

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES UPDATE NOVEMBER 2016

Relevant Board Member(s)	Dr Ian Goodman Councillor Philip Corthorne
Organisation	Hillingdon CCG London Borough of Hillingdon
Report author	Pranay Chakravorti, London Borough of Hillingdon / HCCG
Papers with report	None.

1. HEADLINE INFORMATION

Summary	This report provides the Board with an update on the delivery of Hillingdon's 2016/17 CAMHS Transformation plan and suggested next steps in accelerating the transformation of CAMHS.
Contribution to plans and strategies	Hillingdon's Health and Wellbeing Strategy Hillingdon's draft Sustainably and Transformation Plan Hillingdon CCG's Draft Commissioning Intentions 2017/18 Hillingdon Joint Children and Young Persons Emotional Health & Wellbeing Transformation Plan
Financial Cost	The Government publication 'Future in Mind' announced increasing funding for children's mental health services totalling £1.25billion nationally over 5 years. From April 2016 CAMHS funding for the remaining 4 years will no longer be provided by NHSE i.e. this is not new funding but part of CCG baselines (non-ring fenced). NHSE will continue to monitor the implementation of the Local Transformation Plan (LTP), which will form part of the CCG assurance process for CCGs. There are no direct financial implications arising from this update report
Ward(s) affected	All

2. RECOMMENDATION

That the Health and Wellbeing Board:

- notes the progress in implementing the agreed 2016/17 Local Transformation Plan
- notes proposals to develop a new approach to commissioning CAMHS services which are to be developed and are subject to approval by HCCG and the Council.
- continues to request regular performance updates against the partnership plan.

3. INFORMATION

At the August CAMHS Steering Group, it was generally felt by partners that, despite this good progress, there remains some concern that the pace and progress in delivering change in CAMHS could be more transformational and accelerated. Key messages in these are as follows:

- The need to co-commission a system without Tiers, focussed on treating children and young people in the right place at the right time which:
 - Promotes prevention and early Intervention.
 - Improves access to effective support.
 - Provides smooth care pathways at pre-crisis and crisis points and avoids unnecessary admissions to inpatient care.
 - Delivers step down alongside inpatient provision.

There is still significant concern that despite investment, the whole pathway is not functioning optimally. Although waiting lists targets for core services are now improving, concern remains over sustainability of meeting the targets if demand continues to increase as CYP and their families are telling us that there is too little self-help support or Peer Support. We also know that there remains a high rate of inappropriate referrals into Specialist CAMHS Services, which are often being used as a default signposting service, outside of its core purpose and therefore inefficient use of a significant financial resource.

As a consequence, HCCG and the Council are developing a more ambitious 2016/17 work programme. Key features include developing an integrated pathway which moves away from tiers towards a journey starting with emotional wellbeing, moving through support to schools and parents, Peer Support and then specialist services with a Traffic Light alert at each transition.

Next Steps

The intention to commission an integrated CAMHS pathway without Tiers, which is included in Hillingdon's STP, and was discussed in detail at a strategic seminar facilitated by the Anna Freud Centre on 20th October. The report, following the seminar, was received on 16th November 2016 and will be discussed in detail at the Children's and Young people's Steering Group on 1st December when a confirmed direction of travel and timeline will be developed.

With Health and Wellbeing Board (HWBB) agreement, the Council and HCCG will jointly work with stakeholders to co-commission a system without Tiers. This will involve describing an end to end integrated pathway for children who require low level intervention / support for their emotional wellbeing issues through to more complex clinical input for severe mental illnesses. Delivering integrated pathways will require more integrated commissioning approaches across HCCG and the Council to ensure every child who requires help is able to access support in some shape or form within the pathway. This work will be further developed through December 2016 with a view to seeking HCCG, the Council and HWBB approval for a model that will accelerate improvements achieved to date for children and young people.

4. PERFORMANCE

a) CAMHS

CAMHS performance via HCCG contract with CNWL - 18 Week waiting times

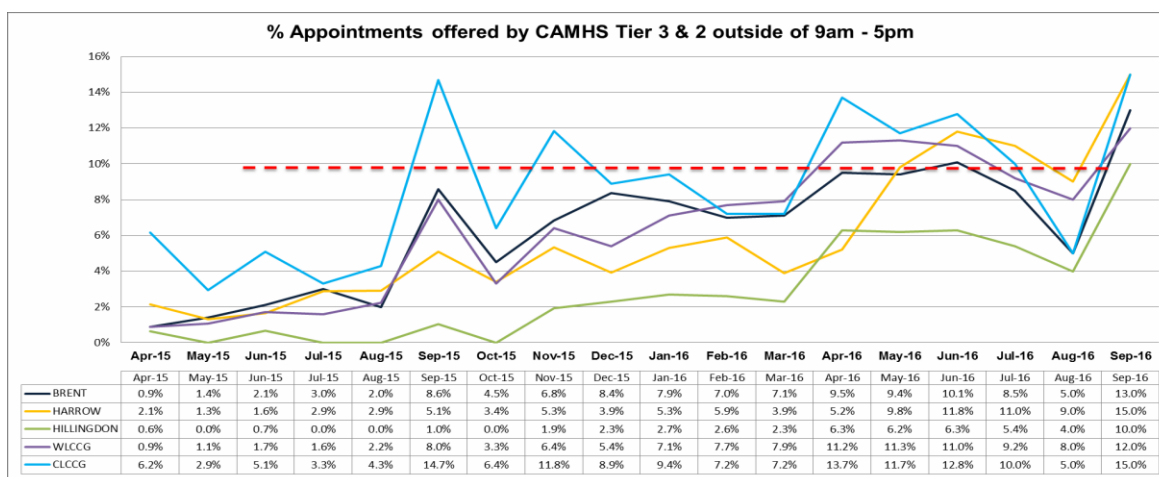
The CCG is investing an additional £128k in 2016/17, non-recurrent, to reduce waiting times. Underperformance has arisen due to historical demand exceeding capacity. There is currently a backlog of approximately 177 children waiting to be seen, down from 210 in April 2016. A revised plan and accompanying trajectory has been requested from the Trust by December 2016 to address the poor level of in-year performance linked directly to the additional funding provided. This will attempt to ensure the national 18 weeks referral to treatment target is met by 31st March 2017. The revised plan will consider the use of measures such as on-line therapies, with licenses purchased for a 12 month period to ensure that improvements in waiting times continue post the end of the financial year for which funding has been committed.

As part of the 16/17 contract negotiation process a trajectory to increase performance to target by month 6 has been agreed between CNWL and HCCG. CNWL presented a paper to commissioners as part of the 16/17 contract negotiation process, which detailed demand exceeding capacity, which has been addressed through additional investment in the 16/17 contract, including investment in Learning Disabilities provision. Whilst this additional investment has addressed the gap in capacity, there remains a historical backlog of children waiting to be seen and increasing growth in referrals due to demographic and need changes. Agreement of additional funding for additional posts was committed in April 2016. Full recruitment to these positions was completed in October 2016 with the full impact of these appointments expected to reflect in performance from December 2016 / January 2017 onwards.

CNWL are currently trying to reduce the backlog of children waiting to be seen through targeted resources and this has reduced from 210 children in April 2016 to 177 children currently waiting for treatment. Furthermore the 16/17 CQUIN focuses on reviewing patients waiting and service models. CNWL has introduced a number of initiatives to reduce the backlog of children waiting including offering group appointments where possible, reducing the number of follow up appointments where practical and ensuring services are as productive, efficient and safe as possible. The results of this work are due to be shared with commissioners at the end of quarter two as part of the agreed CQUIN's. This work includes evaluating the current caseload to establish primary diagnosis by sub team, and time length on case load.

% Appointments offered by CAMHS clinic Tier 3 & 2 outside of 9am -5pm

CNWL CAMHS has been set a target to see 10% of children outside of the times 9am to 5pm. This was introduced in April 2015 and performance has increased to date. The clinic locations for Central London and West London CAMHS services moved in March 2016 which has enabled Central and North West London Trust (CNWL) to have more control over clinic opening times in the new locations, and therefore impacted positively on performance.



Nearly all boroughs have, however, struggled with parents opting for their children to be seen during 9-5, impacting on uptake outside these hours. This information is not captured on Jade and therefore CNWL have agreed with commissioners to uptake a quarterly audit to see whether patients were offered appointments outside of, but were opting to be seen during 9-5.

It was agreed with NWL CSU that a 5% sample size would be audited each quarter, equating to the following number of records:

	Patients	Appointment	5% audit
NHS BRENT CCG	525	274	26
NHS CENTRAL	328	207	16
NHS HARROW CCG	413	191	21
NHS WEST LONDON	538	321	27
NHS HILLINGDON CCG	354	198	18

The results of the quarter one audit are as below:

	Offered an appointment outside of 9-5		Not offered an appointment outside of 9-5	
	Number	%	Number	%
NHS BRENT CCG	3	12%	23	88%
NHS CENTRAL	2	13%	14	87%
NHS HARROW	4	19%	17	81%
NHS HILLINGDON	2	11%	16	89%
NHS WEST	8	30%	19	70%
Grand Total	19	18%	89	82%

As detailed in the tables above, all the CCG's have had more than 10% of parents offered an appointment outside of 9-5 but in fact opting to be seen during 9-5.

b) Paediatric Eating Disorders - Performance Summary Sep-16

Target Description	Target	Apr -16	May -16	Jun -16	Jul-16	Au g-16	Sep -16	Oct -16	Nov -16	Dec -16	Jan -17	Feb -17	Mar -17
Waiting times - routine	30%	50	100	50	82	75	67	100					
Waiting times -	100%	n/a	80	78	25	100	67	100					

c) Self-Harm

There are currently two patients in Tier 4 inpatient settings receiving treatment for self-harm. This represents an improvement from the position in October where there were four patients. HCCG are working closely with NHS England to facilitate safe discharge of these patients when their conditions are stabilised.

Financial Implications

This is an update report on the progress that has been made in implementing the agreed 2016/17 Local Transformation Plan and sets out the steps that have been taken to reduce the backlog of children waiting to be seen, by the investment of £128k by the CCG. There are no direct financial implications arising from this report.

5. EFFECT ON RESIDENTS, SERVICE USERS & COMMUNITIES

What will be the effect of the recommendation?

The transformation of children and young people’s emotional wellbeing and mental health services will enable more young people to access evidence based mental health services, which meets their needs. For the wider population of Hillingdon children and young people will develop skills which will improve their emotional health and wellbeing and develop skills to improve their emotional resilience.

Consultation Carried Out or Required

The ‘Future in Mind team’ has undertaken consultation across NW London, including Hillingdon, in 2015, prior to the submission of the CAMHS LTP. There has also been consultation undertaken with children and young people, in Hillingdon at the Youth Council, forums and through schools. A children and young people’s mental health event took place in July 2016 (Fundamentals Health Event) to allow children and young people have their say on Hillingdon services.

In 2015, Healthwatch Hillingdon undertook consultation with children, young people and families which focussed upon self-harm and was instrumental in the development of the new self-harm service.

Feedback from Hillingdon children and young people, to date, has also included CAMHS Focus groups.

Policy Overview Committee comments

None at this stage.

6. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

None.

Hillingdon Council Legal comments

There are no legal issues arising out of the recommendations proposed at the outset of this report.

7. BACKGROUND PAPERS

None.