ISLINGTON

Children's Services
222 Upper Street, London, N1 1XR

Report of: Corporate Director of Children's Services

Health and Wellbeing Board	**Date: 18 October 2017**	**Ward(s): All**

Delete as appropriate		Non-exempt

SUBJECT: Child and Adolescent Mental Health Services Transformation Plan – Refreshed Plan and Priorities

1. Synopsis

1.1 Following the publication of 'Future in Mind' by NHS England in 2014, Clinical Commissioning Groups (CCGs) and partners are required to develop and submit local Child and Adolescent Mental Health Services (CAMHS) Transformation Plans. Plans are required to set out how local partnerships are working to develop and transform local CAMHS services in line with both national and local priorities. Plans are also required to set out how CCGs and its partners are utilizing additional funding to improve access to local Child and Adolescent Mental Health Services. Since 2014, CCGs have been required to refresh local plans annually, by the 31st October. Key lines of enquiry, used by NHSE to assure plans, reflect revised national and local targets published throughout the course of the year.

1.2 Plans are required to be signed off by the CCG and its partners including the local Health and Wellbeing Board.

1.3 Islington CCG and its partners are now required to submit our third refresh for 2017/18 (phase 3). This process has enabled us to look at what the achievements have been to date, consider impact of the Transformation Plan and reconsider our local priorities in light of current progress.

1.4 Refreshed plans also enable us to keep abreast of local and national developments and ensure these are reflected in local plans. These include the publication of the Five Year Forward View for Mental Health that includes some challenging national targets for CAMHS, the newly developed Sustainability and Transformation Plans, the new strategic health structures across North Central London, as well as published NICE guidelines and Best Practice from the Healthy London Partnership.

1.5 For the purposes of the refreshed plan previous year's plans will be referred to as Phase 1 (15/16) and Phase 2 (16/17) with the development of our refreshed 2017/18 plan for Phase 3.

1.6 This paper sets out progress to date and puts forward key priorities for Phase Three as the focus for the 17/18 refreshed plan.

2. Recommendations

2.1 The Health and Wellbeing Board are asked to note progress made from Phase 1 and 2 of previous Transformation Plans and to comment on the proposed priorities for the refreshed 2017 plan – Phase 3.

2.2 To agree that the final plan can be signed off outside of the committee in order to meet the final deadline set by NHSE.

3. Background

3.1 CAMHS Transformation Plans and funding allocations

Initially CAMHS Transformation funding, linked to the submission of local plans, was ring-fenced. However, since 17/18 the funding is now part of the CCG's baseline.

For the first 2 years of funding, allocations were published in advance, however more recently this has not been the case so in order to enable forward planning locally we applied the national CAHMS TP allocations in order to determine our local allocation. This is indicated by an asterix in the total funding line below. For 17/18 this proved to be an accurate approach.

	2015/16	**2016/17**	**2017/18**	**2018/19**	**2019/20**	**2020/21**
Transformation Plan funding	£338,355	£556,000	£653,856 tbc	£793,781 tbc	£886,653 tbc	£1,068,417 tbc
Eating Disorder funding	£134,174	£140,000	£140,000 tbc	£140,000 tbc	£140,000 tbc	£140,000 tbc
Total	**£473,526**	**£696,000**	***£793,856 tbc**	***£933,856 tbc**	***£1,026,653 tbc**	***£1,208,417 tbc**

As part of the key lines of enquiry, against which plans are assured, local areas are required to demonstrate the funding going into local CAMH services across the whole system, with an expectation that the proportion of funding is increasing year on year.

Across the partnership annual spend on CAMHS has reflected the annual increase from the additional NHSE investment despite some identified savings by LBI.

3.2 Summary of CAMHS Local Needs Assessment for 2017 refresh

In 2017, the local resident population of 0-18 year olds in Islington was around 43, 800. This equates to 18.6% of the total borough population. Within this population, around a third of young people under 18 are from the White British ethnic group and almost a quarter are from Black, African, Caribbean or Black British ethnic groups. The number of children and young people aged 0-18 is projected to grow by just over 3,000 (8%) between 2017-2027; with the older age groups within this range expected to grow at a faster rate than the younger age groups. Islington is the 5th most deprived local authority in London and the 24th most deprived local authority in England.

Data from the 2017 Child Health Profile for Islington indicate that there have been significant improvements in local children and young people's health in recent years, however, undoubtedly this population faces a number of adverse determinants of poor health, both physical and mental health.

Prevalence of mental health conditions

Islington children and young people have many of the risk factors associated with poorer mental health outcomes, with particular reference to deprivation, child poverty, living in workless households and single parents. This is reflected in high prevalence of mental health conditions among children and young people.

Prevalence of mental health disorders among Islington children and young people (5-16 years) using the 2004 ONS survey Mental health of children and young people in Great Britain is estimated at 10.0%; this equates to 2,668 5 - 16 year olds. Locally, taking into account levels of deprivation and housing tenure, a higher 'preferred prevalence' rate has been estimated at 14% (Camden and Islington Annual Public Health Report 2015) this equates to 3,736 5 – 16 year olds. Prevalence is higher in boys than girls. Mental health disorders are highest in Black children and young people followed by White children and young people.

There are three main disorder categories: conduct disorders having the highest prevalence, followed by emotional disorders, and hyperkinetic disorders.

3.3

Progress to date: Phase One (15/16 plan) and Phase 2 (16/17 plan)

Islington's 15/16 Transformation Plan and subsequent 16/17 plan had at the heart of it the aim of reducing waiting times, improving capacity and access and building flexible services around children young people and their families, locating services in universal community settings and addressing health inequalities. It also had a particular focus on ensuring the needs of vulnerable children were being met.

The table in appendix 1 sets out all of the priority areas for phase 1 and 2 and outlines progress made against each local priority scheme. As sign off of the plans was very late in the financial year, many of the schemes received only part funding for 15/16 and some did not commence until the new financial year.

Some key elements of progress made in phase 1 and 2 include:

1. Increased capacity in community CAMHS services to respond to crisis within agreed timescales – increased 0.6 wte nursing and 0.4 wte Psychiatry - YP who present to Community CAMHS in crisis will now be seen within 24 hours for emergency cases (providing they do not require acute emergency care) or within 5 working days for urgent cases.

2. An "in hours" crisis care pathway has been drawn up and circulated widely to professionals working with young people to give clear guidelines about when and where a young person can be seen in crisis.

3. Capacity has been increased within the Adolescent Outreach Team (community CAMHS) to enable them to continue to deliver services to vulnerable young people flexibly in the community. This includes in the home, at school or other community settings where YP feel comfortable.

4. Increased staffing capacity in specialist eating disorder services (Royal Free Hospital) to meet new community waiting times – 1 week for an urgent referral and 4 weeks for a routine referral.

5. Development of a local eating disorder specialist within local services to support schools and primary care in early identification and onward referral. This post also supports YP in specialist services to step down back to local provision.

6. Development of a specific CAMHS pathway for YP with learning disabilities staffed by a 1 wte senior clinician. Screening has also been established for all YP coming into community CAMHS to identify if they have a learning disability.

7. We have worked with the CYP IAPT (increasing access to psychological therapies) programme to develop four new skill mixed roles that can undertake short evidence based interventions around depression and anxiety and deliver parenting programmes. These Children's Well Being Practitioners (CWPs) are based within Families First

.

8. Undertaken a mapping of services for children known to, or on the edge of, youth justice pathways which has resulted in the development of a pilot programme supporting schools (including the PRU) to support children and YP who have experienced trauma.

9. Worked with Islington Young People to develop a Youth Mental Health Charter that sets out what young people would like to see as being different by 2020/21 if CAMH services are going to be effective (Appendix 2)

10. Completion of a Health Equity Audit of CAMHS

11. Finally, there has been a focused initiative to reduce the long waits for core community CAMHS (behaviour pathway and emotional pathway). At the outset of 16/17 waits were approximately 22 weeks - the service made initial good progress towards the challenging target set, which was to reduce waiting times to 8 week's referral to treatment. However more recently, due to staff absence, recruitment difficulties and a 30% increase in referrals this has crept back up and is currently at 15 weeks. This will remain an ongoing focus of work; but we need to consider the current pathways given national demands to increase the numbers of young people the service is seeing and to need to see them more quickly.

3.4

Current picture / challenges

The new initiatives, developed as part of the Transformation Plan over the last 2 years, have largely delivered in line with agreed KPIs, with the exception of the waiting times initiative where further work is needed. However, the programme of work has largely been project based with a range of new initiatives established or services improved. What has become apparent, however, is that the focus has been on individual elements of service and projects and not on the system as a whole. This has resulted in a potentially fragmented range of services, and does not necessarily support the concept of Right Care, Right Place, Right Time or promote access to all sections of our population.

Through our ongoing review of progress and discussions with providers, CYP and wider partners it is clear that we need to establish a whole system pathway that enables YP to access the right service at the right time and in a venue or setting that they are comfortable with; recognizing that not all YP need a referral to specialist CAMHS. Prevention and early intervention as well as low level support will ensure we can support CYP in different ways without always having to access specialist support.

Digital Information and support also needs to be considered as part of this pathway and we are currently involved in an NHSE Digital Participation Pilot that is looking specifically at the needs of CYP with mental health needs and how digital technology can support them at the front door. This can provide signposting to a range of services, self-management opportunities as well as potentially digital support for YP with low level needs.

3.5

Findings of CAMHS Health Equity Audit

In 2017, Camden and Islington's Public Health Team undertook a Health Equity Audit of Islington CAMHS. The aim of this was to assess and describe how Islington CAMHS are accessed and used by the local population of children and young people, and in relation to the need for those services by different groups.

This audit found the highest proportion of children and young people accessing the service were male, aged 11-16, white British and from the most deprived quintiles. 22% of all those aged 0-18 in Islington, expected to have a mental health condition, were in contact with the service.

Most children and young people accessing the Islington CAMHS in 2015/16 did so through the Community CAMHS team. The majority were referred to the service by either an Education establishment or a GP Surgery, and were offered one appointment. Most of these children and young people attended one appointment and the majority attended all their appointments.

Further analysis of the data used in the Equity Audit has found that higher proportions of those referred towards the end of the year were only offered or attended a single appointment, so some of these could have had further appointments after the period covered by the data. Also, for around a third of all those who were only offered / attended one appointment, this was a Choice appointment, where the young person finds out more about the services available. This could indicate that a significant minority of those who only had one appointment either chose not to access any further services or didn't require further intervention. These two issues may provide some explanation why around half of the group were only offered or attended one appointment. Further work may be required to understand the remaining cohort who were only offered or attended one non-Choice appointment (and were referred well before the end of 2015/16).

More males than females accessed the service, which tallies with the higher prevalence in this group found by Green et al[1] in the last survey of the Mental Health of Children and Young People in Great Britain. This was also reflected within the separate age groups, except for 17-18 year olds, which saw more females in contact with the service – according to the Adult Psychiatric Morbidity Survey[2] females aged 16-24 do have a higher prevalence than males. Education was the most frequent referral source for males, but for females it was both Education and GPs.

The highest proportion of children and young people accessing the service overall were from the most deprived quintiles. This is in line with what is known about the influence of child poverty on the development of mental health conditions. This was reflected in males and females separately, across all age groups and ethnicities.

There is a need to increase access and use of CAMHS across the under 18 population of Islington, regardless of sub-populations. The level of unmet need is likely to further increase the risk and consequences of mental ill-health for these children and young people as adults. However, the following populations were found to be currently less well represented than others:

- Females aged 5-10
- Females of black and Asian ethnicity
- Males aged 17-18
- Males of Asian ethnicity
- All those of white British, black, mixed and white other ethnicity aged 17-18
- Those of Asian ethnicity and aged 5-10 and 11-16

This Health Equity Audit was completed at a similar time to the Social, Emotional and Mental Health (SEMH) needs research. One interesting point raised when comparing the findings of the two pieces of work was that although the SEMH needs analysis found a higher proportion of young people from the Black-Caribbean and Mixed White & Black Caribbean ethnic groups than would be expected based on the ethnic breakdown of the Islington population of young people, the Equity Audit found that the proportion of CAMH service users from a Black ethnic group was around what would be expected,

[1] Green, H., McGinnity, A., Meltzer, H., Ford, T and Goodman, R. Mental health of children and young people in Great Britain 2004. London: Palgrave, 2005

[2] McManus S, Bebbington P, Jenkins R, Brugha T. (eds.) Mental health and wellbeing in England: Adult Psychiatric Morbidity Survey 2014. Leeds: NHS Digital, 2016

based on the population of Islington (more detailed ethnicity breakdowns within this group were not available). This suggests that young people from the Black-Caribbean ethnic group have SEMH needs that are not being met by CAMHS, or are not resulting in them receiving a direct intervention from CAMHS. This may indicate a level of unmet need amongst this ethnic group.

The findings of this audit suggest that we need to think about our local pathway into CAMHs and we need to ensure we have a wider range of services delivered in a range of settings to ensure we are able to meet the needs of the whole population. Our service model at the moment places a strong focus on NHS provided services, predominantly those services delivered by Whittington Health which offer specialist intervention.

3.6

Five Year Forward View – Mental Health - Access Target for CAMHS services

As set out in the Five Year Forward View for Mental Health, the national target for increasing access to services is to increase access for 70,000 children and young people by 2020/21. In order to support the delivery of the national target, Islington CCG is required to increase access to 35% of its prevalent population by 2020 / 2021. Access in this case is measured as 2 or more treatment appointments within a 6 week period of each other and within services that are NHS funded.

We will work towards this target by increasing service capacity and ensuring that young people are able to access the most appropriate service to meet their needs. A relatively significant number of young people who access CAMHS services only require 1 treatment appointment and we also know that CAMHS generally has a higher DNA (did not attend) rate than other health services. However, we need to challenge ourselves locally over and above the target set by NHSE to think about how we meet all of the young people who require a CAMHS intervention not just 35%.

In order to achieve this we have taken up initiatives offered by CYP IAPT (Increasing Access to Psychological Therapies) to increase workforce capacity via training opportunities and recruit to train opportunities. This will enable us to ensure interventions are evidence based and that we are able to deliver a skill mix approach in delivering robust services across all levels of need. We do, however, need to give further consideration to our local workforce strategy with partners, to further develop our capacity and ability to deliver a range of interventions.

NHS England's Five Year Forward View for Mental Health has set 2 national workforce targets:

- 1,700 new CAMHS professionals, nationally.
- 3,400 IAPT trainees

Based on Islington's proportion of the national population of under 18s, the proportionate figures for Islington contributions to meeting these targets would be:

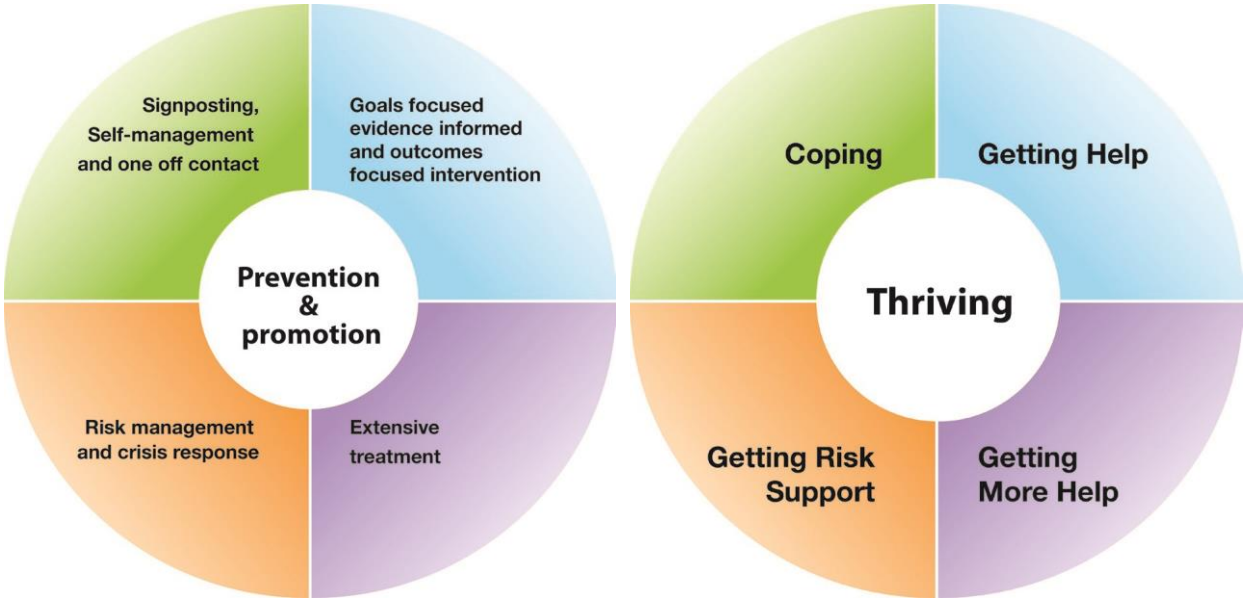
- 6 new CAMHS professionals
- 12 IAPT trainees

We are on track to meet both of these targets. Additional funding made available via Transformation plans has already enabled us to increase capacity across the service with new posts in adolescent outreach services / priority 1 team and other specialist pathways. However, in order to support the delivery of the national target, we need to continue to increase local access to services.

In order for us to achieve this, whilst still maintaining acceptable waiting times within services, we need to look at the whole system and consider the design of a new CAMHs model that aligns itself with the Future in Mind Report and reflects the concept of a tier-less model as reflected in the Thrive Model endorsed in Future in Mind.

The THRIVE model is a departure from the traditional tiered service and has one single point of access for all the CAMH Services. No family or young person should be turned away and they will be able to access information and advice at a minimum. For those who do not require a CAMHS intervention there will be sign posting to other universal services for support. CAMHS will assist families to access universal services where this is required and CAMHS will develop an active partnership with universal

services including third sector to ensure that individuals can access the right services at the right time. For those that do require support from CAMHS they will receive a prompt assessment of their needs and access to appropriate treatment within CAMHS within agreed timescales. Part of this pathway should also include a digital solution and Islington are currently involved in a pilot project looking at how to increase digital participation across CYP with low level mental health needs. The model also has a strong focus on prevention and early intervention.



3.7 **Proposed priorities for October 2017 refresh Phase 3**

In the context of progress to date and our review of current service provision we are proposing the following priorities for our refreshed plan as part of Phase Three. These are made up of those already established that will remain open for 17/18 which were set out and agreed in the 16/17 plan; and five new priorities. The closed schemes are discreet projects that no longer require ongoing monitoring as part of this programme of work.

The proposed priorities are set out overleaf.

LPS	Scheme	Status
LPS 1	Ongoing work to deliver Young Peoples Mental Health Charter	ongoing
LPS 2	Mental Health Promotion building resilience in schools	ongoing
LPS 3	CAMHS in Early Years Transformation	closed
LPS 4	CAMHS Waiting Times	ongoing
LPS 5	CYP IAPT Training Programme	ongoing
LPS 6	Health Equity Audit	closed
LPS 7	Increase access by building capacity ad sustainability in the voluntary and community sector	ongoing
LPS 8	Develop community ED post to support schools and primary care	ongoing
LPS 9	Develop local crisis care pathways across PI and AOT services	ongoing
LPS 10	Delivery of crisis care concordat including training CAMHS AMHP	closed
LPS 11	On-going development of LD pathway Development of Positive Behavior Support Service for Transforming Care Cohort	ongoing
LPS 12	Increased capacity into the ASD pathway in the Social Communication Team	closed monitored via contract monitoring mtgs.
LPS 13	Review of CAMHS CLA service	closed will be picked up in LPS 17
LPS 14	Vulnerable children mapping of youth justice pathways YOS Health Team and Liaison and Diversion Nurse in TYS / YOS	ongoing
LPS 15	Establish a working group to undertake a programme of work relating to CAMHS / AMHS Transition	ongoing
LPS 16	Increased capacity to support complex eating disorder / MH cases	closed
LPS 17	Service Transformation Redesign – Whole System Pathway	new
LPS 18	Development of a local workforce programme building on the NCL wide workforce mapping currently underway	new
LPS 19	Consideration to be given to the findings of the Digital Participation Project for CYP	new
LPS 20	CAMHS outcomes measures (PROMS and PREMs to demonstrate impact and effectiveness)	new
LPS 21	Develop integrated Personal Commissioning (IPC) to support young people with mental health needs; building on the current pilot with looked after children.	new

In line with the October 2016 submission and NHSEs Key Lines of Enquiry, our local plan will include an NCL wide section reflecting the Mental Health - CAMHS work stream areas that have been previously

set out. The section will be updated to reflect progress to date. These areas include:

- Shared Data Collection
- Workforce Planning
- Eating Disorders
- Health and Youth Justice
- Development of the Child House
- Crisis Care 24/7 pathway for out of hours and Co commissioning of Tier 4 services
- Peri -natal Mental Health Service
- Transforming Care

4. Implications

4.1 **Financial Implications:**

There are no financial implications arising directly from this report. Any future action that the council decides to take in order to further the objectives set out in this report will need to be managed from within relevant existing budgets. Any details relating to such actions will be assessed for financial implications as and when they arise.

4.2 **Legal Implications:**

The Children and Families Act 2014 provides a system of support across education health and social care to ensure that services are organised with the needs and preferences of the child and family, from birth, to the transition to adulthood. The support includes provision for children with long term health conditions, as well as and including mental health.

The Children and Families Act 2014 requires local authorities CCG's and NHS England, to establish joint commissioning arrangement to improve outcomes for children and young people. Local Authorities have a duty under section 17 of the Children Act 1989 to safeguard and promote the welfare of 'children in need' in their area by providing appropriate services to them. The Care Act 2014 applies to young people transitioning to adulthood. Under section 1(2)(b), Local authorities have a duty to promote the general wellbeing of individuals including their mental health.

4.3 **Environmental Implications**

There are no significant environmental impacts associated with the refreshed Child and Adolescent Mental Health Services (CAMHS) Transformation Plan. Although an increased level of service provision is likely to lead to an increase in the environmental impacts associated with building occupancy (i.e. energy, water and resource use and waste generation) as well as transport-related impacts such as emissions and congestion, an increased level of digitisation could contribute to mitigating the services' impact.

4.4 **Resident Impact Assessment:**

The council must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it (section 149 Equality Act 2010). The council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons' disabilities, and encourage people to participate in public life. The council must have due regard to the need to tackle prejudice and promote understanding.

As workstreams develop from the refreshed CAMHS Transformation Plan they will each be subject to individual assessments.

5. Conclusion and reasons for recommendations

As part of the refresh of our current Transformation Plan we need to consider our future priorities. These priorities must be guided by our work to date, findings of local reviews and audits as well as ongoing feedback and service user engagement.

There are also a number of key national targets that we need to deliver; most notably NHSE National Access Target and the need to increase access to CYP IAPT evidenced based interventions and to increase workforce capacity, as well as working towards improved waiting times for core CAMH services.

Whilst work to date has demonstrated some progress we need to consolidate the work streams that remain outstanding from 17/18 but we also need to consider how we can more effectively ensure young people get the service and intervention they require in a timely and accessible way.

As such we are seeking agreement on the proposed priorities set out in section 8 for the refreshed CAMHS Transformation Plan 2017 (Phase 3)

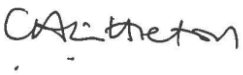
Appendices

- Appendix 1: Islington CAMHS Transformation Plan progress against priorities for Phase 1 and Phase 2.
- Appendix 2: Young Peoples Mental Health Charter
- Appendix 3: CAMHS Transformation Roadmap

Background papers:

- None

Signed by:



29/9/17

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