

Children's Overview and Scrutiny Committee



Report subject	CAMHS Transformation Update Report
Meeting date	8 June 2021
Status	Public Report
Executive summary	The purpose of this report is to provide update information to the HOSC about the progress of transformation in children and young people's mental health care including waiting times and mental health in schools.
Recommendations	It is RECOMMENDED that: Children's Overview and Scrutiny Committee notes the report and supports the progress of the transformation programme.
Reason for recommendations	To ensure Committee has the opportunity to review and comment on the progress of transformation and to contribute to the development of the plans.

Portfolio Holder(s):	Councillor Mike White, Portfolio Holder for Children and Families
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Wards	Council Wide
Classification	For Recommendation/Update and Information

1 Introduction

1.1 The purpose of this paper is to inform Children’s Overview and Scrutiny Committee about the ongoing transformation of Children and Young Peoples (CYP) mental health (MH) services across Dorset. The Paper particularly talks about the Gateway Service and the Crisis provision for children and young people and the Mental Health Support Teams for Schools.

2 Background

2.1 The NHS long term plan was introduced last year and builds on ambition expressed in the Five-year Forward View for Mental Health. The Long-Term Plan includes:

- Increasing access to 100% of children who have a diagnosable mental health condition
- Extend CAMHS up to age 25 (currently CYP MH services up to age 18)
- Develop all age psychiatric liaison services (MH support and treatment in acute hospital settings)
- Eating disorders services
- Ensure that the area is working as a system through integrated approaches
- Develop a 24-hour crisis response for under 18s
- Four weeks waiting for CYP from referral to treatment
- Reduce the number of hospital admissions for CYP

2.2 Nationally, NHS Children and Young Peoples (CYP) Mental Health (MH) services are commissioned for up to 35% of the prevalent population (NHSE 20/21 targets). Prevalent population means the number of young people who are likely to have a diagnosable mental health condition in the population. By 2023/24 it is expected that the offer will be available to 100% of the prevalent populations

2.3 In Dorset there are approximately 15,000 CYP who are likely to have a mental health condition. The CCG is commissioning for up to 35% (20/21 NHSE target) of those young people. It means that CYP MH services are currently working with approximately 5,240 young people. The Bournemouth and Poole CAMHS teams are

the busiest and under the most pressure. Including long waiting times for therapy such as Cognitive and Dialectical Behavioural Therapy.

- 2.4 All the key stakeholders in Dorset believe that CYP who have a diagnosable mental health condition should be able to access the right service at the right time and in the right place to meet their needs.
- 2.5 To ensure the delivery of the CYP MH Transformation there is governance in place through a CYP MH Steering Group, which consists of key stakeholders and is a multi-agency group. The representation comes from MH Providers, Local Authorities, Primary Care, Schools, Parent Carers, and the CCG. The Steering Group reports to the MH Integrated Programme Board which has oversight of all MH Programmes across Dorset. The Integrated Programme Board reports to the Integrated Community Primary Care Service Portfolio Board (ICPCS).
- 2.6 Dorset has a CYP MH Local Transformation Plan (LTP). It was first written in October 2016. This is an NHSE requirement and each year it is updated in line with developing national priorities. The LTP was developed by all the partners represented on the CYP Steering Group.
- 2.7 Usually the LTP is refreshed every year. However, this year work is being progressed to develop, with all the key stakeholders, the CYP MH Strategy and Implementation Plan. The strategy will meet the requirements of NHSE in terms of key lines of enquiry related to the NHS Long Term Plan and it will propose local developments to meet local need.
- 2.8 The strategy has been signed off alongside the implementation plan. There is an accompanying business case in draft ahead of it being presented to the next Children's Joint Commissioning Board.

3 Current CYP MH Service

- 3.1 The services currently in place that are NHS funded and delivered are:
 - Six Community CYP MH teams across the county
 - Two Intellectual Difficulties CAMHS Teams (formerly LD CAMHS)
 - Inpatient unit – Pebble Lodge
 - The Connection Service
 - Psychiatric Liaison in the three acute hospitals
 - CYP Community Eating Disorders Service
 - Three Mental Health Support Teams in Schools
 - Early Intervention Service for people who experience first episode of psychosis.
 - Psychology for Youth Offending Service
 - Children in Care Psychology and Nurses
 - Forensic CAMHS
 - Discovery Project Is being trialled. This is CYP equivalent of recovery education for adults who have mental health needs.

- 3.2 In addition to the NHS services the CCG /Public Health allocates funding to the Local Authorities to plan and deliver elements of CYP MH provision or service. This includes programmes such as:

The whole school's approach to assessing MH need in schools which is an academic resilience programme. This approach is taken in schools where the MHST are not yet working so stand alone and enable schools to plan how to address the needs identified. This approach also supports the work of the MHST in schools because it identifies MH need which the MHSTs can work with the school to address.

- 'I can problem solve' which is an evidence and strengths-based programme that builds resilience
- Public Health fund another whole school's approach programme for Physical Education in schools and School Nursing that has a focus on emotional health and wellbeing
- Chat Health Text Messaging Service

4 Local CYP MH Service Challenges

- 4.1 The following bullet points highlight the challenges across the CYP NHS MH System currently:

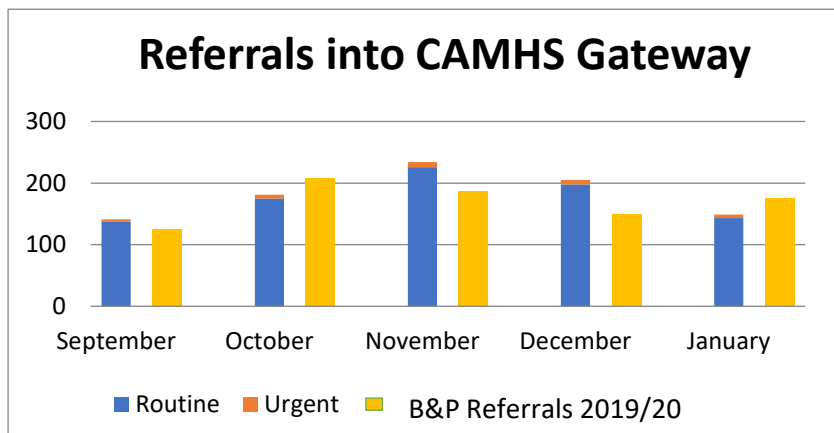
- Services are under significant pressure and have been for some time
- There are two areas in Bournemouth and Poole that have historically high numbers of referral and in consequence waiting times are long.
- Waiting times for CBT are long and if there were more CBT practitioners waiting times could go down.
- Current waiting times in Bournemouth and Poole impacts on trained staff time. For example, CBT or EMDR therapist are supporting CYP who are on the waiting lists for example, doing welfare checks rather than delivering their core work which is therapy. This means that the waiting times for therapy are even longer.
- Pebble lodge admissions that are longer than necessary because young people are often waiting for the right placement or care package.
- Historically CYP MH Services have not been funded adequately to meet the prevalent need for example not enough CBT practitioners and therapists.
- Self-care not self-harm campaign planned by Dorset Public Health.

5 Updates re the Gateway, Crisis provision for young people and Mental Health Support in Schools

- 5.1 In November QSG received a full report concerning the CYP Mental Health (MH) strategy and implementation plan and the purpose of this report is to update the QSG about the Gateways and about Crisis offer for young people and their families. The next few sections provide that update.

The Gateway

- 5.2 As described earlier there is an ambition to ensure access to 100% of young people who may have a diagnosable mental health conditions and it is likely that services will be expected to ensure no young person waits longer than four weeks to access that help.
- 5.3 In the BCP Council area there has been a history of consistently long waiting times for access to CAMHS and treatments. This has driven the development of the Gateway services which is a test of concept of a single point of access to CAMHS. If the test of concept works to reduce waiting times and increase throughput the Gateway will become a pan Dorset offer. The table below shows total CAMHS referrals between September 2020 and January 2021. It also shows the proportion of referrals to teams in the BCP area.



- 5.4 The Gateway in the BCP Council area became operational in September 2020. The Gateway is an assessment and brief intervention team to the front door of CAMHS. The team will work over extended hours including evenings and weekends. It is proposed this is a DHC team in the first instance, but consideration should be given in the future to how this team fits with the wider CYP system in local areas. Whilst the backlog of referrals is being addressed the team will maintain a professional only referral route however once embedded will quickly move to self-referral as well. Recruitment dependent it is hoped to achieve this within six months of the new pathway coming online.
- 5.5 All referrals that come through the Gateway are screened then either signposted or offered an assessment. Following assessment by a qualified clinician a plan of care will be agreed with the team, family and young person and actioned accordingly. Liaison with other agencies is undertaken and joint working will be encouraged.
- 5.6 The principle for the services is 'no wrong' referral. Quality of referral information is recognised to be an area of weakness for the service prompting delays accepting due to attempts to collect further information or returned to the GP as not appropriate. In the Gateway the default is that all referrals will be accepted and that if needed a brief

telephone call with the young person/their family will be undertaken to collect further information, but this will not delay the assessment appointment.

- 5.7 The service provides an assessment to all CYP within 4 weeks with urgent assessments for those requiring them within 24 hours. A duty system runs alongside providing advice/consultation to professionals and families.
- 5.8 A range of brief intervention are offered such as psycho-educations groups, access to online computerised CBT, brief 121 interventions, workshops, and webinars. Unless urgent, all CYP will be encouraged to engage in a brief intervention before being referred to the main CAMHS team for more intensive support.
- 5.9 Since the operationalisation of the Gateway the current position is that they are seeing and intervening with 96% of all referrals within the agreed timescales. An evaluation will be done by June and funding discussion are in progress to ensure roll out of the Gateway to make it a pan Dorset approach.
- 5.10 The Table below shows month on month improving trend across three waiting time areas:

Service	Indicator	20/21 Plan	Measure	Ind Type	2020/21											
					Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec			
CAMHS	Tier 3 Assessment Waiting Time (% within 4 week target)	95%	RTA	Local	76%	78%	81%	81%	80%	79%	97%	91%	89%			
	Tier 2 Assessment Waiting Time (% within 8 week target)	95%	RTA	Local	58%	58%	75%	86%	80%	71%	76%	89%	98%			
	Referral to Treatment Waiting Time (% within 16 week target)	90%	RTT	Local	47%	34%	43%	51%	57%	58%	70%	69%	77%			

- 5.11 There has been confirmation that since January the improving trend has continued, and this will be reported over the next few weeks as part of quarter four reporting.

Crisis provision for children and young people

- 5.10 The crisis provision for young people is included in the NHS Long Term Plan and has been identified as a gap across Dorset and is included as a key workstream in the CYP MH Strategy. The gap is in relation to the number of hours covered rather than no service, but it is a gap.
- 5.11 There are two developments that will address this and create a crisis response offer for young people. One is Care Closer to Home (CC2H) which be funded by NHSE on an invest to save programme. This is to be delivered through the Wessex Provider Collaborative of which Dorset HealthCare is a partner.
- 5.12 CC2H will provide a genuine alternative to hospital admission for young people who have been identified as requiring a tier 4 hospital bed. The services as an alternative to hospital will be able to provide up to three visits a day from the service to ensure that the young person and family are supported and treated in their own homes.
- 5.13 The other part of the development is for crisis home treatment (CRHT). Again this has a similar function in terms of seeking to intervene earlier and to prevent the

deterioration of a young person's mental state and in turn preventing hospital admission.

- 5.14 Although described above as two development areas, this is only in relation to the different commissioners. For a young person in crisis they will get the right level of support to meet their needs, they will not notice any difference in terms of access to the service. In essence it will be a Crisis Home Treatment service that include care close to home.
- 5.15 The final details of the crisis home treatment service are still being developed into a single services specification that will be included in the Dorset HealthCare contract. It is envisaged the service will be operational by October/November 2021.

CYP Retreat

- 5.14 It is an ambition to develop a Retreat for children and young people. The view seeking early in 2020 (mentioned in the November QSG update) suggested that young people and their families felt an early help, non-clinical, safe space with easy early access would be helpful.
- 5.15 Clinical expertise will be part of the provision but not necessarily the first response. The adult Access MH offer provides the balance between clinical and non- clinical response to people in need.
- 5.16 Dorset CCG commissions Dorset Health Care, Dorset Mental Health Forum, and other partners to provide the Access MH service for adults and so there is a model to base a young person's version of a retreat on. Young people and their families had some other ideas for development and so any ambition to achieve this will be fully coproduced to ensure the right provision. Coproduction being a golden thread running through all the developments for mental health and CYP developments are no exception.
- 5.17 The Retreat development is identified as a workstream in the CYP MH strategy and so it is hoped that this can be developed and funded before the end of the strategy which is 23/24.
- 5.18 In relation to the whole crisis offer the aim of all the services is to intervene at the right level for the young person's needs an always with the principle of earlier the better to prevent deterioration in mental health and escalation of need and acuity.

MH Support Teams in Schools

- 5.14 Dorset is part of the national pilot scheme related to provision of mental health support in schools and currently there are three teams across Dorset working into approximately 54 schools.
- 5.15 The teams went fully operational in April 2020 despite Covid and the lockdown and already the practitioners are starting to see some positive improvements in young people's mental health and teachers and staff in schools already using the advice

and support provided and this is very often tailored to the identified need in the individual schools.

- 5.16 The teams provide treatment and consultancy in schools and aim to work with young people who experience low to moderate MH conditions with a view to preventing those mental health conditions becoming deep rooted and so far, the provision is seeing good results. The teams also provide information and advice in relation to accessing the specialist CAMHS services as needed and there are close links between the MH Schools Teams and the Gateway and CAMHS specialists.
- 5.17 The development of the teams is supported and monitored via a project group which feeds into the CYP MH Steering Group that oversees the implementation of the whole strategy.
- 5.18 The intention in the next year is to bring on line four more school teams which will increase the coverage and increase the number of schools being able to access MH support. It is also hoped that the teams as they develop will be able to work with young people who experience low to moderate mental health conditions but have a more complexity in terms of their life situation. This will require NHSE learning from the pilot feedback and will require slightly different team composition to be able to support young people in more complex situations.
- 5.19 The CCG has received confirmation of successful expression of interest in taking on another four teams and so this will double the number of schools in the BCP Council area. The recruitment will start as soon as possible especially for the Educational Mental Health Practitioners (EMHPs). They will be recruited and will start their training in September 2021.
- 5.19 To note, credit should be given to the Service leads for the school teams, at Dorset HealthCare (Nova Bovaird, Sarah Stockham and Helen Duncan-Jordan) because against the odds during a lock down scenario they supported the training of the practitioners and developed a service that works across Dorset that is seeing positive results for schools and for individual pupils.

6. Conclusion

- 6.1 The service developments described in this update report are ambitious. The developments will contribute to the hope that young people have access to early help and support in schools and access to the right level of support at times of crisis. These developments will also contribute the longer-term aim of no young person having to wait longer than four weeks to access NHS clinical expertise than four weeks, and it is envisaged that most will be seen and offered initial assessment and support within the week of the referral.
- 6.2 Although this paper focusses on CYP mental health it is the intention to ensure that this programme of work overlaps with and supports all the other Children and Young people's work. This includes children in care, children in the criminal justice system,

children who have physical health issues and children who have learning difficulties and other neuro diverse conditions.

- 6.3 Children's Overview and Scrutiny Committee is asked to note the report and progress being made.