CAMHS were Tier 1 - 9895, Tier 2 - 4650, Tier 3 - 1225 and Tier 4 - 50 respectively. These estimates are based on a 1996 publication so do not take into account more recent changes in prevalence, which suggest that needs are likely to have increased since then.

The figures from CAMHS review 2013 and these more recent data suggest that the numbers who used Tier 2 services in Hillingdon were no more than half that expected, about two-thirds that expected for Tier 3, and two-thirds that expected for Tier 4.

Therefore there appears to be a shortfall in the capacity and uptake of all CAMHS services in Hillingdon compared to the likely need in the population.

5.3 Engagement with local Schools and college

We acknowledge that our local school and college undertake a significant amount of work in supporting and commissioning services to meet the emotional well-being needs of their pupils. However, given competing pressures placed upon them and need to focus upon attainment, we acknowledge that many schools and colleges will need support to help embed emotional health and well-being. In Hillingdon, the CCG and Council as part of the Transformation Plan will prioritise the engagement and active involvement of schools in the pathway development and commissioning of all emotional well-being and mental health services.

6. What are we doing well

6.1 Joint working

Both the CCG and London Borough of Hillingdon regard CAMHS as a priority area for development and has political and clinical support. Both agencies have formed the Hillingdon Joint Children and Young Persons Emotional Health & Wellbeing Transformation Board, chaired by the CCG Clinical Lead for Children and attended by senior representatives from the CCG, London Borough of Hillingdon and Hillingdon Healthwatch. The Board oversees the development and implementation of the NHSE Local Transformation Plan.

As part of the joint working is also the joint acknowledgement that the system isn't working as effectively as it should and many children are not receiving a service to meet their mental

6.2 CQC Inspection updated 19 June 2015

The CQC gave CNWL an overall rating for the specialist community mental health services for children and young people of 'good', the report stated:

- Incident reporting and learning from incidents was apparent across teams. Staff had been trained and knew how to make safeguarding alerts. Staff managed medicines well.
- Young people referred to teams were seen by a service that enabled the delivery of effective, accessible and holistic evidence-based care.

- Staff demonstrated their commitment to ensuring young people received robust care by being proactive and committed to people using the service, despite the challenges they faced at times with limited resources.
- There was strong leadership at a local level and service level across most of CAMHS that promoted a positive culture within teams.
- There was a commitment to continual improvement across the services.

6.3 Investment into CAMHS

Hillingdon CCG increased the amount of money spent on mental health, including CAMHS by 8.3 %. In 2015 this has included funding for:

- CAMHS Out of hours (recurrent) - existing resource transferred to contract £42,809 plus £130,915 new funding
- LD CAMHS (recurrent) - £198,000
- CAMHS Waiting times initiative - £121,226
- Perinatal - £123,400(as part of the Adult transformation plan)

Given the level of savings required from local authority, LBH has protected the core CAMHS provisions including £271k for tier 2 support, which includes the LINK Youth Counselling Service (£83,400), 'Sorted' Substance Misuse Service (£69,800) and the 'KISS' Sexual Health Service (£117,500). The Council also funds the specialist Tier 3 CAMHS provision for children in care, post permanency support, children with SEN and post 16 outreach. The cost to the council for these services is £397,000 per annum. Together, the Council provides annual funding of £668k.

6.4 Performance data

LINK Youth Counselling, 2014/5: The service undertook 2,911 hours of client contact; 427 new users with high incidents of anxiety, depression, stress and anger.

CNWL Tier 3: In 2014/5, 5,048 face to face contacts were commissioned, including 479 initial contacts (assessments). In the period April to June 2015 there 1222 planned contacts; actual contacts were 1639 (+34%), 2,242 young people received awareness/education sessions.

Waiting times: 200 children and young people are waiting for an assessment; 14 were high priority and waited on average 7 weeks to be seen; the remainder waited on average 15.7 weeks.

6.5 Embedding Children's Improving Access to Psychological Therapies programme (CYPIAPT) outcomes measures

Hillingdon is the only of borough in North West London to not formally be working towards Children and Young Peoples IAPT. However, the CCG are working closely with CNWL Mental Health services to roll out the CIAPT model and embed this change. Currently it is a CQUIN, so that by the end of 2015/16 Hillingdon CAMHS will be fully compliant.

CYPIAPT focus on:

- Meaningful service user participation embedded within all services and within local planning and development.
- Ensuring a range of high quality treatments delivered by staff trained to expert level in evidence based therapeutic modalities.
- Greater accessibility to these specialist interventions for children and young people.
- A culture of clinically relevant session by session outcome monitoring embedded within routine practice and used to select, guide and evaluate treatment interventions.

7. Areas for developments

7.1 CAMHS review 2013

Over the years there have been many CAMHS reviews both national and locally. However, the issues with CAMHS have remained and little operational has changed. The most recent CAMHS review in 2013 was the most comprehensive, input from all stakeholders, commissioners, providers, children, young people and families. The review concluded with the following recommendations:

- Priority 1: Development of a core MH service in community /primary care settings for children and young people
- Priority 2: Development of a Single point of Access
- Priority 3: Development of a 'intensive support service' to reduce inpatient admission
- Priority 4: Review of the discharge pathways, from inpatients and CAMHS service
- Priority 5: Development of a LD/Autism Service

Since this review some development have been made in the form of funding agreed for the LD CAMH service and development of a CAMHS single point of access, however little on the ground has changed. Both the CCG and LBH feel there is no value in undertaking another lengthy review when the priority gaps have been identified and resonate today. Both agencies are clear that funding needs to be spent on local front line services.

Therefore these priorities will be embedded in the Local Transformation Plan.

The Board has already developed some clear local objectives and delivery workstreams which will be responsible for implementing the plan (see below).

7.2 Strategic Three Year Delivery Plan

Priorities	Three year outcomes	Cross cutting themes
1. Implement Universal Promotion and Prevention Plan	Children and young people will feel supported by those around them	Participation Integrated
2. Early Help and Intervention	CYP supported earlier to help prevent mental health issues developing. Universal services will feel empowered to support children and young people	

	<i>Embeds Priority 1 in CAMHS review 2013</i>	Single Point of access
3. Specialist therapeutic intervention	System wide care pathways developed and children will be treated swiftly and receive appropriate follow up support. <i>Embeds Priority 2 in CAMHS review 2013</i>	Joint commissioning Workforce development
4. Emergency assessment and intensive community support/home treatment	Crisis intervention service will be in place. The outcome will be to prevent requirement for admission to specialist unit and manage risk collectively <i>Embeds Priority 3 and 4 in CAMHS review 2013</i>	
5. Needs of vulnerable groups	Establish bespoke services where required which will meet the needs of identified group <i>Embeds Priority 5 in CAMHS review 2013</i>	

Appendix 1 shows the Local Transformation Plan to be completed in year and over the next 1-5 years.

8. Summary

This report outlines a challenging but important work plan which offers local commissioners and providers in Hillingdon the opportunity to effectively engage with one another and systemically commission new services and re-design existing one.

The mental health of our children and young people will now always continue to remain a priority for the CCG and Council, working with schools, the voluntary sector, the public, as is physical, health and support the 'parity of esteem' requirement. This work plan will enable us to rebalance the investment and pathways in a timely manner.