Health and Wellbeing Board
22 September 2016

Child and Adolescent Mental Health Services
Report by Lead Commissioner for Children’s Services

Purpose
To report on the delivery of the Kingston Transformation Plan for Child and Adolescent Mental Health Services (CAHMS) and seek the Board’s support for the proposed next steps.

Recommendations of the Portfolio Holder for Children’s Social Care and Health
To Resolve that -
1. The progress made in delivering the Kingston CAMHS Transformation Plan be noted.
2. The current level of investment in local CAHMS services should be sustained
3. A focus on early intervention and the priority areas for 17/18 be endorsed.
4. Responsibility for approving the refresh of the Local Transformation Plan be delegated to the Director of Children’s Services in consultation with the Co-Chairs of the Health and Wellbeing Board/

Key Points
A. Kingston has received additional funding from NHS England to transform mental health services for children and young people and is in the second year of implementation of the CAHMS Local Transformation Plan (LTP).

B. Investment has been primarily focused on initiatives that promote early intervention and building the capacity within the community so that less children and young people are admitted to hospital.

C. The LTP is required to be updated by October 2016. It is proposed that the focus continues to be on early intervention and tackling transition and the growing impact of Autistic Spectrum Disorder locally.

Background
1. In 2014 following a review by the Health Select Committee the Department of Health published ‘Future In Mind’, an ambitious five year strategy to respond to the failings found by the Health Select committee in services for children and young people with mental health issues.

2. The ‘Future In Mind’ publication made 49 recommendations designed to transform mental health services for children and young people at both a national and local level that focused on:
   - Promoting resilience, prevention and early intervention
   - Improving access to effective support
   - Care for the most vulnerable
• (Improving) accountability and transparency
• Developing the workforce.

3. NHS England provided additional investment local areas to support the implementation of the ‘Future In Mind’ recommendations. Kingston Clinical Commissioning Group (CCG) was allocated £332,944 in both 2015/16 and 2016/17.

4. Local areas were required to publish a five year Local Transformation Plan (LTP) setting out the local priorities and how the additional investment would be utilised to improve services for children and young people.

5. In line with the core aims of ‘Future In Mind’ the main objectives of the local strategy have been to achieve:
• An overall reduction in the number of children and young people referred to CAHMS for treatment
• An overall reduction in access waiting times (improved waiting times)
• An increase in the range of evidence based interventions available and greater skills and confidence amongst the wider workforce in managing emotional and mental health issues
• A long term reduction in the number of children admitted with acute issues to Tier 4 services and/or requiring long term residential placements
• The full local strategy is available via:

Local Context

6. CAMHS Services are commonly defined within a four tiered conceptual framework.

Tier 1 services are provided by practitioners working in universal services such as GPs, health visitors, teachers and youth workers. They offer general advice and health promotion and aid early identification.

Tier 2 services are provided by mental health specialists and offer consultation, assessment short interventions for less severe problems, outreach and training to support other professionals. These services are delivered locally by Achieving for Children (AfC).

Tier 3 services are provided by mental health professionals and usually offer clinical diagnosis and treatment for severe, complex or persistent mental health disorders through child psychiatry clinics, community mental health clinics and outreach. These services are delivered locally by South West London St. George’s Mental Health Trust (SWLStGMHT).

Both Tier 2 and Tier 3 services are accessed via the Children and Young People’s Single Point of Access.

Tier 4 services provide services for children and young people experiencing acute or high risk mental ill health through inpatient units, day units and highly specialised outreach and usually serve more than one area. These services are delivered locally.
by SWLSGMHT. However, local children and young people may be admitted to units outside of the local area due to bed availability or their specific needs.

7. In 2014/15 and prior to the CCG receiving additional funding the cost of providing structured mental health services (Tiers 2-4) for local children and young people was in the region of £2.45m.

8. The table below breaks down the spend by each Tier and the estimated number of Kingston children and young people accepted for treatment. The estimates are due to some of the services being shared with other neighbouring boroughs and taking into account some children and young people being double counted as they may have received treatment by more than one team during the time frame.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Number of children and young people accepted</th>
<th>Average Waiting Time</th>
<th>Annual cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 2 (shared service)</td>
<td>288</td>
<td>12 weeks</td>
<td>£405,000</td>
</tr>
<tr>
<td>Tier 3 (some shared services)</td>
<td>885</td>
<td>4-10 weeks</td>
<td>£1,475,000</td>
</tr>
<tr>
<td>Tier 4</td>
<td>9</td>
<td>-</td>
<td>£595,000</td>
</tr>
<tr>
<td>Total</td>
<td>1182</td>
<td></td>
<td>£2,443,000</td>
</tr>
</tbody>
</table>

Baseline data: 2014/15

9. It is clear from the baseline data that there is a concentration of activity and expenditure at the higher end of the spectrum of need and a clear case for investment in earlier intervention in order to prevent mental health issues for children and young people escalating and requiring high cost and often long term intervention.

The Local Transformation Plan

2015/16

10. In 2015/16 Kingston CCG were provided with a ring fenced allocation of £332,994 to implement the Local Transformation Plan (LTP). The full year allocation was received in December which presented challenges in commissioning and mobilising new initiatives within a three month time period.

11. Given the time scales the approach taken was to distribute investment across the whole system quickly in order to improve access for children and young people.

12. In 2015/16 investment was made in the following areas:

<table>
<thead>
<tr>
<th>Tier</th>
<th>Activity</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>Commissioning of a bespoke mental health training programme for schools</td>
<td>£30,000</td>
</tr>
<tr>
<td></td>
<td>Increasing the capacity within the Tier 2 service to address the waiting time for treatment</td>
<td>£65,000</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Commissioning therapeutic support for victims of sexual assault to reduce the access and waiting time for treatment</td>
<td></td>
</tr>
<tr>
<td>-------</td>
<td>---------------------------------------------------------------------------------------------------------------</td>
<td></td>
</tr>
<tr>
<td>Tier 3</td>
<td>Enhancing the Psychiatric Liaison Service at Kingston Hospital to 7 day access</td>
<td>£13,000</td>
</tr>
<tr>
<td>Tier 4</td>
<td>Enhancing the community Eating Disorder Service</td>
<td>£60,000</td>
</tr>
</tbody>
</table>

Activity to date:

13. **Mental Health Training for Schools**
A contract was awarded to ‘Wishmore Academy Trust’ following a competitive process to provide a bespoke training programme to schools. 30 schools had signed up to the training by the end of April. Over the summer term the training programme was being designed and refined in consultation with the schools to ensure programme effectively met their needs.

The training programme will commence in the new academic term. The aim of the training is to build resilience and ensure staff have the knowledge of managing emotional wellbeing and mental health issues in turn increasing schools’ resilience. Schools will have the skills to develop a whole school approach to promoting good mental health and a named point of contact to liaise with the other CAHMS services within the community.

14. **Waiting Times**
It was identified that children and young people referred to the Tier 2 service provided by Achieving for Children were seen for an initial assessment within 8 weeks but then the waiting time to treatment was in excess of 20 weeks. 77 children and young people were waiting for treatment as at March 2016 and non recurrent funding was invested to increase capacity within the team.

Additional staff have been mobilised and it is anticipated that by September 2016 all children and young people will be accessing treatment within 8 weeks from the initial assessment.

15. A review of the sexual assault referral centres (SARCs) and pathway undertaken by NHS England (https://www.england.nhs.uk/london/wp-content/uploads/sites/8/2015/03/review-pathway-cyp-london-report.pdf) identified an unmet need and disparity in the immediate support provided to children and young people who have been sexually assaulted. Unlike the adult model of support, there was no immediate therapeutic support available to children and young people following an assault and they had to rely on accessing local CAHMS services for such support. Whilst the numbers of children and young people in Kingston who are victims of sexual assault appear to be low the immediate and long term impact on these individuals can be very high. In collaboration with CCGs across South West London the NSPCC have been commissioned to provide a therapeutic support service. This new service commenced in January 2016.
16. **Psychiatric Liaison Services**

In order to support the implementation of the Crisis Care Concordat and compliance with the London Quality Standards for acute emergency services investment was made to enhance the Paediatric Psychiatric Liaison Service at Kingston Hospital. Prior to investment, the paediatric service for children and young people attending A&E with injuries resulting from deliberate self-harm or an acute mental health episode and requiring a mental health assessment was only available during ‘normal working hours’ (Monday- Friday, 9-5pm). This resulted in children and young people being admitted unnecessarily or experiencing delays in their discharge particularly at weekends. In collaboration with CCGs across South West London, investment has been made to expand the existing service provided by SWLStGMHT to deliver a 7 day service across the three hospitals in South West London (Kingston, St. Helier and St George’s). The new service commenced at the beginning of June 2016.

17. **Eating Disorder Services**

Eating disorders can have the most severe and far reaching impact on children, young people and their families. New access and waiting time standards have been introduced nationally to improve both access to and the availability of support particularly within the community.

18. In collaboration with CCGs across South West London, investment has been made to enhance the existing community service provided by SWLStGMHT to provide more evidenced based interventions, outreach and day services so that more children and young people can be treated within the community and reduce the need for admission. The enhanced services commenced in April 2016.

2016/17

19. The same additional investment was provided to CCGs in 2016/17 but as part of the core funding allocation.

20. Whilst many of the initiatives that commenced in 2015/16 will receive recurrent investment, in 2016/17 a greater focus is being placed on developing the capacity within the early intervention and preventive tiers of support (Tiers 1 and 2). This is because of the positive impact of this approach as detailed in paragraphs 26-31.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Activity</th>
<th>Investment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>Counselling Services</td>
<td></td>
</tr>
<tr>
<td></td>
<td>ASD post diagnosis support</td>
<td></td>
</tr>
<tr>
<td></td>
<td>CAHMS training for schools (wave 2)</td>
<td>£170,000</td>
</tr>
<tr>
<td></td>
<td>Digital resources</td>
<td></td>
</tr>
<tr>
<td>Tier 2</td>
<td>Enhancing the Single Point of Access</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Implementing early intervention clinics</td>
<td>£154,000</td>
</tr>
<tr>
<td></td>
<td>*Targeted support for victims of sexual assault</td>
<td></td>
</tr>
</tbody>
</table>
### Targeted support for child and young people who experience domestic violence

<table>
<thead>
<tr>
<th>Tier 3</th>
<th>Multi systemic therapy</th>
<th>£86,000</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>*Enhanced Psychiatric Liaison Services</td>
<td></td>
</tr>
</tbody>
</table>

| Tier 4 | *Enhanced Community Eating Disorder Services | £86,000 |

*denotes recurrent investment in activities commenced in 2015/16*

### Activity undertaken using 16/17 funding

21. **Counselling**
   
   A new counselling service will be introduced in the autumn of 2016 to increase capacity and enable earlier intervention. This is a jointly funded initiative between the CCG, using transformation funding and the Local Authority as part of the move away from grants to commissioning. The long term aim is to reduce the number of children and young people being referred for structured treatment and increase access to support to prevent problems from escalating.

22. **Digital resources**

   Work is planned in the autumn of 2016 to research and identify effective digital resources that could be purchased. The aim would be to identify and make available self-help resources that enable children and young people to take control of emotional and mental health issues they are experiencing, provide instant access to advice, prevent problems from escalating and in turn reduce the volume of young people being referred for structured treatment.

23. **Autistic Spectrum Disorder (ASD) post diagnosis support**

   The impact and prevalence of Autistic Spectrum Disorders is a major issue locally. Whilst the diagnostic pathway is compliant with the NICE (National Institute for Health and Care Excellence) guidance and recommendations, parents report that there continues to be gap in the local support and advice available to families. Work is in progress with the local voluntary groups and parent fora to identify and co-produce an effective approach. The aim is for this to be parent led and provides families with the skills and resources to take control in managing the impact of this condition on their family and in the longer term reduce the need for long term specialist interventions.

24. **Single Point of Access**

   Work has commenced to consider how the effectiveness of the Single Point of access in triaging referrals can be enhanced. The purpose is to improve the quality of decision making at the point of referral so that children and young people are effectively sign posted to the right service and also broaden the range of services that are referred to.

25. **Early intervention clinics**

   The Tier 2, Emotional Health Service has received investment to transform their assessment pathway. Through the introduction of ‘choice’ community clinics children and young people will be provided with an appointment more quickly and access
directed support within the same session. Over time it is anticipated that this will reduce the number of children and young people requiring long term structured treatment and create sufficient capacity to embed and sustain the assessment approach without ongoing funding.

26. **Impact of early intervention**
   The case for early intervention is well established. The overarching aim of the LTP is to increase access to early intervention services that prevent mental health problems from escalating and in the long term reduce the need for structured and high cost treatment.

27. In 2014/15, nine children and young people were admitted for Tier 4 specialist support. The annual cost was £595,000. This equates to an average cost per patient of £66,000.

28. If just two young people were prevented from being admitted for treatment by the enhanced Eating Disorder service this would equate to a reduction in expenditure of £132,000 per annum. Compared to the annual recurrent investment required to sustain the enhanced service eating Disorder Service (£86,000) the financial case is compelling.

29. Equally, the average cost of a child or young person admitted to Kingston hospital with a primary diagnosis relating to mental and behavioural disorders costs on average £624 per night. If the number of young people admitted over a weekend period (two nights) was reduced by 40 over a 12 month period (just over three) this would equate to a reduction in expenditure equivalent to £50,000 per annum.

30. In a similar context, the average education cost of placing a child or young person with complex ASD needs can cost in the region of £68,000 per academic year, depending on the level of need. If they require a full time residential placement because their needs cannot be met at home the social care costs can extend upwards of £130,000 per year. These costs can be avoided if the child or young person can have their learning and social needs met at home and through local school provision.

31. When the annual cost of Tier 2 and Tier 3 services is averaged out per referral, this equates to an average cost of £1,666 per referral to Tier 3 services and £1406 per referral to Tier 2 services. If 20% of these referrals were prevented this would equate to a cost reduction in the region of £375,000 per year.

32. These examples clearly demonstrate the financial value of investing in early intervention. However, it is important to note that there can be a wide variance in the actual costs per individual based on individual needs.

33. **Next Steps- 2017/18**

34. NHS England require the Local Transformation Plans to be refreshed and updated by the end of October 2016 in consultation with parents, children and young people and other key stakeholders.

   - It is proposed that for the 2017/18 LTP there is a continued focus on increasing the capacity of early intervention services, reducing waiting times and admissions with a particular focus on:
- Further developing the support to children and young people available within local schools and expanding this to General Practice surgeries.

- Develop the skills of the workforce particularly in voluntary services by utilising the Improving access to Psychological Therapies (IAPT) curriculum and aligning as far as possible the systems and process across services to promote a smoother transition for children and young people.

- Undertaking an holistic review of the ASD assessment, diagnostic and support pathway in order to reduce the assessment waiting time and deal more effectively with issues relating to this condition.

- Ensuring all vulnerable children and young people with acute mental health issues who are at risk of admission are identified and ensure there is sufficient community based outreach to prevent admission wherever safely possible. To take one example, of the nine children and young people admitted in 2014/15 very few were admitted for reasons relating to an eating disorder. ASD was a common contributing factor in some admission and often resulted in them being placed in a long term residential or school placement, usually out of borough.

- Improving the transition of young people into adult services. This continues to be a challenge across a range of health and social care pathways. Work has begun locally to develop an all age pathway for people with learning disabilities and this programme should be expanded to ensure there is a robust pathway in place for those with ongoing mental health issues entering into adulthood.

35. **Future Challenges**

36. The LTP sets out an ambitious vision and plan for supporting children and young people with emotional and mental wellbeing issues. The capacity to deliver the volume of work required to transform the system and meet the reporting requirements is limited and there is a risk that some activities will not be delivered within the expected timescale.

37. Where activities have commenced, delays in recruitment and other workforce issues can lead to delays in activities being operationalised. Equally the ability of providers to transform well established practices and processes and identify efficiency opportunities without guaranteed future funding is leading to some resistance to change.

38. One of the main challenges to transforming services is delivering demonstrable short term impact. Many of the financial benefits will take time to manifest but when they do will enable resources to be released from one part of the system and redirected into other parts of the system whilst ensuring the high risk mental health needs continue to be managed and responded to in a timely manner.

39. **Proposals**
The Committee are requested to agree:

- That the current level of investment in local CAHMS services should be sustained
- The priority areas for the 2017/18 LTP as outlined in the next steps
- Delegation of the responsibility for approving the refresh of the Local Transformation Plan to the co-Chairs of the Health and Wellbeing Board
**Background papers** - held by the author of the report, Elizabeth Brandill-Pepper, Lead Commissioner for Children’s Services. Email: elizabeth.brandill@kingston.gov.uk. Tel No: 0208 547 5731.

- None