



Agenda Item 7

Report to Children and Young People and Family Support Scrutiny & Policy Development Committee

11th March 2019

Report of: Director of Commissioning, Inclusion and Learning, Sheffield City Council and Director of Commissioning and Performance, Sheffield CCG.

Subject: Update on Children and Young People's Mental Health Transformation Programme

Author of Report:

Matthew Peers, Commissioning Manager, Sheffield CCG and Sheffield City Council, matthew.peers@nhs.net

Summary:

This report provides an update on the children and young people's mental health transformation programme, with a focus on transition and internal wait, as requested by the committee.

Key points from the report include improvements to operational processes that have been made to improve transition, on-going work to improve internal waits and future priority areas of development.

Type of item: The report author should tick the appropriate box

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Community Assembly request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	x
Other	

The Scrutiny Committee is being asked to:
Consider the update provided

Background Papers:

Category of Report: OPEN

Update on Children and Young People's Mental Health Transformation Programme

1. Introduction and Context

1.1 Sheffield's Local Transformation Plan (LTP) for Children and Young People's Emotional Wellbeing and Mental Health was first developed in 2015 in response to the publication of Future in Mind (2015).

1.2 Future in Mind highlighted five priority areas for the transformation of children and young people's mental health:

- Being accountable and transparent;
- Caring for the Most Vulnerable;
- Developing the Workforce;
- Early Intervention and Resilience and
- Improving Access.

1.3 In December 2016, a report was provided to the Scrutiny Committee on the Local Transformation Plan (LTP) for children and young people's mental health. The Committee requested a report which focused primarily on work in schools and early intervention work in the community. The report provided an overview of this work and also a brief update on the rest of the programme. Subsequently a further update was presented in March 2018 providing an update on the programme as a whole.

1.4 For this report, an update was requested specifically with regards to transition and internal waits. This report has been written to this effect, with a general update on the programme as whole also provided. The report concludes with recommendations and a look ahead to the next 12 months.

2. Transition

2.1 In the past 12 months, significant work has been undertaken in relation to transition between Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services (AMHS).

This has included;

- Revision of the CAMHS-AMHS Transition Protocol.
- Development of a joint monthly interface meeting between CAMHS and AMHS.
- Establishment of a joint governance structure between CAMHS and AMHS for improving transition.

2.2 The CAMHS-AMHS Transition Protocol provides operational level detail for CAMHS and AMHS services on what they need to do to support effective

transition, and has been developed with the input of services users and young people through organisations such as Chilypep.

2.3 This includes ensuring that planning for transition commences no later than six months ahead of the transition point. As part of the protocol, there is also joint working between agencies for the six months following transition, to ensure that the transition has been smoothly completed.

2.4 A number of principles underpin the transition protocol, these include;

- *Person-centered care to ensure that the young person and their carers, where appropriate, are kept informed and involved with the process.*
- *A whole systems approach used to ensure partner agencies and primary care are aware of transition arrangements and can contribute to continuity of care during the transition period.*
- *All young people who are currently receiving a service in CAMHS should start preparation for transition at least 6 months before the proposed transition date with discussion and clarification about ongoing treatment needs and provision of written information to the young person if over 17.5 years as close to discharge as possible.*
- *A full assessment as to which service provision would be best of the YP will be undertaken and documented by AMHS*

2.5 To support the improved transitions, a monthly clinical interface meeting between CAMHS and AMHS has been established to enable discussion and resolution of transition issues at a service level. Joint transitions clinics are being set up with CAMHS and AMHS to enable individual cases to be discussed.

2.6 A joint group is now in place between CAMHS and AMHS to ensure there is oversight of transition issues at a strategic level. This is jointly chaired by CAMHS and AMHS with representation from other agencies including commissioning. This group enables transition issues to be escalated for resolution and ensures joint oversight of the implementation of the transition protocol.

2.7 It is important to note that whilst mental health transitions normally take place aged 18; there are the following exceptions to this:

- Access to Accident and Emergency (A&E) – Sheffield Children's Hospital NHS FT goes up to 16.

- When a young person aged 16 or above attends the A&E at the Northern General Hospital (NGH), the first response from mental health services is provided by AMHS, as they provide this service at the NGH A&E. Changes to this area of service provision are under consideration as part of work that is currently being undertaken in relation to mental health crisis care by the Mental Health Commissioning team across the CCG and SCC.
- Eating Disorder Services (aged 16).
 - Changes to this transition point are being considered as part of the eating disorder redesign referenced in section four.
- Psychosis Services (aged 16).
 - Any changes to this service arrangement are in scope as part of the all-age mental health work, referenced in section four.

2.8 As referenced above, an area of work currently being developed is an all-age approach to mental health services in Sheffield. An update is provided on this in section four, but it is important to note that a key driver for this work is improving service user's experience of mental health transitions.

2.9 This development will also consider the results of the *Joint Mental Health Scrutiny Review*, currently being jointly undertaken by the Children, Young People and Family Support Committee, and the The Healthier Communities and Adult Social Care Scrutiny Committee.

3. Internal Waits

3.1 Improving internal waits within the Community CAMHS service remains a key area of focus.

3.2 As of the 31st December 2018, 653 young people were waiting for their second appointment, of these 653 young people, 180 or 27.57% were waiting more than 18 weeks for their second appointment.

3.3 To manage these waits, CAMHS have implemented a fortnightly patient tracker meeting to review the waits for all patients and to expedite the response to those young people identified as been at greatest risk.

3.4 In addition to this, a new Duty and Booking Team was implemented in October 2018 to enable more effective management of referrals and the demands on the service – CAMHS are currently averaging 250-300 referrals per month.

3.5 As part of this new approach, consultations are now offered to potential referrers, the aim of this is to ensure any CAMHS referral is appropriate. This should also reduce the chances of a young person been re-referred from

CAMHS to another agency, as it will help ensure that the referral goes to the appropriate agency in the first instance.

3.6 To support internal waits, there is also a team of Psychological Wellbeing Practitioners (PWP's) which have been invested in as part of the local transformation plan. There are currently two fully qualified PWP's and two trainees in CAMHS. PWP's provide support for issues such as anxiety, low mood and depression through evidence based interventions e.g. CBT. The aim of this support is to prevent the need for further referral into CAMHS, releasing capacity to address internal waits.

3.7 The PWP's have had a positive impact, of the 316 referrals they have seen – 205 would have gone straight to Community CAMHS without their input, and 97 would have been re-directed to MAST. The average waiting time to receive support from a PWP is under six weeks. In terms of outcomes, the average goals score prior to intervention (out of 10) is 2.6, this rises to 7 post intervention. We are working with CAMHS to identify ways of increasing PWP provision as a result of this positive impact.

3.8 A key issue with internal waits is the need to improve patient flow within CAMHS, this means young people need to be seen, treated and discharged more swiftly. To support this, CAMHS have recently implemented a six appointment model. This means that young people with emotional disorders will receive six sessions of supported based on evidence based practice such as Cognitive Behaviour Therapy, with the goal of discharging prior, or up to the sixth session.

3.9 It is anticipated this will have a significant impact on CAMHS capacity, as it will release some capacity for more complex cases. If during the course of the six sessions, a young person is identified as needing further support e.g. Art Psychotherapy; they will be referred for this support and not discharged after six sessions.

3.10 Contractually we are working with CAMHS to improve internal wait performance and implement a trajectory for improved waiting times. This is being managed through our contract performance processes. Nationally, there is still no set standard for internal waits for CAMHS services.

3.11 A demand and capacity work stream is in the process being set up in CAMHS, which will have oversight of workforce, need and waiting time improvement trajectories.

4. Wider Areas of Progress

4.1 In addition to providing an update on transition and internal waits, a brief update has also been provided on other areas of progress in the transformation programme, please see table one below.

Table 1 Areas of Progress for the past 12 months

Area of Progress	Description
An All-Age Approach to Mental Health Services	<p>Over the past 12 months, progress has been made as we develop an all age approach to supporting mental health. At the heart of the drive for this approach is to improve service user's experience of mental health services and make the system more responsive and easier to navigate. In December 2018, a workshop was held with representatives from children's and adult's mental health to shape the changes needed to bring the two areas together. We are in the process of working through the output from this workshop; the likely outcome is a single all-age mental health board with a number of work streams underneath. Some of these workstreams will focus on all-age, whilst others will retain a focus on children or adults e.g. dementia. As well as bringing together our services under a new governance structure, we have also integrated our children's and adults' mental health commissioning teams to help support the delivery of an all-age approach.</p>
Door 43	<p>A success of the Future in Mind transformation locally sits with our Door 43 Youth, Information, Advice and Counselling (YIAC) offer. This is provided through Star House and provides a 'drop in' and crisis café offer for all children and young people. The model includes a 'one stop shop' model for young people wishing to access a range of services. The setting is staffed by a range of professionals including Youth Workers and Primary Mental Health Workers. Children and young people can access Psychological Wellbeing Practitioners, counselling for low level mental health needs and onward referral where it is deemed appropriate into MAST or CAMHS. The service model has proved extremely popular. As a result and to ensure sustainability of the service funding has been increased to secure its continuation, with a 45% increase coming into place from April 2019. Door 43 opens every week day between 11 a.m. – 3 p.m. With evening access through the Wellbeing Café on a Tuesday evening 5-7pm.</p>
Eating Disorders	<p>A new all-age eating disorder pathway has been designed in consultation with staff, service users & parents/carers, which includes universal prevention and early intervention, as well as the proposed integration of adult and young people's specialist Eating Disorders services. The new pathway will involve new models of specialist care including home based treatment and outreach support. Considerable</p>

Area of Progress	Description
	<p>progress has been made which has involved two stakeholder workshops and a clinical summit where Gloucestershire Eating Disorders Service came to Sheffield to share their integrated service model. We are now moving into the next phase of the re-design which is to scope the implementation of this new service with our existing providers.</p>
Healthy Minds Roll-out & Conference	<p>Sheffield Healthy Minds continues to roll out across both Primary and Secondary schools in the city. In April 2018, Sheffield hosted a national Healthy Minds conference to showcase our local model. Schools from across the city shared their experience of delivering the Healthy Minds Framework. The Healthy Minds evaluation undertaken by Sheffield University has just been published. This evidences the positive impact that the model is having in supporting children and young people, with low level emotional wellbeing and mental health (EWBMH) needs in school settings. A key area of development from the evaluation is improving links between services at an operational level; we are currently developing our plan in response to this. To date, Healthy Minds has been delivered in 100 primary and secondary schools, with the aim to complete roll-out by the end of the 2020-21 academic year. Unfortunately, we were not successful in our bid to be a Green Paper trailblazer area, however we did receive positive feedback on our bid and we reached the final bidding stage.</p>
Online Counselling	<p>A commitment was made as part of our local transformation plan to provide a universal online/web based platform offer for children and young people living in Sheffield. From 1st April 2019 Kooth goes live across the city. This is an evidence based, free, online support and counselling offer which young people can access at any time. In the first instance, this will be available for 11-18 year olds and care leavers. The service is staffed by trained counsellors who can provide support and sign post to local services where required. The model already operates successfully in 95 CCG areas and is available for 40% of 11-18 year olds in England. The contract will be robustly monitored to ensure compliance and all safeguarding procedures are in place. You can find more information about Kooth via www.kooth.com</p>
Personal Health Budgets for	<p>Sheffield is part of the Personal Health Budgets for Children in Care pilot project. The project is now fully</p>

Area of Progress	Description
Children in Care	operational and is delivering across all areas of the delivery plan. To date 32 referrals have been received, leading to 25 PHBs. The pilot has demonstrated a number of improvements in the health and wellbeing of the Children in Care worked with. The person centred model entails a “what matters to you” approach combined with bridging support at the individual level, to achieve broader system objectives such as increased stability of placement, school attendance and attainment.
Transforming Care	As part of the Transforming Care Programme we have been working to implement Care, Education and Treatment Reviews (CETR) for children and young people with autism and/or a learning disability who are at risk of an inpatient mental health admission. The purpose of a CETR is to pull together all agencies involved in the care of a young person to ensure that every step has been taken to prevent a potential inpatient admission. To further support CETR, we are in the process of recruiting a CETR lead for the Transforming Care Footprint that Sheffield is a part of (which covers Sheffield, Doncaster, Rotherham and North Lincolnshire). This will provide additional capacity to support CETR and provide additional support for strategic issues relating to this cohort of young people.

5. Next 12 Months

5.1 Over the next 12 months, we have the following priority areas:

- Further improvements for crisis services for children and young people’s mental health, in particular improving the response at Sheffield’s A&E’s and the availability of intensive community support.
- Development of an all-age approach for mental health services in Sheffield.
- Further improvements in our early intervention services for children and young people’s mental health, with greater join up at an operational level between services.

6. What does this mean for Sheffield people?

6.1 This programme of work means that Sheffield children, young people and their families will have an improved service for children and young people’s

emotional wellbeing and mental health. The changes that we are working to deliver are not just changes in CAMHS; it's system wide changes across NHS partners, the local authority, education and the third sector. We are making progress in making these changes, however significant challenges remain and it will take time to deliver.

6.2 As the changes are implemented, Sheffield people will have better early intervention support, better training for the professionals that support them and better access to services when they need it.

7. Recommendations

7.1 The Committee are asked to

- Consider the update provided in this report.
- Consider how the Scrutiny Committee could use its influence to pressure Central Government to provide clarity on its plans, timescales and requirements for future mental health in schools trailblazer areas.
- Consider how the Scrutiny Committee could use its influence to pressure Central Government to provide greater clarity on the plan for national waiting times standards for CAMHS Services, including subsequent appointment waits.
- Consider how the Scrutiny Committee can use its influence to ensure that the development of an All-Age Mental Health approach in Sheffield is beneficial for children and young people.

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