

**Briefing on Child and Adolescent Mental Health Services (CAMHS)  
March 2011**

This briefing outlines the following areas and some additional related items including:

1. Waiting times for CAMHS
2. Referrals regarding 16-18 year olds
3. Development of a community CAMHS model
4. Current provision and commissioned CAMHS services at all tiers in Kent
5. NST Visit
6. Development of IAPT services for young people

Attachment:

NST Action Plan



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## Child and Adolescent Mental Health Services in Kent

### Introduction

Child and Adolescent Mental Health Services (CAMHS) are delivered in line within a nationally agreed four-tier strategic framework. The tiered structure relates to population and prevalence, - ranging from universal services delivered to all children and young people at Tier 1, through to primary mental health and community services at Tier 2 and 3 and through to highly specialist in-patient services at Tier 4

The CAMHS Strategy Group in Kent has recently agreed that this agenda should be referred to as Emotional Well Being and Mental Health. This reflects a growing recognition that the agenda is not only focused on provision for those with mental health problems, but that the promotion of emotional wellbeing is equally important.

The National Support Team for Emotional Wellbeing and Mental Health recently visited Kent and a summary of the visit is provided below. An action group has developed out of this visit and a working action plan is available as supporting documentation.

### 1. Current waiting times for health services.

Average CAMHS waiting times at Tier 3 from referral to assessment at February 2011

Provider	East Kent Hospitals NHS Universities Foundation Trust					
Team	Canterbury	Thanet	Shepway	Ashford	Dover	L/D
Average Waiting Time (weeks)	24	13	44	18	12	5

Provider	Kent & Medway NHS and Social Care Partnership Trust					
Team	Dartford, Gravesham and Swanley	Maidstone and Malling	T. Wells, Tonbridge and Sevenoaks	Swale		
Average Waiting Time (weeks)	14	11	11	7		

Waiting times for assessments for specialist CAMHS services in Kent are too long and do not compare favourably with other CAMHS providers in the South East Coast Strategic Health Authority area.

East Kent hospitals report that their waiting times have increased since 2009 when they started seeing young people up to the age of 18 since 2009. Their waiting times have improved over the last few months but remain a concern in Canterbury and particularly in Shepway.

In both areas staff are undertaking waiting list initiatives targeting those who have waited the longest and by running extra clinics on a Saturday to tackle the backlog.

A particular issue in Shepway has been the high number of young people waiting for an ASD (Autistic Spectrum Disorder) assessment and the Trust trained 20 members of staff in January 2011 from across the CAMHS service to increase the number who can undertake these assessments in the future.

Other initiatives in Shepway include working in partnership with East Kent Community Health services that have primary mental health workers actively involved in the waiting list initiative and where appropriate taking on referrals.

There are also vacant posts in Shepway that have been difficult to fill but the Trust is actively recruiting to them and has begun to move staff geographically as much as possible, whilst retaining quality.

KMPT waiting times in the west of the county are reasonably consistent and are usually between 8 and 12 weeks. There can, however, be long waits for treatment once a young person has been assessed.

Monthly performance management meetings are held with both providers to review contract performance.

In addition to the above, significant work has taken place in the last two months to review and compare waiting times across the South East. Investment and staffing levels have been benchmarked through the Strategic Health Authority. Whilst there are some challenges in making accurate comparisons due to differences in approaches to calculations, it is clear that many other areas have developed a Community CAMHS model and that this has significantly reduced waiting times.

Kent Children's Trust has agreed that this approach should be developed in Kent. Both PCTs and KCC are currently working up the arrangements for a pooled budget and joint commissioning approach. Further detail is provided on the Community CAMHS model below.

In addition both PCTs have committed significant investment into Child and Adolescent Mental Health next financial year to address the gaps identified within the Ofsted and Care Quality Commission (CQC) inspections. West Kent

have committed £750 000 for next financial year the detail of which is provided below.

## **2. Ofsted/CQC recommendations including Referrals regarding 16-18 year olds**

The recent OfSTED inspection of the Local Authority and CQC inspections of health services highlighted several concerns about the delivery of CAMHS services, in particular relating to the age range of services and for services for Looked after Children (LAC).

Action plans are in place for both NHS West Kent and NHS Eastern and Coastal Kent and are being monitored by a Kent-wide Health Improvement Group (Safeguarding and LAC), chaired by the Director of Child Health Commissioning.

This in turn links to the Kent Safeguarding and LAC Improvement Board through representation by the Chief Executive of the new Kent & Medway PCT cluster, and the Director of Child Health Commissioning. Actions are cross referenced through the NST action plan group.

The inspection by the CQC found that health providers and commissioners need to secure health assessments for looked after children and screen for substance misuse given the prevalence of substance misuse in over more than half of birth families. They also found that CAMHS support is inadequate with inconsistent community provision for young people between 16 and 18 years.

The following actions are identified through the Improvement Plan.

- Ensure arrangements are in place for looked after children to receive Child and Adolescent Mental Health Service support and timely health assessments, ensuring records are available to confirm that they have been completed.
- Ensure a Child and Adolescent Mental Health Service for 16-18 year olds

In relation to Looked After Children, commissioners have reviewed and significantly strengthened service specifications for CAMHS providers to ensure that LAC status is a criterion within the clinical prioritisation and allocation process. In addition commissioners have required that specialist Tier 3 providers develop and formalise the pathway for LAC in relation to the development of the new pan-Kent LAC-CAMHS team.

There is a specific LAC-CAMHS expert group, which is a sub group of the CAMHS Strategy group. Through this group, a screening process to identify LAC at high risk of developing mental illness at the time of initial assessment

has been developed, and models of multi-agency joint working have been reviewed. Again the learning has been incorporated into the service specifications for the LAC Nursing Teams.

The PCTs are also leading a process to ensure a consistent system for recharging costs of secondary care, for LAC placed in Kent by other Local Authorities, to their originating PCT.

### Services for 16 – 18 year olds

There is provision for this age group in East Kent but East Kent Hospitals Trust report that this has significantly increased the pressure on services and waiting times. Commissioners are working with EKHUFT to ensure that investment this financial year of £176 000 is appropriately used to reduce service pressure.

In West Kent commissioners are involved in ongoing discussions with KMPT to ensure that all young people up to the age of 18 can access a CAMHS service. As an immediate action the PCTs have increased investment in order to fund a service for the next 12 months that will provide an assessment, short-term treatment and signposting service for all newly presenting 17 year olds. This will begin in April 2011.

In addition, West Kent PCT has committed additional investment for those 17 year olds already within their service. The detail of this service is currently in negotiation between commissioners and providers and will enable age appropriate professionals to deliver services and ensure good transition arrangements from child to adult services are in place. The service will begin in April 2011.

A draft protocol for transition between child and adult services is currently subject to consultation. It has been developed through a focus group with commissioner and cross provider representation. Sign-off is planned to take place in March 2011.

The total increased investment from West Kent PCT is £750 000 for the next financial year. This will address the age related service issues described above, out of hours services for those in acute mental distress and increase provision for children with ADHD, reducing the pressure on specialist CAMHS services.

### **3. Development of a Community CAMHS model**

In order to provide an integrated and consistent service across Kent, commissioners are developing a community CAMHS model for future service delivery.

A community CAMHS service would provide a range of services across tiers 1-3 to promote emotional wellbeing and provide an integrated response to mental health for children and young people in Kent.

The key functions will be to

- Promote the prevention and early identification of emerging mental health issues through consultation, liaison, support and training to other professionals within Children's services and the voluntary sector.
- Provide assessment, early intervention and mental health planned interventions for those children and young people who have identified mental health difficulties and support to their families.
- Provide medium and longer term intervention in response to assessed needs.
- To provide emergency response assessment services for children and young people who present a significant risk to themselves or others.
- To provide dedicated services to children in care that supports their placement stability.
- To promote smooth transitions to adult mental health services where appropriate.

In order to move to this new model of service delivery, child health commissioners intend to recommend to PCT boards' in Kent that a procurement process is undertaken.

This has been discussed at Kent Children's Trust and there is agreement that this should be a joint commissioning process between the PCT's and the Local Authority.

Work is being undertaken between health and local authority commissioners to identify current spend and commissioned services relating to emotional wellbeing and mental health in order to agree the final pooled budget in Kent. A significant factor in this arrangement will be investment identified from within the CAMHS development grant.

In terms of a timeframe for this development, commissioners are intending to make recommendations to the May PCT Boards. Following agreement commissioners will need to give health providers notice on their contracts and allow 12 months for a robust, open procurement process.

#### **4. Current provision and commissioned CAMHS services at all tiers in Kent**

##### **Tier 1**

Tier 1 delivery is provided by practitioners who are not mental health specialists but are professionals working in universal services; this includes GPs, health visitors, school nurses, teachers, social workers, youth justice workers and voluntary sector agencies.

Practitioners will promote emotional well being, and identify problems early in their development, offer general advice for early intervention and refer to more specialist services.

Specific programmes to support children and young people's emotional wellbeing in schools would include initiatives such as SEAL (Social & Emotional Aspects of Learning) and Healthy Schools.

##### **Tier 2**

Practitioners at this level tend to be CAMHS specialists working in community and primary care settings in a uni-disciplinary way (although many will also work as part of Tier 3 services) For example, this can include primary mental health workers, psychologists and counsellors working in GP practices, paediatric clinics, schools and youth services. Practitioners offer consultation to families and other practitioners, outreach to identify severe or complex needs, which require more specialist interventions, assessment (which may lead to treatment at a different tier), and training to practitioners at Tier 1.

CAMHS services at Tier 2 are targeted services and both KCC and the two PCT's in Kent commission a range of services at this level.

West Kent PCT commissions West Kent Community Health services to provide primary mental health workers in 3 localities in Dartford and Gravesham, south-west Kent and Maidstone. This is part of a block contract which also includes paediatric and some psychology support. The annual value of this contract is around £430,000.

The actual primary mental health service is small and consists of 6 members of staff across the three areas in addition there are two nurses who work specifically with ADHD.

Eastern and Coastal Kent PCT commissions East Kent Community Health services to provide targeted mental health services in east Kent. This consists of primary mental health workers who are based in integrated health teams in each district and CHATS a school counselling service that operates service level agreements with individual schools. A specialist primary mental health worker provides a service to unaccompanied asylum seeking young people.

The annual value of this contract is £682, 496.

In addition Eastern and Coastal Kent PCT commissions Medway NHS Foundation Trust to provide a nurse led ADHD service in Swale.

The annual value of this contract is £92, 847.

Eastern and Coastal Kent PCT also commissions a number of third sector organisations to provide CAMHS related services in east Kent. Some of these services also receive funding from the local authority. There is an emphasis on early intervention and family support and examples include Homestart, which has services in all districts in east Kent, Action for Children providing family support services in Dover and Family Action working with school age children and young people in Sittingbourne and Sheppey.

The annual value of these contracts totals £410, 182

The total value of commissioned services at Tier 2 by health is £1.6 million.

Kent County Council commissions a range of targeted CAMHS services at Tier 2. The commissioning team is currently reviewing commissioned services and is working closely with health commissioners to identify those commissioned services that are CAMHS related. Some of these services have been centrally commissioned whilst others have been commissioned locally. Generally they are third sector organisations offering a range of services including counselling, e.g. Time 2 Talk in west Kent, Homestart and Relate in Canterbury and Breakthrough, providing counselling and mediation services across Kent, and family support e.g. Action for Children in east Kent and Family Action, which has services in Herne Bay, Dartford, Swale, Sevenoaks and Swanley.

The funding for these services is a combination of core funding and the funding stream originally identified as the CAMHS development grant. The total value of these are £2,642,841, £1,458,554 of which are funded from the CAMHS grant,

In addition the Targeted Mental Health in Schools (TaMHS) funding, which was previously a ring-fenced grant is now funded through the Early Intervention Grant and funds the SPARK project in Swale.

### **Tier 3**

This is usually a multi-disciplinary team or service working in a community mental health clinic or child psychiatry outpatient service, providing a specialist service for children and young people with more severe, complex and persistent disorders.

Team members are likely to include child and adolescent psychiatrists, social workers, clinical psychologists, community psychiatric nurses, child psychotherapists, occupational therapists, art, music and drama therapists.

Tier 3 services in Kent are mainly provided by specialist health providers. In west Kent they are provided by Kent and Medway NHS and Social Care Partnership Trust (KMPT) and in East Kent by East Kent Hospitals University NHS Foundation Trust (EKHUFT).

In addition there are some specialist services commissioned at Tier 3. The LAC-CAMHS service is commissioned by KCC and provided by KMPT. Initially in west Kent, this is now being developed as a pan-Kent service.

Some specialist post abuse services are commissioned by KCC and health mainly from the NSPCC and Action for Children, which would straddle tiers 2 and 3.

Tier 3 services are delivered through a block contract for both East Kent and West Kent. The detail is currently under review and is in the region of £11-12 million across Kent.

#### **Tier 4**

These are essential tertiary level services for children and young people with the most serious problems, such as day units, highly specialised outpatient teams and in-patient units.

Following a competitive procurement process during 2010, the three PCTs in Kent and Medway commissioned South London and Maudsley NHS Foundation Trust (SLAM) to provide Tier 4 services.

A new inpatient unit at Woodland House in Staplehurst opened on 28<sup>th</sup> February 2011 and will provide crisis and planned inpatient admissions, services for those with eating disorders and an assertive outreach team.

This new service will ensure that most young people who require inpatient treatment will be able to receive this in Kent rather than be placed out of county for long periods of time in expensive units on a cost per case basis as is often the case at present. This new service will be local and provide better co-ordination resulting in improved experiences for young people.

The Tier 4 contract with SLAM is £4.9 million. However the PCT's also spot purchase on demand for other complex cases which need provision involving highly specialist care pathways.

#### **Prevalence**

Kent Public Health have been requested to develop an up to date needs assessment specifically in relation to mental health. This will be available in April 2011. It will provide significant prevalence breakdown by district which will inform the service redesign planned.

	Ashford		Canterbury		Dover		Shepway		Swale		Thanet	
	5-10 years	11-15 years	5-10 years	11-15 years	5-10 years	11-15 years	5-10 years	11-15 years	5-10 years	11-15 years	5-10 years	11-15 years
Emotional disorders	215	493	213	529	161	412	152	370	229	550	205	517
Conduct disorders	440	1,283	435	1,375	330	1,072	310	963	467	1,430	418	1,343
Hyperkinetic disorders	144	444	142	476	108	371	101	333	152	495	136	465
Any emotional, conduct or hyperkinetic disorder	601	1,677	595	1,798	451	1,401	424	1,259	638	1,870	571	1,756
Any disorder	691	1,907	683	2,045	518	1,594	487	1,432	733	2,126	657	1,997
	Dartford		Gravesham		Maidstone		Sevenoaks		Tonbridge and Malling		Tonbridge Wells	
	5-10 years	11-15 years	5-10 years	11-15 years	5-10 years	11-15 years	5-10 years	11-15 years	5-10 years	11-15 years	5-10 years	11-15 years
Emotional disorders	154	368	163	397	244	565	198	463	214	508	191	475
Conduct disorders	314	956	332	1,032	498	1,469	404	1,205	436	1,320	390	1,236
Hyperkinetic disorders	103	331	108	357	163	508	132	417	143	457	127	428
Any emotional, conduct or hyperkinetic disorder	430	1,250	454	1,350	681	1,921	553	1,576	597	1,726	533	1,616
Any disorder	494	1,422	522	1,535	783	2,184	635	1,792	686	1,962	613	1,838

## 5. NST visit

The children and young people's emotional well-being and mental health national support team (NST) from the Department of Health visited Kent in September 2010 and interviewed a wide range of clinicians and professionals across mental health and wider emotional wellbeing services in Kent.

Following this visit the team made a series of recommendations. This captured the strengths that they found in Kent, including strong dedication and commitment across services, but also significant systemic errors. The overarching recommendation of the visit was a complete system redesign and the development of a Community CAMHS model.

One of the key issues identified was the large number of young people referred to a specialist CAMHS service at Tier 3, who could have been seen earlier and more effectively in Tier 2 services. Part of this is due to a lack of clarity for the current system of referral.

Following two stakeholder events across Kent, attended by over 100 people from mental health, General Practice, social care, education and the voluntary sector a recommended way forward is to develop a common access point for emotional wellbeing and mental health referrals. There are some good examples of where this is being or has been developed in Kent. Contracts are currently being negotiated to deliver this across the whole of Kent from April 2011.

An action plan is attached to this document detailing actions and progress following the visit. This includes actions in relation to strategy, workforce, services for children and young people with particular conditions, the age

range of services, participation of children and young people and clarity around referral systems.

**6. Improving Access to Psychological Therapies (IAPT) for children and young people**

The Government has recently published a new mental health strategy *No Health without Mental Health* (published in February 2011). There are 6 key outcomes of this strategy which are that:

- more people will have good mental health,
- more people with mental health problems will recover,
- more people with mental health problems will have good physical health,
- more people will have a positive experience of care and support,
- fewer people will suffer avoidable harm
- fewer people will experience stigma and discrimination.

There is a particular focus on IAPT. This programme is currently adult based and starts at 18, however, the new 4 year programme from April 2011 will provide an opportunity for these services to be offered to young people. Evidence shows that interventions offered under the IAPT programme would be effective especially in meeting the needs of children and young people with depression, anxiety and conduct disorders.

A further announcement is expected from the Department of Health on how funds to develop a programme locally will be accessed. Early indications are that this will be held centrally and bids will be invited from commissioners.