CS1607
Peoples Scrutiny
17 November 2016

JOINT REPORT FROM VIRGIN CARE - INTEGRATED CHILDREN'S SERVICES AND COMMISSIONERS ON DEVELOPMENTS IN CHILDREN AND ADOLESCENT MENTAL HEALTH SERVICES

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1. Introduction

1.1 This joint report describes the developments and on-going service improvements across the emotional and mental health wellbeing system, and how Devon CAMHS in partnership with commissioners, have developed services for children in need of early help, for serious conditions such as eating disorders, and for children and young people are in crisis. These improvements follow on the recommendations made by the Scrutiny Committee CAMHS Spotlight Review (September 2014)

1.2 Finally the report outlines the remaining system challenges and how commissioners and CAMHS are working together to address them.

2. Background

2.1 In September 2014 the Health and Wellbeing Scrutiny Committee and the People's Scrutiny Committee published their CAMHS Spotlight Review report setting out the following recommendations to the health, education and social care system:-

1. Everyone to be aware of the importance of good mental health.
2. Involve young people in the co-design and commissioning of mental health services.
3. To promote the available wellbeing services within schools.
4. All stakeholders continue to work together in the pursuit of the best outcomes for the individual child.
5. All women to be given access to mental health support during and after childbirth.
6. Support the ambition that young people should never be taken to a police station as a place of safety.

Progress on these recommendations will be explored in this report.

2.2 Nationally since the last report there has been considerable policy focus on mental health. The Five Year Forward View for Mental Health (Feb 2016) endorsed the recommendations in the *Future in Mind* report (2014) proposing a three-pronged approach to improving care for children and young people through prevention, the expansion of mental health care such as seven day access in a crisis, and integrated physical and mental health care.

2.3 Reflecting the national picture Devon has experienced an increase in both the volume and complexity of demand for emotional and mental health services. The recent Devon Health Watch survey identified that young people are most concerned about their emotional & mental health with self-harm and depression being prominent.

2.4 The national CAMHS transformation funding is welcomed and is being allocated by CCGs in line with their Local CAMHS Transformational Plans to improve mental health outcomes with a focus upon:

- Improving self-harm outcomes
- Reducing morbidity from eating disorders
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- Improving mental health early help
- Supporting children in care

3. CAMHS in 2016

3.1 Over the past three years significant and sustained improvements have been made in the provision of emotional and mental health care for children and young people living in Devon. There have been new services commissioned and a systematic approach to the application of evidence based practice and development of clinical care pathways that have improved clinical efficiencies and outcomes. These developments and on-going service improvements are described in the following sections.

4. Working in Participation with Young People

4.1 Devon CAMHS has an embedded approach to participation, with a dedicated lead, and with young people participation champions in all teams, engaging young people in all aspects of service planning, delivery & monitoring including the recruitment and selection of all staff at all grades.

4.2 Devon young people have consistently represented the county at collaborative and national events. A recent undertaking by young people entitled 'our perfect CAMHS journey' has been presented regionally and nationally. Devon is a member of the national participation group called 'Gift'

5. Improving access to psychological therapies (IAPT)

5.1 In 2012 Devon CAMHS joined the South West collaborative to develop the child Improving Access to Psychological Therapy programme. This programme for children has trained existing staff in evidenced based psychological therapies at certificate and post graduate level.

5.2 The principles underpinning the Improving Access to Psychological Therapies programme require that a high percentage of clinical work is monitored using routine outcome measures (ROMS).

5.4 Consistent evidence internationally and in Devon has shown that utilising outcome measures improves outcomes for clients and reduces length of treatment.

5.5 All IAPT trained staff have been now been taught how to use these outcome measures in clinical practice and supervision.

5.6 Devon has adopted the national service user's pledges and has involved young people and carers in many aspects of service delivery. Continual improvement is recognised and in this vein collaboration between CAMHS and children and young peoples' service user groups have been given a renewed focus.

5.7 Since 2012, more than forty staff from Devon have been seconded to and completed IAPT training and in 2017 a further ten staff will be seconded for therapy training. A further fifteen will be seconded for an evidence based practice training course, with these staff coming from a mix of public health and third sector organisations.

6. Early Help.

6.1 In the 2014 scrutiny report, a strong emphasis was given to improving mental health provision at an earlier stage than referral to specialist services. To achieve this, an early help contract was commissioned by Devon County Council and awarded to Virgin Care which went live in September 2015. **Early Health for Mental Health (EH4MH) is delivering evidence based learning, training & supervision to all schools in Devon that opt into the scheme.**

6.2 Additionally **face to face counselling delivered is Young Devon and online counselling and support service are delivered by Xenzone.**

6.3 CAMHS colleagues providing the service have described a great variety of efforts being undertaken by schools to help manage mild to moderate levels of mental health needs. Some schools have shown exceptional innovation including the development of supervision groups for self-harm, mental health awareness and emotional wellbeing.

6.4 To date, all schools in Devon have been approached and the vast majority have opted into the scheme. The opt-in criteria include having executive sponsorship for EH4MH within the school and a named member(s) of staff who will be EH4MH champions. There are currently 211 registered Emotional Health and Well Being champions in schools.

7. Primary Mental Health Provision. (PMHW)

7.1 CAMHS employs Primary Mental Health Workers colleagues and are currently reviewing the behaviour and parenting groups offer.

7.2 There is good evidence from national studies that consistent 'upstream' focus reduces referrals to CAMHS and improves community interventions for children and young people with mental health needs. By March 2017 there will be named primary mental health workers attached to all GP practices or clusters to support and inform referral decision making.

7.3 Primary Mental Health Workers are engaged in multi-agency Early Help with many of the primary mental health workers attending Team Around the Child meetings as methods of engaging with schools, networks and families. We continue to explore how we can further strengthen our Early Help working. . Primary mental health worker colleagues are involved in 'Missing Monday's' project which seeks to identify young people with poor attendance at school and to target services to improve health and education outcomes...

8. Support for pregnant women and mothers

8.1 This was identified as a need in the 2014 report and the new service is now providing targeted support. Though small CAMHS perinatal infant mental health service provide consultation, supervision and support to the specialist adult perinatal mental health team, to CAMHS colleagues and into universal services working closely with specialist health visitors on a county wide basis. 48 new referrals were made to the service from October 2015 to October 2016.

8.2 They also provide clinical care for infants and parents and utilise evidence based approaches and routine outcome measures to improve parent infant attachment and have also been involved at national level in the development of outcome measures for under 5s services.

9. Eating Disorder Pathway model

9.1 In 2013 Eastern CAMHS started to deliver their care using a pathway based model. This was to align children to care pathways that were specific in their intention to treat according to NICE guidelines shown to improve outcomes for young people with Mental Health needs.

9.2 The initial pathway was the North and East Devon Eating Disorder pathway that was developed to reduce tier 4 inpatient admissions and to increase positive outcomes for children and young people

9.3 Admissions over a 2 year period to the Tier 4 units have reduced significantly and have been sustained as a direct result of active and effective intervention and treatment in the community. Readmission rates have also consistently improved.

9.4 **This Eating Disorder pathway has been recognised as good practice by NHS England** in their Commissioning guidance publication (July 2015). This pathway has been developed and delivered in collaboration with consultant paediatricians in the Royal Devon & Exeter NHS Foundation Trust and was recently published in the British Medical Journal Archive of Childhood Diseases,

9.5 Using this local evidence of positive change has led to the development of more pathways. It is envisaged that by autumn 2017 Devon CAMHS interventions will be aligned to and delivered to the clinical pathways set out below

- EH4MH & primary mental health
- Managing relationships (including attachment)
- Managing mood
- Managing emotions
- Managing eating
- Managing neuro-diversity
- Managing being in Care (CiC)
- Managing your acute needs (acute & crisis care)
- Journey after child abuse (post sexual abuse)

9.6 This 'whole system' approach has significant benefits:

- Service improvements are embedded in practice aiding sustainability
- Staff develop their clinical expertise and apply it in practice
- Children and young people are treated with the best evidenced based approaches and should experience symptom reduction.

10. Children in Care (CiC)

10.1 Children in care frequently present with needs that are complex, enduring and life impacting. The current CAMHS service around the child (SAC) provision that is commissioned by Devon County Council has recently been collaboratively remodelled.

10.2 The revised specification will see all Devon children and young people coming into the care system screened at the initial child health assessment. The screening will identify who needs to be assessed by the Children in Care mental health team at an early stage and for their needs to be met by practitioners in a timely way. CAMHS are on target to commence this new model by December 2016.

11. Transitions to adult mental health services

11.1 In 2014, the transition to adult mental health services and other providers was problematic. Many young people found the process frustrating, sometimes leaving them with no service at a critical and vulnerable time in their development.

11.2 Since then CAMHS have worked closely with adult mental health providers on the 'preparing for adulthood' processes and have developed and signed off a transition protocol between Devon Partnership NHS Trust and Virgin Care.

11.3 Approximately 45 young people transfer from our CAMHS service to adult mental health every year and the process begins at least two years before they are 18, or sooner if they have been in a mental health inpatient unit. Other young people with less complex needs may require signposting to voluntary or other services.

11.4 Some young people will stay open to CAMHS after their 18th birthday in order to complete their treatment.

11.5 The mental health transition is overseen by a senior team from Devon Partnership Trust & Virgin Care CAMHS to ensure that potential barriers are identified early and resolved.

12. CAMHS Assertive Outreach

12.1 In the summer of 2014 there were approximately thirty Devon young people in mental health inpatient adolescent units nationally, some of whom were hundreds of miles from home.

12.2 Keeping track of these young people was problematic. Attending reviews and clinical decision panels placed significant pressure on the CAMHS core service. A serious case review in 2013 highlighted the lack of a commissioned intensive community support approach for Devon children and young people.

12.3 NEW Devon and South Devon and Torbay CCGs in partnership with NHS England commissioned an Assertive Outreach Team model which became operational in October 2014, fully staffed with CAMHS mental health nurses and a consultant psychiatrist by March 2015.

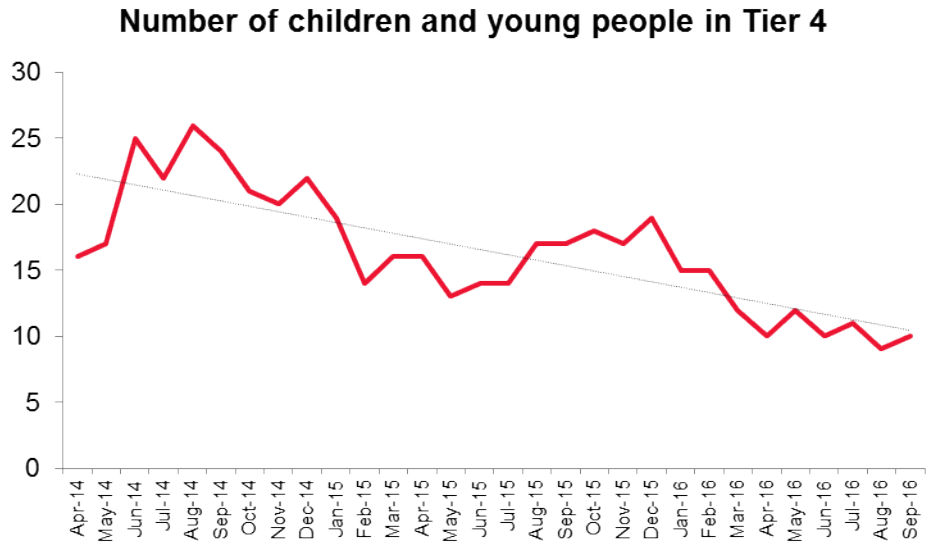
12.4 The remit of Assertive Outreach is to provide intensive community CAMHS capacity to support young people at risk of admission and to facilitate reduced length of stay in the inpatient units by supporting earlier discharge.

12.5 The team work extended hours, evenings and weekends and provide intensive care & risk support to children and young people, families and carers. The team attend all inpatient reviews and challenge the need for continued admission.

12.6 All the team including the consultant and senior nursing staff work into homes to ensure that containing and coherent packages of care are delivered to benefit children and young people's mental health needs.

RESULTS

12.7 The **impact of the team has been evident with inpatient admissions reducing from at times 32 to now 9, the majority, where possible, in local inpatient units. Length of stay has been reduced by approximately 35%** and continues to drop.



12.8 The team now work closely with the local area teams and are increasingly supporting the acute care pathways working with the paediatric wards to manage risk and to

avoid extended paediatric admissions by encouraging positive risk management into the community teams.

12.9 Work on developing a consistent self-harm approach has progressed. The Risk Assessment Service teams support the assessment and treatment of serious self-harm by ensuring same day assessment and onwards management, often into dedicated systemic family practice care pathways.

13. Crisis Care Team (CRT)

13.1 **CAMHS have developed an out of hour's crisis service commissioned by both CCGs**. In addition to the previous telephone on call service, CAMHS can now respond to Mental Health Act assessments 24/7, undertaken by Consultant child psychiatrists on call and when no other options are available the assessment of young people in mental health crisis.

13.2 **In 2015 a place of safety for young people within the Plymbridge inpatient unit in Plymouth was commissioned** and that has been used for section 136 Mental Health Act assessments more than 35 times since 2015.

13.3 No young people have been left overnight in a police cell on a section 136 detention order within Devon in 2016 except where there have been significant risk indicators that have warranted this exceptional measure.

13.4 This directly addresses the recommendation of the scrutiny CAMHS report that young people should not be taken to police stations as a place of safety.

13.5 Devon CAMHS have been represented along with other health, social care, police and voluntary sector providers in developing the all ages mental health crisis care concordat. This will see comprehensive all ages mental health provision for those in crisis delivered 24/7 utilising all resources.

14. Waiting times reductions

14.1 Despite a rise in volume and complexity of need, such as self harm and eating disorders, a considerable reduction in waiting times has been delivered and sustained. This has been achieved through a rigorous, consistent approach to efficiencies through job planning, outcome measures, clinical and line management supervision and a cultural shift towards waits being seen as unacceptable and 'not good enough' for our families.

14.3 In March 2016 CAMHS achieved the target of 85% of children and young people seen and treated within 18 weeks and are on target to reach the target of 92% of children waiting less than 18 weeks for treatment.

14.4 As of September 2016 the median wait from referral to treatment is 8.6 weeks. On average urgent cases begin treatment within 1-2 days and in the most urgent cases treatment can start within 24 hours.

15. System challenges

15.1 Demand for CAMHS remains high. It is anticipated that increasing the upstream offer of early health for mental health and primary mental health workers will gradually reduce demand. However similar services have reported that new initiatives such as these often result in increased referrals to core services as mental health morbidity is 'uncovered' before reduction in referral rates after time.

15.2 Increasing complexity of clinical presentation is reported both nationally and locally with most research showing increases in eating disorder, serious and sustained self-

harm and symptoms associated with low mood in the adolescent population. CAMHS are working closely with key partners to find collaborative methods of supporting these vulnerable groups and recognise that for a significant number of children 'wrap around' care and intervention is required.

15.3 Nationally there are significant pressures with recruiting to staff. Many CAMHS services have reported difficulty in filling vacancies and are further challenged by high turn-over rates. This national picture has undoubtedly worsened with the increasing new monies as most CAMHS services are looking to recruit additional clinical staff.

15.4 CAMHS has developed a workforce plan and new approaches to recruitment, including a recruitment 'fair' held in September, which attracted many new staff, enabling a number of vacancies to be filled.

16. Conclusions

16.1 Over the past three years significant and sustained improvements have been made in the provision of mental health care for children and young people living in Devon, with new services commissioned and a systematic approach to the application of evidence based practice and development of clinical care pathways that have improved clinical efficiencies and outcomes.

16.2 There are new services that have been developed and commissioned including

- **Early help for mental health** – delivering evidence based learning, training & supervision to over 200 schools to date and face to face and on line counselling for young people.
- **Place of safety in Plymbridge unit** - ensuring no young people are left overnight in a police cell on a section 136 detention order.
- **Out of Hours crisis response service** – ensuring that CAMHS can now respond to Mental Health Act assessments 24/7, undertaken by Consultant child psychiatrists on call.
- **Assertive Outreach Service** – reducing tier 4 inpatient admissions and length of treatment, enabling more young people to be supported at home.

16.3 There is still more to do. The Health-watch survey of young people tells us clearly that mental health concerns are at the top of the list; that young people worry about depression, self-harm and anxiety and that these are impacting on their daily lives.

16.4 CAMHS in Devon is committed to continual improvement; working in alliance with key partners, families and agencies to improve access, reduce mental health inequalities within the service offers and to make our value of 'care good enough for our families' a daily reality for children and young people in Devon.

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Electoral Divisions: All

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LOCAL GOVERNMENT ACT 1972: LIST OF BACKGROUND PAPERS

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