

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) AND SPEECH & LANGUAGE THERAPY – COMMISSIONING UPDATE

Summary

1. The Strategic Commissioner – Early Help and Partnerships and the Lead Commissioner: Children and Families and Public Health have been invited to update the Children and Families Overview and Scrutiny Panel on the redesign of the Child and Adolescent Mental Health Services (CAMHS) and the Paediatric Speech and Language Therapy Service (SALT).

Wider Context

2. Worcestershire's Early Help Strategy (approved in September 2011) focused on developing an 'early help offer' across Worcestershire. The development of this 'offer' focused on Worcestershire County Council's responsibilities and resources and has driven the commissioning of six 0-19 early help service arrangements, one for each District area.

3. The six 0-19 service arrangements are all now in place and the focus has switched to performance monitoring and evaluating impact on outcomes, which include tackling health inequalities. Performance information does suggest that the existing offer (including Stronger Families) is improving the lives of those individuals and families reached by early help services. However, further evaluation needs to be carried out to ascertain the wider impact on outcomes including cost benefits.

4. Throughout the implementation of the Early Help Strategy the demand on specialist services (e.g. children's social care) has continued to increase, despite the introduction of the early help offer. The emerging evidence from the needs assessment is suggesting that if we carry on as we are then the need for early help services is **forecasted to grow over the next 5 years**. The main reason for this is a higher and rising birth rate in more deprived communities where the risks of poorer outcomes are greater.

5. The recent Safeguarding Peer Review also concluded that greater clarity is required on the difference between the Worcestershire-wide early help strategy and the council commissioned early help services. It also reinforced that identifying and meeting the needs of children, young people and families goes beyond the County Council's responsibilities.

6. It is therefore intended to refocus and refresh the current

CAMHS - Background

Early Help Strategy into a Prevention and Intervention Strategy which will:

- provide clarity on roles, responsibilities and relationships between agencies and organisations from across the children and families sector
- focus on strengthening communities – building resilience and transforming the way people and communities help themselves and each other
- be used to shape future Worcestershire County Council (WCC)/NHS commissioning and influence other commissioning activity
- focus on reducing demand on specialist services e.g. social care, A&E, CAMHS

7. CAMHS in Worcestershire are commissioned to promote, maintain and improve the mental health and psychological well-being of children and young people from 0 to 18 years of age but will, where appropriate, provide support to young people whose needs take precedence over their chronological age (for example those in transition to adult services), and including those with a learning disability.

8. The service works with other agencies and partners within the 4 tiered model (See Appendix 1) to contribute towards improving the emotional wellbeing of all children and young people in Worcestershire. Note that Tier 4 CAMHS provision is commissioned by NHS England.

9. The service utilises a 'stepped care' approach to provide a sequence of intervention and support options that offer simpler and less expensive interventions first, and step up to more complex and expensive interventions only if needs have not been met or have changed. CAMHS provides a service at Tiers 2 & 3 (including Tier 3+). Tier 2 (targeted) provision is mainly a consultation service with intervention being provided by others (e.g. schools, and Early Help providers). Tier 3 service is a specialist service where trained mental health professionals assess need and deliver intervention with other agencies as required. Tier 3 + is an extended service to tier 3, for those children and young people whose escalating or complex needs cannot be met by core Tier 3 CAMHS alone. The extended service includes an intensive home treatment service.

10. The current needs assessment and review of CAMHS was carried out 4 years ago. This led to a service re-design in 2012/13, which introduced a CAMHS single point of access, the extended tier 3 service and a significant improvement in waiting times through operation of the CHOICE and Partnership model.

11. A CHOICE appointment is the term for the first contact the client has with the service. The aims of the Choice appointment

CAMHS – Summary of current challenges

are:

- Clarifying hopes for change
- Considering risk, including safeguarding/child protection
- Allowing the child/young person to make an informed choice about what they need and want and what services they may need
- Identifying what they can do for themselves
- Providing written information about the problems they are struggling with and solutions and other sources of help, such as other agencies and websites.

12. A Partnership appointment is where the majority of intervention work occurs and can be done by most clinicians who have extended clinical skills.

13. The close monitoring of the CAMHS service has highlighted a number of issues including waiting times. There has also been a recent national review of CAMHS. It is, therefore, now timely to re-assess needs and to evaluate the service against national standards and guidance on best practice, in order to ensure its clinical effectiveness and cost effectiveness for the taxpayer.

14. Commissioners are working on a CAMHS needs assessment which is due to be completed by August 2015. This needs assessment will use the evidence collected through contract monitoring, the national review of standards and best practice and the findings from the recent (February 2015) CAMHS peer review to make recommendations around future service re-design.

15. There are a number of challenges and areas of concern that the needs assessment will explore the evidence around, and propose solutions in more detail. Challenges include:-

- There is a perceived gap locally around emotional wellbeing services for those young people who do not meet the CAMHS threshold.
- Local stakeholders are reporting increased concern around the incidence of self-harm in young people.
- Waiting times for, both for CHOICE appointments and Partnership appointments is an area of concern. However, it should be noted that CAMHS continues to meet the emergency (within max of 24 hours), urgent (within max of 4 weeks) and routine maximum waiting time targets (within max of 18 weeks) for Choice appointments. The average wait for CHOICE appointments is currently 6.88 weeks (March 2015), previously 7.17 weeks (Feb 2015 data). Whilst the average waiting times for referral to Partnership appointments is currently 17 weeks (March 2015), previously 22 weeks (Feb 2015). This is a substantial increase from December 2014

where the average wait was 10 weeks meaning children are waiting longer for a specific intervention.

- Referrals to CAMHS Single Point of Access (SPA) have increased since September 2014, and the percentage of referrals signposted as inappropriate has decreased. However, it is to be noted that the needs assessment will look at referral numbers over a longer period of time, to assess whether demand has increased over the last 4-5 years.

16. In February 2015, the West Midlands Quality Review Service (WMQRS) conducted a peer review of Worcestershire's CAMHS. The draft report from has been received and identified the following:-

- The two immediate risks identified have been addressed, these were:-
 - i. No evidence of risk assessment in patient notes.
 - ii. Patients seen and discharged from hospital without risk assessment and follow up.
- Unacceptable waiting times and lack of transparent waiting times data from the provider
- Lack of a 7 day home treatment services
- Lack of a Tier 2 mental health service

17. A commissioner led action plan monitoring group is being established to address all required actions, which will be reported to Clinical Quality Review (CQR). (See Appendix 2 for Governance structure) Immediate action has been taken to address the two risks identified and WMQRS have confirmed that the risks are now being managed. The other actions being taken, irrespective of the needs assessment are:

- NHS Provider addressing staffing vacancies
- NHS Provider completing data cleansing due to data quality issues

18. Lead Commissioners are also considering additional steps to support the reduction of waiting times prior to the redesign, including:-

- a risk meeting with commissioners and the provider to establish when commissioners can expect to receive reliable waiting times data;
- agreeing short term waiting times initiatives, for example, group sessions to address issues such as anxiety or additional resource to ensure those requiring a partnership appointment after A&E attendance are seen promptly.

CAMHS – Needs Assessment

19. The actions identified in paragraphs 17 and 18 aim to provide solutions for the short term. This complements the work of the needs assessment and subsequent service re-

Actions

design which aims to provide longer term, transformational, solutions to ensure Worcestershire can offer a responsive CAMHS service to provide children and young people with the support they need in a timely manner.

20. The needs assessment with recommendations for future redesign is forecast to be completed by the end of August 2015. Implementation will be complete by the 1 September 2016, although depending on procurement decisions this may be implemented sooner.

Speech and Language Therapy Service Background

21. The Speech and Language Therapy Service provides universal information, advice and guidance to all schools, settings and parents and carers to support speech, language and communication development in children and young people. Needs for SALT are considered within the 4 tier model as in Appendix 1. The service provides intervention and support at the earliest opportunity and in the most appropriate environment. Specialist and targeted therapy provision is provided, however there is a high emphasis on skilling up the wider children's workforce (universal services, such as Early years settings, schools and professional groups such as health visitors) to support early identification and intervention, making best use of resources available.

22. The previous SALT service redesign in 2011 resulted in a significant positive impact on waiting times for children and young people. It also introduced the focus on prevention, skilling up the wider children's workforce to identify issues early. In addition, the clinics began to operate for the 0-5 age range in children's centres, enabling therapists to link families to other sources of support (e.g. family support workers) for wider family issues. The Talking Walk-in service began, enabling parents to drop in without an appointment to seek expert advice at an early stage from therapists.

23. A recent announced visit to the Talking Walk-in service (conducted by the commissioning team with expert input from Specialist Teachers in November 2014), concluded very positively, with parents feeling that their children were progressing due to the support provided, and that the service was accessible and took place in a friendly and welcoming environment.

24. The new needs assessment will analyse the data in more detail, however monitoring data shows that for example, health visitors are referring children 0-5 years at an earlier age year on year – showing that the training provided to health visitors has impacted on them being able to identify children's needs earlier and refer for specialist support in a timely manner.

25. Despite the SALT service redesign being successful in delivering positive outcomes, commissioners continue to

ensure that the service is in line with new best practice. The last evaluation and needs assessment for the Speech and Language Therapy service was carried out five years ago in 2010. An updated focus on SALT is required to ensure that the service offered is continuing to have a positive impact, and that population needs are being met. There are also the current challenges. These include:

- Year on year, referrals are increasing, so the service has to be fit to meet current and future demand.
- Feedback from stakeholders has challenged the model of service design and therefore this needs to be considered in the service review.
- The average waiting time for a SALT appointment is 7 weeks (March 2015). This has reduced from 9 weeks (Feb data). There are currently a number of breaches for waiting over 18 weeks (the maximum waiting time that commissioners impose locally). March data shows 30 children waiting over 18 weeks. These are due to vacancies in the South Worcestershire pre-school service team.
- Communication Language and Literacy scores for Worcestershire are below that of statistical neighbours (although scores have increased year on year since 2008).

26. The 3 month short term recovery action plan to address the waiting times is as follows:

- Provision of additional clinics at Children Centres
- School age team staff to join the pre-school team during the holiday period to provide extra support
- Robust triage of referrals
- The NHS Trust Provider is addressing staffing vacancies and the process is almost complete with vacancies being filled.

27. The actions identified in paragraph 26 aim to provide solutions for the short term. This complements the work of the needs assessment and subsequent service re-design which aims to provide a long term and sustainable service to ensure SALT needs are met in a timely manner across all settings (early years, mainstream and special schools).

28. The service review and redesign is being undertaken aimed to produce a new specification to be implemented from September 2016, again depending on the procurement decisions taken, this could be implemented sooner.

29. WCC has a financial challenge to deliver savings, and this includes the use of the Children's Services Directorate base budget. WCC contribute to both CAMHS and SALT services and this contribution has to be considered along with other

SALT – Needs Assessment Actions

Financial Challenge

	<p>children's services directorate savings.</p> <p>30. Clinical Commissioning Groups fund £4,388,043 for CAMHS and £2,101,142 for SALT, and WCC contributes £739,019 for CAMHS and £189,000 for SALT.</p> <p>31. Within the current medium term financial plan there is £110,000 saving (17/18) for CAMHS and £189,000 (16/17) savings for SALT. Both are currently rated high risk (rated 'red') given the potential impact on outcomes and a lack of plan on how the savings could/should be realised. Any actions to reduce or remove risks will be identified following the analysis of the needs assessment and forming of service design recommendations.</p>
Purpose of the Meeting	<p>32. The Panel is invited to consider and comment on the redesign of the Child and Adolescent Mental Health Services and the Paediatric Speech and Language Therapy Service.</p>
Supporting Information	<p>Appendix 1: Tiered model – children's needs. Appendix 2: Contract Governance Arrangements</p>
Contact Points	<p>County Council Contact Points:</p> <p>County Council: 01905 763763 Worcestershire Hub: 01905 765765 Email: worcestershirehub@worcestershire.gov.uk</p> <p>Specific Contact Points for this Report:</p> <p>Lead Commissioner: Children and Families and Public Health Jessica Glenn: 01905 768331 Email: jglenn@worcestershire.gov.uk</p>
Background Papers	<p>In the opinion of the proper officer (in this case the Director of Children's Services) there background papers relating to the subject matter of this report are:</p> <p>All agendas and minutes can be found on the website</p>