

London Borough of Bromley

PART ONE - PUBLIC

HEALTH AND WELLBEING BOARD

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Report Title: CAMHs Transformation Plan 2016/2017 Update

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1. SUMMARY

2. REASON FOR REPORT GOING TO HEALTH & WELLBEING BOARD

3. SPECIFIC ACTION REQUIRED BY HEALTH & WELLBEING BOARD AND ITS CONSTITUENT PARTNER ORGANISATIONS

The Health and Wellbeing Board is asked to note the outcomes arising from the first two years of CAMHs Transformation Plan Implementation. Additionally Board members are asked to note the proposed road map to implementing the full transformation by 2020. The CAMHs Transformation Plans refresh was completed and submitted in October 2016. The Plans were jointly developed with LB Bromley and with delivery and sector partners. The Transformation Plans have been published and can be seen on the NHS Bromley CCG website. The update on progress to date reflects increasingly integrated commissioning, contract management and delivery.

Board Members are advised that the patients, referring and delivery partners are reporting improved experiences of and outcomes from the service. Early indications from the data available to date show that more children and young people are entering the system now than ever before and that more children and young people are having their needs met earlier in the system. Through joint investments in the single point access model fewer children and young people are being referred on to specialist community CAMHs. Data indicates that referrals in to the system are coming from a wider source and that the majority of CYP are having their needs met within 6 sessions (within 16 sessions for those who are identified as Tier 2.5).

The Board is also asked to note that presentations to A&E by children in crisis have remained stable over the course of the last two years and that admission to specialist hospitals has fallen by 36% (YTD) in the last year. Whilst there is some volatility expected in these figures, it is suggested that the joint investments are having a real impact on the ground for communities and providers.

Whilst good progress is being made, it is clear that we still have too many young patients presenting in crisis and too many children and young people being admitted to specialist hospitals and entering the specialist Eating Disorder service.

The journey to full transformation will build on the outcomes of the co-production programme that commenced in July 2016 and will continue into 2017/2018. The co-production programme marks a very positive move towards embedding the principles of joint design and production across health and care sectors and most importantly with communities.

Health & Wellbeing Strategy

1. Related priority: Children with Mental & Emotional Health Problems

Financial

1. Cost of proposal: n/a
 2. Ongoing costs: n/a
 3. Total savings (if applicable): n/a
 4. Budget host organisation: NHS Bromley CCG
 5. Source of funding: NHS England
 6. Beneficiary/beneficiaries of any savings:
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Supporting Public Health Outcome Indicator(s)

Implementing the Five Year Forward View for Mental Health (2016)

Future in Mind (2015)

COMMENTARY

Locally, the challenge is to build on current approaches to meeting emotional and mental health need for children and young people. “Future in Mind” [2015] challenges each CCG and Borough to transform the local emotional wellbeing and mental health offer to children and young people. Each area is supported in the transformation process with a five year financial commitment from NHS England.

The Bromley CAMHs Transformation Plans are the local iteration of a national programme to transform emotional wellbeing and CAMH services. The additional local investment is part of a five year financial commitment by NHS England to realise ambitious outcomes for emotional wellbeing on a local level. Specifically, NHS Bromley CCG will receive an additional £660,000 pa from 2015 to 2020. This additional investment from NHS England builds on the national strategy “Future in Mind” [2015] and assumes that local areas will be working in partnership to sustainably transform local systems of support and treatment.

The key drivers in “Future in Mind” are:

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce
- Co-design future system and service models with CYP and communities

In addition to these aspirations, the Bromley Local CAMHs Transformation Plans set an ambitious target for the partnership to increase the number of children and young people entering the system of support, from the current 32% of the anticipated population with mental health needs to 40%. Whilst the local network is focusing on the architecture of services, we are also tasked with improving community emotional wellbeing.

For the two financial years, 2015/2016 – 2017/2018, Bromley CCG, in collaboration with its partners, invested its additional CAMHs Transformation Plan allocations to further develop capacity across a number of existing key care groups and services with a view to strengthening the existing architecture and to provide a platform to commence the full system and service redesign programme to ensure sustainability.

The allocations, as set out below

Plan Priority	Rationale	Benefit
Specialist Eating Disorder Service	Based on National Waiting Time and Access Guidance, prevalence and activity to date, this allocation is an annually recurring allocation for five years as required in the national CAMHs Transformation Plan.	Quicker access to early intervention eating disorder services for more children and young people earlier in their presentation. Additional investment will allow the provider to expand capacity as required.

		Over the course of five years sustainability of initiative will be built in to future system model and better data on need and trends will be available.
Co-Production	<p>Key plank in the Future in Mind guidance</p> <p>Investment to meet the costs of commissioning specialist CAMHs co-production service to engage with children, young people, families, providers and schools.</p> <p>Initial 4 month project (July – October 2016), project report to form integral part of the final system and service model.</p> <p>CCG is committing resource to extend the co-production programme having received recommendations arising from the first co-production project</p>	<p>Non recurrent investment to engage children, young people, providers and schools in 2016 - 2018 to shape sustainable models.</p> <p>Will lead to a system of support that responds to need, evidence and will ensure that services are designed and delivered in a way that facilitates self sufficiency, quicker access and better outcomes.</p>
Tier 2.5 Initiative	To continue a non-recurrent investment in the Tier 2.5 capacity initiative to be delivered through the Single Point of Access. Providers are indicating that there is significant demand already in the system. All Tier 2.5 cases to be seen through Bromley Wellbeing	This capacity initiative will have a positive impact on waiting lists and waiting times for access to community CAMHs and early intervention support. There will be a reduction in the number of referrals escalated to CAMHs Tier 3 services
Autism Support –diagnosis support	Extending the 2015/2016 investment by a further year to allow for two years of pre-diagnosis support to be delivered to families.	Up to an additional 80 families receiving support whilst waiting for diagnosis process to conclude.
ASD/Complex Communication Disorder Diagnostic Service	At point of investment, diagnostic pathway was 9 months, this investment is aimed to bring diagnostic pathways to within NICE guidance tolerance	Families experiencing shorter delays between acceptance on the diagnostic pathway and diagnosis.

	Additional resource delivered through specialist community CAMHs (ADOS assessments)	
School Responder and School Resilience	<p>To respond quickly to emerging needs working in school settings with young people and teaching staff.</p> <p>Roles include face to face interventions with CYP in schools and offering consultation service to school staff</p> <p>Teachers are indicating that they are struggling to cope in supporting children attending school with high risk presentations.</p>	<p>Identifying the schools with the highest presenting need and supporting individuals and teaching staff to manage emergent need where risk behavior is present.</p> <p>A rapid response service to support individual children in school settings and to provide additional support and guidance to teaching staff</p> <p>To offer monthly group consultation to all schools in Bromley</p>
Tier 3 Capacity Initiative	<p>In response to reported increase in demand (number and severity) to specialist community CAMHs.</p> <p>One off capacity initiative investment to address clinical safety, caseloads, waiting times (RTT) and risk management and to stabilise the current service model whilst planning for system transformation over the medium term</p>	<p>Children and Young people seen for assessment within four weeks</p> <p>A wider skills mix in the community CAMHs service including additional resource of 5.5 WTE</p>
RMN Front Door Practitioner	<p>Evidence base for mental illness expertise at the front door. Role co-located in the Single Point of Access service.</p> <p>Innovative pilot programme to establish efficacy of this model.</p> <p>Role contributes to assessment and triage of cases</p>	<p>A more efficient pathway resulting from the additional capacity to deliver specialist community CAMHs assessment at entry into the system</p> <p>Improved confidence in the early intervention service to manage risk</p>
Out of Borough Placement Review Officer	To assess current and projected need for	More CYP with complex social and mental health

	<p>therapeutic residential placements</p> <p>To review appropriateness and quality of clinical input of therapeutic services offered to Bromley CYP placed in long term residential units</p> <p>To identify the key components required in Bromley to repatriate CYP placed in residential units and or in patients and to advise the Joint Complex Case Placement Panel</p>	<p>needs staying in Borough</p> <p>A report to the partnership with recommendations for future commissioning to facilitate more children staying nearer home</p> <p>To recommend what therapies Placement Officers should consider as appropriate when seeking a residential placement</p> <p>CYP being placed out of Borough as a last resort.</p>
N3 Connection	<p>As Bromley Y is now funded by the NHS, it is required to submit data to NHS Digital.</p> <p>In order to do so, the service has had to become N3 compliant and have had to adjust their electronic data systems to reflect the new data flow requirements.</p>	<p>Data flows to NHS Digital and improved data and data analysis.</p> <p>Secure email referral system for GP referrals</p>
Waiting Times Initiative	<p>A one off, non-recurrent investment in year specifically for waiting times.</p> <p>Investment made in to the early intervention service. with significantly smaller investments to CAMHs</p>	<p>CYP and families experiencing shorter waiting lists and shorter waiting times (referral to treatment) across the community pathways.</p>
Health and Justice Capacity Initiative	<p>Non-recurrent investment to improve accessibility to emotional wellbeing practitioner within the Youth Offending Service</p>	
Youth Mental Health First Aid	<p>CCG investing to support YMHFA Facilitator training</p>	<p>School and children service staff having access to free Youth Mental Health First Aid training. Minimum of 4 training cycles per year.</p>

These investments have allowed

- a) Patients to experience a step change in accessibility and quality of services, incremental improvements over the course of the year, particularly through schools, the single point of access and in specialist CAMHs.
- b) More children and young people having their emotional and mental health needs met earlier with a quicker response
- c) Simultaneously enable the system and service redesign and co-production process for sustainability to be initiated.
- d) System and service transformation to be implemented incrementally from 2017.
- e) Address continued rise in number and severity of presentations to local Emergency Depts.
- f) School staff reporting more confidence in managing crisis presentations in schools.
- g) Improved data collection and analysis, which will increasingly inform commissioning of service

Locally we know that need and demand for emotional and mental health support is increasing and whilst the additional investment is welcome, there is a pressing need to commence the process of system redesign. Aligned to “Future in Mind” aims, Bromley is well placed to leverage in a system that mitigates against stigma, improves accessibility to support, strengthens the prevention and early intervention offer and reduces presentations to A&E and the numbers requiring specialist hospital admissions.

As an example of the outcomes from the initial rounds of investment we can see:

Referrals in to the Single Point of Access and onward referrals to specialist community CAMHs:

2015/16	Referral to Early Intervention Service	Of which Referred to Specialist CAMHs (%)	2016/17	Referral to Early Intervention Service	Referred to Specialist CAMHs
Q1	547	26%	Q1	598	19%
Q2	459	23%	Q2	498	14%
Q3	561	28%	Q3	676	13%
Q4	639	20%	Q4	650 (QTD)	7% (QTD)
TOTAL	2206	24%		2422 (YTD)	13%

Referrals received by specialist community CAMHs (2015 – 2017). All referral sources (including A&E)

	2015/16	2016/17
Q1	223	203
Q2	186	186
Q3	254	165
Q4	208	
Total	871	554 (YTD)

Referrals Accepted – community specialist CAMHs (2015 – 2017)

	2015/16	2016/17
Q1	207	173
Q2	153	159
Q3	225	149
Q4	178	
Total	763	481 (YTD)

Our priorities and deliverables 2016 – 2020 (CAMHS Transformation Plan refresh October 2016)

Taking in to account the additional investments set out above, the CCG and its partners will be co-producing and commissioning for a referral and care pathway model that focuses on meeting needs. There are a number of key steps on our journey.

To help us understand the challenge of ensuring that this additional investment is making both a short term and long term, sustainable, difference, it is helpful to consider the commitments and ambitions through the lens of immediate actions and long term commitments.

Our immediate goals and ones that will progress the system in ways that will deliver results over the course of the next three years are set out below. These commitments are based on the increased investment expected and national, regional and locally produced guidance and targets.

We will invest resources to support the principles set out in *“Future in Mind”*. That is to say with an emphasis on increasing capacity in early intervention services whilst ensuring that every child or young person can rely on the quality of the services they access. We will continue on the journey towards pathway commissioning that reflects needs based approaches in contrast to current Tier based systems.

Investment proposals 2017 - 2020	Outcome
Building capacity across the existing system of support and treatment	Increased capacity Increased service responsiveness Reduced waiting times. Improved satisfaction for young people
Workforce Expansion and Development	A workforce that reflects the commitment to quality and the Transformation Plan principles. Staff appropriately qualified and skills mix to reflect community needs, including staff from different disciplines trained in CYP-IAPT approaches All emotional wellbeing and mental health staff to be CYP-IAPT compliant
Schools	Increased resilience and confidence within schools to support young people experiencing emotional wellbeing and/or mental health difficulties Consultation to all secondary schools (including SEN and PRU) Transformation Plans aligned to SEMH schools programme
Eating Disorder services	Specialist provider to be fully compliant with National Waiting Times and Accessibility standards More CYP assessed and treated earlier in their presentation Reduced in patient admissions
Co-production	Enhanced engagement with young people and their families to inform future plans and pathways. Local co-produced outcomes framework Co-designed pathways models and services to meet national and local

	targets
Commissioning	<p>Collaborative commissioning and procurement of services based on the co-production models, sustainability and evidence base</p> <p>CYP being treated and supported closer to home</p> <p>Development of new referral and care pathways including redesigned service models through co-production. This will inform our future collaborative procurement programme.</p> <p>Procurement of services to support co-production outcomes and evidence based service provision</p> <p>Introduce stability in the system by moving to three year contracts CAMHs Transformation Plan activities</p>
Crisis Care, Sustainability and Transformation Plans, Transforming Care Programme and Co-commissioning	<p>Planning to meet the crisis care standards and implementation of Healthy London Partnership recommendations</p> <p>Commissioning of dedicated three Borough community crisis care service and paediatric liaison service</p> <p>Implementing actions to meet the STP priorities in this area</p> <p>Alignment of local plans with the Specialised Commissioning programme of development and co-commissioning</p> <p>Inpatient admissions as a last resort</p> <p>Compliance with the TCP and CTR programmes. 100% of eligible children and young people identified and progress reviewed</p> <p>Protocols to support CYP at risk of admission or other long term placements in place across health and social care</p>
Transitions	<p>To align local protocol and practice to best practice in transitions</p> <p>To have seamless transition from CAMHs to Adult mental health services in place</p> <p>To review current commissioning and current referral and care pathways</p> <p>Alignment of transitions commissioning to the co-production process and the TCP</p> <p>Transitions commissioning aligned to SEND reforms</p>
Data and KPIs	<p>To implement a consistent local minimum dataset across the whole pathway</p> <p>To commit to the analysis of the minimum datasets and use as basis for future system design and commissioning</p>
Health for Justice	<p>To ensure that all Young Offenders have access to appropriate wellbeing and mental health services whilst in contact with the criminal justice system</p> <p>Improve accessibility and take up of emotional wellbeing services by young offenders</p> <p>Co-commissioning of London Forensic CAMHs, facilitated by NHS England Specialised Commissioning team</p>
Mental Health Strategy	<p>By 2017/2018: currently under development</p> <p>Bromley Y and Bromley CAMHs are both represented on the Strategy Board</p>

4. FINANCIAL IMPLICATIONS

CAMHs Transformation Plan investments arise from specifically identified resources from NHS England and are contingent on delivery against the local Transformation Plan outcomes

5. LEGAL IMPLICATIONS

n/a

6. IMPLICATIONS FOR OTHER GOVERNANCE ARRANGEMENTS, BOARDS AND PARTNERSHIP ARRANGEMENTS, INCLUDING ANY POLICY AND FINANCIAL CHANGES, REQUIRED TO PROGRESS THE ITEM

7. COMMENT FROM THE DIRECTOR OF AUTHOR ORGANISATION