

MEETING: Huntingdon District Council – Overview and Scrutiny Panel

AGENDA ITEM:

DATE: 7TH JULY 2015

TITLE: CAMHS UPDATE

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CLINICAL COMMISSIONING GROUP

FOR: **INFORMATION AND DISCUSSION**

1 ISSUE

This paper is for information and discussion. It highlights the key issues/challenges faced by Children with Mental Health Services (CAMHS), describes measures already taken and outlines longer term plans.

2 KEY POINTS

- Waiting times in specialist CAMHS are too long. (although 85% of new referrals are seen within 18 weeks, some are waiting for over 52 weeks)
- Waiting lists have been temporarily closed for Autistic Spectrum Disorders (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) referrals where there are no associated urgent Mental Health needs.
- CAMHS Emergency assessments in Emergency Department settings have increased threefold in recent years.

3 RECOMMENDATION

The Committee is asked to note the contents of this briefing.

4 BACKGROUND INFORMATION

Commissioned services

There are a number of commissioners and a number of services for children and young people's emotional health and wellbeing.

Commissioner	Service
Cambridgeshire County Council	Centre 33 – counselling services for young people
Cambridgeshire County Council	YMCA – Counselling for young people
Cambridgeshire County Council	STARS – Bereavement counselling for Young People
Cambridgeshire County Council	Sexuality – Sexual and Mental Health Promotion
Cambridgeshire Clinical Commissioning Group	Specialist CAMHS
NHS England	Inpatient Mental Health services for Children and Young People

Current position

There are significant demand and capacity issues within specialist CAMHS:-

- Emergency assessments in Emergency Department settings have increased threefold, causing significant additional demand for Specialist CAMHS and Acute settings.
- There are not enough inpatient CAMHS beds (commissioned by NHSE) to meet demand. Young people have to often stay in acute settings for a number of days, whilst waiting for a bed to become available. When a bed is available, this could be anywhere in the country.
- General referrals to specialist CAMHS have also significantly increased in recent years. (18% in 2014/15)
- With the result that waiting times for non-emergency cases are at unacceptable levels (longest waits over 18 months) for Attention Deficit Hyperactive Disorder (ADHD) and Autistic Spectrum Disorder (ASD) cases in particular.
- There are gaps in provision. I.e: Diagnostic services for children in Cambridgeshire aged 12-17 with suspected ADHD.
- Psychiatric Liaison services in Acute settings do not cover those below the age of 17. (who are covered via a duty system in Specialist CAMHS)

What we have done so far

- Waiting lists have been temporarily closed for ASD and ADHD referrals where there are no associated urgent Mental Health needs.
- Additional resources have been invested into specialist CAMHS for 15/16, (£600k recurrent and £150k non recurrent) which is equivalent to an 11%

increase in funding. The primary focus is to clear the waiting list backlog and sustain this going forward.

- A CAMHS Summit was held in March 2015, with good stakeholder attendance to identify the key issues and develop a plan to address these.
- An Action plan was developed to address the key issues raised at the summit and work undertaken to address these areas of concern:-

1. **Waiting times** – Cambridgeshire and Peterborough Foundation Trust (CPFT) are leading on work to reduce waiting times to below 18 weeks.
2. **ASD and ADHD pathways** – work between, LAs, Cambridgeshire Community Services and CPFT is underway to ensure that pathways and processes are effective.
3. **Combined Single point of access for CAMHS and Local Authority services** – work with both LAs is ongoing to ensure that those with additional needs are assessed for a range of services, not just specialist CAMHS.
4. **Emergency Assessments and support** –. An initial meeting has taken place and a task and finish group will draw together proposals to address the issue.

However, it is widely agreed, that the work above will not fully address the systemic problems and urgent redesign work is required across the whole pathway for Emotional Health and Wellbeing.

What do we propose to do about it?

It is therefore proposed that work on redesigning the Emotional Health and Wellbeing pathway takes place as soon as possible. This will involve services currently commissioned by the CCG and Local Authority commissioned services. The principles behind this will include:-

- Integration of services – including Multi agency teams, single gateway for CCG and Local Authority commissioned services.
- A single seamless pathway experienced by Children and their families.
- Over time, shifting resources from specialist to early Intervention and prevention.
- Appropriate Emergency assessment and support services.
- Improving communications and information systems.

The CCG has agreed to employ Project Lead (currently being advertised) to enable this redesign work to take place quickly and effectively.

To support this work, a CCG wide Emotional Health and Strategy Board is being set up to have a strategic overview of all local Emotional Health and Wellbeing work and to be the responsible strategic group for the redesign work. This group will involve key strategic partners and will be chaired by Wendi Ogle-Welbourn, Corporate Director – People and Communities, Peterborough City Council.

Some additional funding from Central Government has been announced for CAMHS.

This will be focused on Eating Disorders, Children and Young Peoples IAPT and Perinatal Mental Health. Details about how the funding will be allocated have not yet been clarified but it is likely that one requirement for local areas is to produce a 'Transformation Plan' in line with the recommendations from the national CAMHS review, 'Future in Mind'; DH and NHS England; 2015.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

The work to develop the transformation plan will be led by the CCG and overseen by the Emotional Health and Wellbeing Board.

5 CONCLUSION

In summary, there are currently significant concerns related to the increase in demand for specialist CAMHS and the effectiveness of the current model. Work is underway to address the demand issues in the short term and plan are being developed to redesign the model so that our future services are fit for purpose and make the most effective use of resources.

Author

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