

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES UPDATE JUNE 2017

Relevant Board Member(s)	Dr Ian Goodman Councillor Philip Corthorne
Organisation	Hillingdon CCG (HCCG) London Borough of Hillingdon (LBH)
Report author	Pranay Chakravorti (LBH / HCCG)
Papers with report	Appendix 1 - CAMHS local transformation plan performance update.

1. HEADLINE INFORMATION

Summary	This report provides the Board with next steps in accelerating the transformation of CAMHS in Hillingdon together with an update on delivery of Hillingdon's 2017/18 CAMHS Transformation plan.
Contribution to plans and strategies	Hillingdon's Health and Wellbeing Strategy Hillingdon's draft Sustainability and Transformation Plan Hillingdon CCG's Commissioning Intentions 2017/18 Hillingdon Joint Children and Young Persons Emotional Health & Wellbeing Transformation Plan
Financial Cost	The CCG have been provided with additional resources totalling £128k to assist with improving waiting times, which has been spread evenly across 2016/17 and 2017/18. The proposal to move to a more seamless pathway through the system, will require a review of how funding can be better utilised to focus on early intervention and prevention.
Ward(s) affected	All

2. RECOMMENDATIONS

That the Health and Wellbeing Board:

- a) notes ongoing progress towards a new approach to commissioning CAMHS services which are to be developed and are subject to approval by HCCG and LBH.
- b) notes the current performance against CAMHS waiting times (Appendix 1)

3. INFORMATION

This paper provides a progress update, further to the paper that went to the Health and Wellbeing Board on 14 March 2017. The intervening period has involved the Anna Freud Centre for Families undertaking several elements of their co-production programme as part of the overall CAMHS pathway redevelopment project.

Current CAMHS performance can be reviewed under Appendix 1 of the report.

Anna Freud Centre Pathway Development and Co-Production timeline:

The Board will recall the intention to commission an integrated CAMHS pathway without tiers, and that the Anna Freud Centre for Families had facilitated a strategic seminar to look at the current service model with the intention to commission an integrated CAMHS pathway without tiers. HCCG and LBH subsequently re-commissioned the 'Anna Freud National Centre for Families' to facilitate a series of co-production workshops in May and June with a summary report to be available to commissioners by end of July. The organisation will work with three service areas, to support a group of young people within each area to co-produce, with professionals; a shared vision for the development of community based crisis services locally.

A timeline of progress on these events is outlined below. Schools representatives have been invited to participate in this work - specifically to enhance the preventative aspects of a future CAMHS pathway. This follows LBH / HCCG officer attendance at the Schools Strategic Partnership Board in April requesting school engagement in development of a new pathway model.

Activity	Date	Status / Comments
Children and Young People and Learning Policy and Overview Committee Meeting	12 th April	Officers from Anna Freud, HCCG and LBH presented the co-production project to Members.
Parents Engagement Forum	3 rd May	Complete
Children and Young People Engagement Forum	8 th May	Complete
Joint Parents and Young People Training Event	10 th June	Training for effective participation on CAMHS Pathway Steering Group.
Professional Practitioners Training Event	15 th June	Training for effective participation on CAMHS Pathway Steering Group.
Professionals and Young People first stage workshop on the 'End to End CAMHS Pathway'.	W/c 26 th June	Anna Freud first stage outline of proposed pathway.
Delivery Seminar / Workshop on proposed pathway.	Mid-July	Wider stakeholder event outlining proposed pathway following co-production events.
Formal Anna Freud Centre report to HCCG and LBH outlining pathway proposal.	End of July	
Service Model Development based on Anna Freud Proposals	August	
Report to HCCG Governing Board and HWBB outlining recommendations.	September	

A new transformational approach to CAMHS delivery, away from tiers, will require closer alignment of programmes and budgets to achieve a more seamless pathway through the system and to move costs from high need into early intervention and prevention. In addition, NHSE continues to monitor the implementation of the existing Local Transformation Plan (LTP) as part of the CCG assurance process.

Governance

The Mental Health Transformation Board and Children and Young People Steering (CYPS) group continue to provide oversight, reporting upwards to the Health and Wellbeing Board. Both groups will review the project plan arising out of the proposed CAMHS pathway, developed from the Anna Freud Centre's pathway development work. Representatives from the Anna Freud organisation report to the CYPS on a monthly basis.

4. FINANCIAL IMPLICATIONS

The performance data in Appendix 1 outlines the ongoing work HCCG and CNWL are undertaking in reducing the waiting time backlog, utilising the 2016/17 investment of £128k provided to the CCG, £64k of which has now been allocated to the 2017/18 financial year.

The proposed new Model of Care for CAMHS will promote an integrated service, without tiers, with a Single Point of Access. The outcome of the Anna Freud Centre pathway development exercise will guide the level of funding to be allocated by organisations towards the integrated CAMHS pathway. Final proposals will come to HCCG governing body and the next HWBB for approval.

At this stage, it is not proposed to include the CAMHS projects costs within the Better Care Fund (BCF) pooled budget. Whilst our ambition remains to move to joint -procurement without tiers, the separate report on the Board's agenda is recommending that the BCF continue to focus on the development and delivery of an improved model of care for older people.

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 improve their emotional resilience.

Consultation Carried Out or Required

The 'Future in Mind team' undertook consultation across NW London, including Hillingdon, in 2015, prior to the submission of the CAMHS Local Transformation Plan. There has also been consultation 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 to 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.

Hillingdon CCG has commissioned the 'Anna Freud National Centre for Families' to facilitate a series of co-production workshops between May and July.

Policy Overview Committee comments

None at this stage.

6. CORPORATE IMPLICATIONS

Hillingdon Council Corporate Finance comments

Corporate Finance has reviewed the report and concurs with the financial implications set out above noting that the £128k investment is funded by HCCG.

Hillingdon Council Legal comments

There are no legal issues arising out of the recommendations within this report.

7. BACKGROUND PAPERS

None.

Appendix 1- LOCAL TRANSFORMATION PLAN: CURRENT PERFORMANCE

a) CAMHS

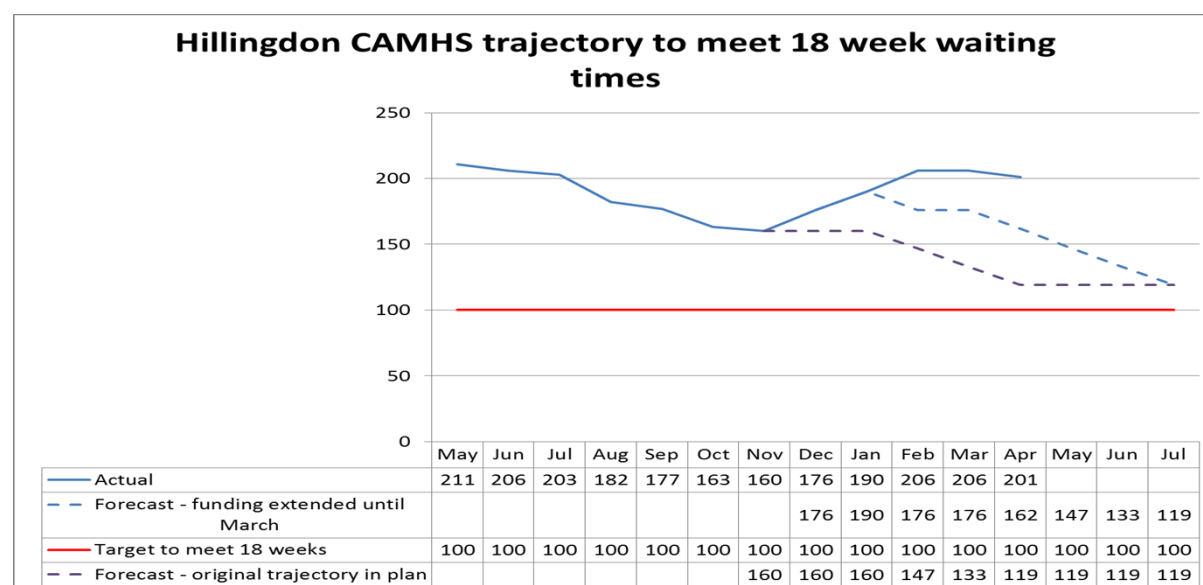
CAMHS performance via HCCG contract with CNWL - 18 Week waiting times

NHS England released funding nationally to all CCG's in 2016 to reduce waiting times for CAMHS services; this funding was not fully utilised in 2016/7 and is therefore being used in 2017/8 to further address the waiting time backlog. CNWL have submitted trajectories for reducing waiting lists with this funding and have received the following allocations. NHS England had provided HCCG with £64,000 in the first tranche of funding to be released and a further £64,000 is the second tranche as outlined below:

CCG	First tranche	Second tranche
Harrow	£53,500	£53,500
Brent	£150,000	
Hillingdon	£64,000	£64,000
Central London	£42,000	£42,000
West London	£51,000	£51,000

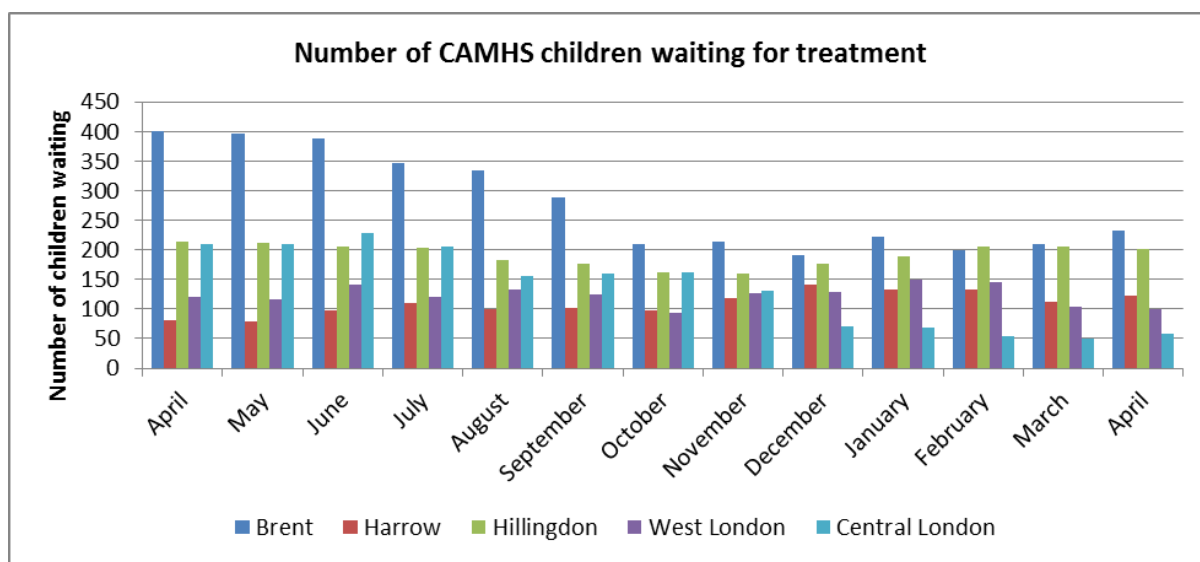
Since April 2016 the Hillingdon CAMHS service has been using three agency staff members, who were internally funded, to reduce the backlog of children waiting to be seen. This had successfully reduced the backlog from 211 in May to 160 in November 2016. However due to uncertainty with future funding all three agency staff members left in December 2016 and the backlog has increased since.

Clarity has now been received regarding ongoing usage of additional funding from NHS England which will allow recruitment to proceed. Given the time required to recruit, it is anticipated that further reductions in the backlog will not be achieved until May 2017, when all staff are in post. The table below details the original trajectory and the planned reduction anticipated upon recruitment in May. This assumes no further growth in referrals above the 14 % already seen.



The revised plan continues to 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 past the end of the financial year.

CNWL provide CAMHS services to five London boroughs and Milton Keynes. In the five London boroughs, North West London (NWL) CCG's have set CNWL a target to treat 85% of children within 18 weeks of referral. Currently this target is not being met in any of the five boroughs. Historical demand into the service has exceeded capacity, particularly in the three outer boroughs, creating a backlog of children waiting to be seen. Referral levels have continued to increase into 2017/8 with a 7% growth across all boroughs.



b) Paediatric Eating Disorders - Performance Summary April 2017

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

c) Self-Harm

There are currently two patients in Tier 4 inpatient settings receiving treatment for self-harm. This represents a similar position to the number of patients identified in the last report. HCCG are working closely with NHS England to facilitate safe discharge of these patients when their conditions are stabilised.

Risk Management and Remedial Action for Patients awaiting treatment

	MAY			JUNE				JULY					AUGUST				SEPTEMBER				OCTOBER				
WK beginning			29	5	12	19	26	3	10	17	24	31	7	14	21	28	4	11	18	25	2	9	16	23	30
Forecast Assessments based on 5 staff assessing 1 per week			5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	-	-	-		-	-	-	
Forecast Assessments based on 2 agency staff assessing 8 per week					6	6	6	6	6	6	6	6	6	6	6	6	6	-	-	-		-	-	-	
Cumulative			5	10	21	34	47	60	11	24	37	50	63	76	89	102	115	-	-	-					
Actual																									
Forecast Treatments (2 x agency staff seeing 8 patients from treatment waiting list initially for 6 weeks)			-	8	8	8	8	8	8	REVIEW	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
2 permanent staff								20			-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
Cumulative				8	8	8	8	28																	
Actual																									
<u>As of 16th May a total of 62 assessments are required for young people waiting more than 14 weeks.</u>																									

The table above outlines a new strategy by CNWL to undertake assessment within 14 weeks. This is an attempt to provide lead-in time to mitigate or allow time to undertake assessments for patients who are likely to breach the 18 week NHS standard target for assessment. The CAMHS team is offering existing staff overtime during weekends and after hours to clear the backlog of assessments. The overtime budget has been authorised and this additional work will commence in June. The CAMHS teams already have systems in place for managing and triaging referrals into the service. All teams will prioritise referral and allocations based on urgency and risk presentation, as well as the length of time awaiting treatment.

In addition the CCG are considering a business case to commission the Triple P (Positive Parenting Program) for families awaiting CAMHS assessment (as a means of reducing waiting lists and providing low cost interventions earlier). This will be offered to families

already on the CAMHS waiting list, after assessment for clinical appropriateness by CNWL. Additional clinical support to the online programme will be offered to parents via trained and accredited practitioners within Hillingdon CAMHS.