

<b>Report to:</b>	<p>Children and Young People Scrutiny Sub-Committee</p> <p>Health and Social Care Scrutiny Sub- Committee</p> <p>22<sup>nd</sup> September 2015</p>
<b>Agenda Item:</b>	8
<b>Subject:</b>	Child and Adolescent Mental Health Services (Emotional Wellbeing and Mental Health) in Croydon
<b>Lead Officer:</b>	<p>Stephen Warren, Director of Commissioning, Croydon CCG</p> <p>Brenda Scanlan, Director, Integrated Commissioning Unit</p> <p>Ian Lewis Director of Children &amp; Family Intervention and Children's Social Care</p>
<b>Cabinet Member:</b>	<p>Cllr Alisa Flemming Cabinet Member for Children, Families and Learning</p>
<b>Person leading at scrutiny sub-committee meeting:</b>	<p>Sam Taylor, Joint Head of Partnerships and Children's Integrated Commissioning</p> <p>Integrated Commissioning Unit</p>

<b>Origin of the item:</b>	<p>This report is contained within the sub-committee's work plan.</p> <p>This is a <b>joint report</b> across the CCG, council and South London and Maudsley (SLaM) NHS Foundation Trust as part of the partnership work and shared vision for the direction of travel in this area.</p>
<b>Brief for the sub-committee:</b>	<p>To scrutinise plans for the improvement of Children and Adolescent Mental Health Services (CAMHS), now referred to as Emotional Wellbeing and Mental Health services in the borough, with particular regard to the key lines of enquiry of the sub-committee, including those relating to "Did Not Attend" (DNA) rates, access targets and Autistic Spectrum Disorders.</p>

## 1 **Executive Summary**

- 1.1 The purpose of this report is to provide the sub-committee with information on the progress of the review of Emotional Wellbeing and Mental Health (EWBMH) services under the Croydon's Children and Families Partnership. Nationally, Child and Adolescent Mental Health Services (CAMHS) are being remodelled in response to well documented challenges for children and young people in accessing specialist mental health support. The review of EWBMH incorporates the work required under Future In Mind, the latest national guidance for the development of children's mental health services. This stipulates the requirement for Croydon and all other Clinical Commissioning Group (CCG) areas to develop a Local Transformation Plan for these services.
- 1.2 Local Transformation Plans should cover the whole spectrum of support for children and young people's mental health and wellbeing from health promotion and prevention work, to interventions for children and young people who have existing or emerging mental health problems, as well as transitions between services. It will be held by the Clinical Commissioning Group in collaboration with local partners and monitored through NHS England from the second half of 2015-16.
- 1.3 Significant progress has been achieved through the EWBMH review since January 2015 towards strengthening the local economy of emotional wellbeing services. Nonetheless, there remain significant challenges ahead. Some of the most pressing are:
- The ongoing demand for services through population rises and changes in demographics
  - Upskilling of the children's workforce to manage low levels of mental need (schools)
  - Managing the numbers of children and young people accessing the Autistic Spectrum Disorder (ASD) pathways for diagnosis
  - Developing a single point of access into all mental health services
  - The continued rise in the number of Unaccompanied Asylum Seeking Children presenting in the borough
- 1.5 These key challenges will be reflected in the future draft of the Local Transformation Plan, which is being developed as per the national Future In Mind guidance, and which will be finally signed off by the CCG's Governing Body with approval from the local Health and Wellbeing Board. All content in the plan is subject to consultation through these routes.

## 2 **Demographic and policy context**

- 2.1 Half of all mental illness in adults starts before the age of 14, and three quarters of lifetime mental health disorders have their first onset before 18 years of age. The life chances of the individuals concerned are significantly reduced in terms of physical health, educational and work prospects, the chances of contact with the criminal justice system and even life expectancy. The Government has made clear its commitment that mental health services for people of all ages should have parity of esteem with physical health services.

- 2.2 The prevalence of mental health problems in children and adolescents was last surveyed in 2004. This national study estimated that 7.7% or nearly 340,000 children aged 5-10 years have a mental disorder. 9.6% or nearly 850,000 children and young people aged between 5-16 years have a mental disorder. 11.5% or about 510,000 young people aged between 11-16 years have a mental disorder<sup>1</sup>.
- 2.3 This means in an average class of 30 schoolchildren, 3 will suffer from a diagnosable mental health disorder. In areas of higher deprivation, such as some wards of Croydon, prevalence rates are higher.
- 2.4 Croydon completed its Joint Strategic Needs Analysis on Emotional Wellbeing and Mental Health in 12/13. In 2011, it was estimated that there were 21,000 children and young people in Croydon, with some form of mental health need. This rises to approximately 24,000 by 2021. These figures reflect the entire continuum of need in the borough.
- 2.5 The JSNA indicated that the most prevalent disorders in Croydon are conduct disorders, such as aggression and anti-social behaviour. The highest prevalence is seen amongst boys aged 11 – 16. This is followed by emotional disorders, such as depression and anxiety. Here the prevalence is highest amongst girls aged 11 – 16. Hyperkinetic disorders, such as Attention Deficiency Hyperactivity Disorder (ADHD) are more common in boys than girls, with highest prevalence in boys aged 5 – 10. The number of children with ASD looks set to continue to rise, and both clinical and allied support services will need to reconfigure service priorities in order to meet this challenge.
- 2.6 The child population in Croydon is growing rapidly. The (Local Government Association (LGA) analysis of 2012 local authority school places planning returns to the DfE showed that Croydon has the highest percentage growth of school aged population of any authority in the country. As a borough, Croydon has the largest children's population in London. Meanwhile, Census 2011 information shows that the population has become more deprived in the decade to 2011. There are indications this trend has been exacerbated by the recent benefit reforms.
- 2.7 The Home Office's main immigration centre is based within Croydon, which means that Croydon has an unusually high number of unaccompanied asylum seekers, many with high levels of mental health needs. These are addressed both within the statutory and voluntary sector.
- 2.8 There is a wealth of evidence and good practice to build on. Key documents that have been used to inform the review of Emotional Wellbeing and Mental Health services and the emerging Local Transformation Plan are:
- Mental health problems in children and young people. Murphy M and Fonagy P (2012) which is in the Annual Report of the Chief Medical Officer 2012.
  - The Children and Young People's Health Outcomes Forum and Chief Medical Officer's Annual Reports in 2012 and 2013 have maintained the focus on improving children's mental health outcomes at national level.

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<sup>1</sup> Better Health for London: The report of the London Health Commission, October 2014

- Future in Mind (2015) Dept. of Health

2.9 Following the publication of Future in Mind earlier this year, guidance for Local Transformation Plan was published on 3rd August by NHS England, setting out that local areas should submit their plans by a final date of 16th October. Funding has been released alongside the Local Transformation Plans to enable a step change in the delivery of local services. The initial allocation of funding for eating disorders and planning for Croydon in 2015/16 is £209,411, with this being released on 3<sup>rd</sup> August alongside the LTP guidance. Additional funding available to Croydon for 2015/16 at the point that Croydon's Transformation Plan is assured will amount to £524,178. The minimum recurrent uplift for 2016/17 if plans are assured is £733,589.

### 3 Commissioning arrangements

- 3.1 The Emotional Wellbeing and Mental Health Board under the Children and Families Partnership oversees the delivery of the multi-agency action plan for the improvement of EWBMH services in Croydon. It is co-chaired by the council's Director of Children & Family Intervention and Children's Social Care Ian Lewis and the CCG's clinical lead for children, Karthiga Gengatharan. This programme of work delivers against the locally agreed commissioning strategy, Nurturing for Wellbeing (2014) and the Children and Families Plan 2015-16 objective to improve emotional wellbeing for children and young people in the borough. Once developed, the Local Transformation Plan will become the borough's multi-agency plan for delivering this objective.
- 3.2 CAMHS provision in Croydon is complex. It is commissioned at a local and national level and has multiple funding streams including the CCG, Local Authority, schools and NHS England. In addition to this, there are multiple relationships and interfaces with a large number of public and third sector agencies. These include Off The Record, Croydon Drop In, mainstream school provision via Head Start, Children Looked After and Youth Offending Teams, Children's Centres, Primary Care General Practitioners, secondary and tertiary health care providers including Adult Mental Health Services for children in transition. An overview of these services, aligned to the four tier model of intervention can be found in Appendices A and B. Broadly, commissioning and provision is split in the following fashion:

<b>Tier 1: universal/ prevention</b>	<b>Tier 2: early intervention</b>	<b>Tier 3: specialist</b>	<b>Tier 4: highly specialist/acute</b>
Commissioning is led by <b>schools</b>	Commissioning is led by the <b>Local Authority</b> , with investment also made by the <b>CCG</b> ; and <b>schools</b> for individual cases	Commissioning is led by the <b>CCG</b>  The <b>Local Authority</b> commissions YOS and CLA CAMHS	Commissioning is led by <b>NHS England</b>  Some <b>CCG</b> spend on tier 4 outpatients
This includes:  Workforce devpt Whole school approaches PHSE	This includes:  Family support Parenting Counselling Young carers	This includes:  Specialist mental health services ASD and ADHD diagnosis	This includes:  Inpatient services Outpatient services

This results in a very fragmented commissioning environment, with multiple funding streams and contracts. This serves as a barrier to the effective management and organisation of the whole system of support. In particular, the coordination of support across schools presents a challenge; meanwhile, partnership working with NHS England at tier 4 is challenging, with little feedback on children and young people that have entered specialist residential care, or on the care that will be required post discharge. The fragmentation of the system is in part mitigated by the Local Authority and CCG taking an integrated commissioning approach across tiers 2 and 3 through the ICU.

#### Main commissioner of tier 1 support - schools

- 3.3 Schools commission various initiatives and resources to enable pupils to overcome emotional barriers to their learning. These are in part funded through the Pupil Premium (for children eligible for free school meals) and include restorative approaches, emotional literacy support assistance, social and emotional aspects of learning and Personal, Social and Health Education.
- 3.4 It is essential to help schools to develop a whole school approach to supporting the emotional health and well-being of all pupils and providing targeted support for those with identified mental health needs, including using opportunities to integrate emotional health & wellbeing into the curriculum and providing a good pastoral system

#### Main provider of tier 2 support – voluntary sector counselling provision

- 3.4 The counselling services delivered through the voluntary sector in Croydon provide interventions for those children and young people who have tier 2 needs. They are described as 'open access' as young people can self-refer into the service. Tier 3 services often signpost referrals to these organisations.
- 3.5 These services are currently delivered by two well established Croydon voluntary sector providers, Croydon Drop In (Established in 1978) and Off The Record (Established in 1994). The services are offered from their own premises in the Borough and are available outside normal office hours including at weekends.
- 3.6 Across the two organisations, support is available to young people aged 11-25. Both services see young people from anywhere in the borough, and offer a range of evidence based modalities of interventions which fall within the remit of CYP IAPT. They have been working collaboratively with SLAM CAMHS and Place to Be to deliver Croydon's second wave CYP IAPT service since 2012/13.

Table 1 Croydon current expenditure on open access counselling for CYP

Organisation	Service	Age Group	Source	Annual Value (£1000s) rounded
<b>In Scope:</b>				
Off the Record	Counselling	14-18 yrs	LBC CSC	£34
Croydon Drop-in	Counselling	11-25 yrs	LBC EIS	£90
Croydon Drop-in	Counselling	11-25 yrs	LBC CSC	£60
Croydon Drop-in	Counselling	18-25 yrs	CCG CAMH	£43
Off the Record	Counselling	18-25 yrs	CCG AMH	£150
<b>Annual Total:</b>				
Off the Record	Counselling			£183
Croydon Drop-in	Counselling			£193

Table 2 Annual VCS Counselling Outputs and Outcomes

Measures	Off The Record 2014/15	Croydon Drop In
Clinical Hours per week offered	100	78
% delivered by clinicians on training	35%	28%
Young people going to counselling	478	328
Counselling sessions offered	3337	3276
Counselling in schools sessions offered	Not Applicable	581
Counselling in schools participants	Not Applicable	93
Age >19<26	Approx.55%	Approx. 1/3rd
Ethnic minorities	50% +	49%
Participants in online counselling	70	NA

- 3.7 These services are now going through a contracting process in respect of local authority funding which will result in the award of a longer term, single contract as part of a collaborative service from the winning bid. This will give stability to the local offer of services while the system of support as a whole is remodelled through the Local Transformation Plan.

Main provider of tier 3 and 4 support – SLaM

- 3.8 SLaM are the primary provider of tier 3 CAMHS services in Croydon and are commissioned by both the CCG and Local Authority to deliver a range of clinical and therapeutic interventions across a number of services (set out in Appendix B). The service is also funded by some schools to provide mental health awareness training,

capacity building and some tier 2 interventions. Referrals to the service are made through GPs and schools.

- 3.9 SLaM's contract with the CCG for the tier 3 service has been renegotiated and detailed work has led to a number of improvements, including a new strengthened specification, improved performance reporting, a full breakdown of service costs and activity and service initiatives including a GP phone line, better capacity modelling and the development of early plans for the implementation of a single point of referral/access. The areas of service redesign were discussed with the CCG Clinical Leads Group on the 4<sup>th</sup> September.
- 3.10 It has been acknowledged that there have been significant issues in the local collection of performance data – the new reporting arrangements mean better monitoring information on the tier 3 service is available than ever before.

#### **4 National Indicators – SLaM CAMHS**

- 4.1 In October 2014, the Government announced the first waiting time standards for mental health services, to bring waiting times for mental health in line with those for physical health. From April 2016, the local target for people to access talking therapy treatment will be six weeks, with a maximum national target of 18 weeks. For individuals experiencing a first episode of psychosis, access to early intervention treatment will be available within two weeks. An access time target for eating disorders is in development; we anticipate this will be 14 days from referral to treatment, in line with the psychosis target.
- 4.2 SLaM is currently meeting the access target for eating disorders and psychosis, within the current parameters of the service (a new national specification is soon to be introduced by NHSE).
- 4.3 Additionally, SLaM are currently meeting the talking therapy waiting time for children and young people that have a lower level mental health need via open access counselling and children's Integrated Access to Psychological Therapies (IAPT).
- 4.4 Commissioners have also ensured that the waiting list between tier 3 and tier 4 is effectively managed. Children and young people with eating disorders or requiring Dialectical Behaviour Therapy are transferred to specialist services within tier 4 outpatients services (funded by the CCG); this ensures NICE compliance and that children and young people with specialist disorders can be seen within statutory time limits.
- 4.5 Where protective factors are in place and the risk associated to the child or young person is assessed to be low, the child or young person is placed on the 'standard' CAMHS waiting list and kept under risk review. Currently, the longest wait for a child extends to 92 weeks. This is not an acceptable position and is currently subject to detailed work including a waiting list initiative funded from new investment by the CCG extending to £455k from 2015-16 (see further detail below).

## 5 Funding envelope - SLaM CAMHS

- 5.1 The CCG has agreed a business case to invest a further £455k in the tier 3 SLaM service from 2015/16 onwards. This will enable the service to improve access and reduce its waiting list. The business case illustrated that the funding of the tier 3 CAMHS service in Croydon had not kept pace with the growth in the 0 – 18 year old population, coupled with the increasingly complex nature of referrals. This has meant that children and young people with a lower risk profile (categorised locally as routine and semi urgent) are subject to significant delays in accessing help in a timely way.

*Table 3: Tier 3 staffing ratios and funding across the four boroughs*

<b>Borough</b>	<b>child pop</b>	<b>Staff</b>	<b>staff per 100,000 child pop</b>	<b>13/14 £</b>	<b>£ per child</b>
Croydon	89,529	53	59	3,967,065	44
Lambeth	60,800	46	68	3,131,688	46
Lewisham	66,589	61	92	4,264,272	64
Southwark	60,950	58	95	4,356,251	71

SLaM Dataset 2014/15

- 5.2 As shown in the table below, Croydon tier 3 CAMHS received approximately half as many referrals compared to its borough population as other boroughs in 2014-15. Even with this lower referral rate, it also accepted the significantly lowest proportion of referrals. This is indicative of local services opting not to refer to tier 3 CAMHS due to the expectation that referrals will not be accepted, and of tier 3 CAMHS operating higher thresholds than other boroughs. Despite this tightening of access, waiting times from referral to assessment have been generally higher in Croydon than other boroughs over the last two years.

*Table 4: Breakdown of referrals in to tier 3 by borough*

<b>Activity</b>	<b>Croydon</b>	<b>Lambeth</b>	<b>Lewisham</b>	<b>Southwark</b>
Total number of referrals received	1,345	1,285	1,485	1,461
% Referrals received compared to population	1.5%	1.9%	2.2%	2.4%
Total number of referrals accepted	725	786	906	1,069
% Referrals accepted compared to referrals received	54%	61%	61%	73%

SLaM Dataset 2014/15

- 5.3 The difficulty of accessing tier 3 services has meant that tier 2 (voluntary sector) services have seen an increased demand for counselling and advocacy support. Services are now managing waiting lists at tier 2 of upward of 12 weeks for 'non – urgent' cases. Tier 2 services are also managing more complex clinical cases than would be expected – there are potential clinical risks here which should be addressed through a single point of access across tiers 2 and 3. It is evident that the thresholds in to specialist services are based not just on clinical needs, but in the congruent knowledge that there are long waiting lists for ASD and ADHD diagnosis and pathological mental health disorders that need to be prioritised.



5.4 As part of the PPI engagement with schools and GPs delivered through the EWBMH Review, the overwhelming response on this issue was that the thresholds for CAMHS services were too high, so many simply don't refer. In some cases this has created an increased pressure on inpatient services, as young people escalate to more costly specialist services. Croydon proportionally has more Occupied Bed Days (OBD) than the other three SLaM boroughs. It is anticipated that the planned implementation of a single point of access will be able to influence this disparity more effectively and at an earlier stage.

## 6 CCG investment into SLaM CAMHS

6.1 The £455k uplift into SLaM from 2015-16 has been made in order to play a key part in addressing the issues outlined above. The SLaM CAMHS service has been working closely with the local commissioners in the Integrated Commissioning Unit and CCG Service Redesign Team to develop a future service that is responsive and accessible.

6.2 The focus of the new investment will be to reduce waiting times and improve access into the service. In order to achieve this, SLaM CAMHS is using the uplift to recruit to 9 new posts (6.4 WTE) split across a range of disciplines to increase the capacity of the service to manage demand. In addition to recruitment, a waiting list initiative is about to commence whereby a significant number of children and families will be offered appointments over the coming months.

*Table 5: Number of patients currently on the SLaM CAMHS waiting list*

	< 1 month	1-3 months	3-6 months	6-8 months	9-12 months	12 - 18 months	18 months +	TOTALS
	Up to 4 weeks	5-12 weeks	13-24 weeks	25-32 weeks	33-50 weeks	51 - 72 weeks	More than 73 weeks	
<b>MH - Semi-Urgent</b>	9	8	29	0	2	0	0	<b>48</b>
<b>MH - Standard</b>	7	20	41	25	58	28	30	<b>209</b>
<b>Neuro - Semi-Urgent</b>	1	3	4	1	0	0	0	<b>9</b>
<b>Neuro - Co-morbid</b>	10	33	30	22	41	53	1	<b>190</b>
<b>ASD assessment only</b>	4	22	16	13	33	33	34	<b>155</b>

*Data correct at 11<sup>th</sup> August 2015*

6.3 For specialist or acute mental health services, waiting times vary according to the degree of urgency for each case, which is assessed by senior clinicians in South London and Maudsley and reviewed when new information is forthcoming.

6.4 All teams see urgent cases within 7 days. For example, those experiencing early onset psychoses will be assessed within 48 hours. Children and young people with

an acute eating disorder (Body Mass Index below 16) will be seen within 7 days. All other children and young people on the eating disorders pathway are assessed and start treatment within 14 days. This meets the national access standards for CAMHS which will be reported against from April 16.

- 6.5 All children and young people attending A&E are seen and assessed within 4 hours of attending. If they are not admitted there is a 7 day follow up, into generic or specialist CAMHS services.
- 6.6 For mental health conditions such as anxiety or depression, the waiting time from referral to assessment for the specialist CAMHS service is 13.1 weeks. Waiting times for the Children Looked After and Youth Offending services provided by South London and Maudsley respectively are 6.3 and 1.6 weeks.
- 6.7 For children requiring Autistic Spectrum Disorder diagnosis, without mental health comorbidities, the wait has been considerably longer, currently between 65 and 80 weeks. We have commissioned the national and specialist team at South London and the Maudsley to commence a waiting list initiative, whilst the pathway is reviewed and redesigned; we expect the waiting time to reduce to between 14 -18 weeks during 15/16. For children with a suspected mental health co-morbidity requiring an ASD diagnosis, senior clinicians review the presenting issues and associated risks offering appointments within 14 days for children and young people requiring urgent assessment. The average waiting time for this cohort of children and young people is 16 weeks.
- 6.8 The impact of this uplift will be to raise the number of initial assessments that the service is offering per month from its current level of 40 to 60. This will mean that by January, the service will be sufficiently resourced to manage the flow of existing demand. Recruitment to the new posts is underway.
- 6.9 In parallel with this, the monies not spent from the uplift while recruitment is taking place are being redirected to a waiting list initiative, where SLaM tier 4 (National And Specialist) staff are being commissioned to work on the backlog of cases while the capacity of the service is built up. Currently, a projected 100 cases will be removed from the waiting list through this initiative in 2015-16 and the full elimination of the backlog will be achieved in 18 months if current demand levels remain stable. Commissioners are monitoring the waiting list in detail and on a monthly basis with the SLaM Service Director, whilst also developing a sophisticated model of capacity modelling for the whole service.
- 6.10 The uplift will permit a phase of stabilisation of the system, during which a transformation of the entire model of care and access to services for children and young people across Croydon can be undertaken.

## **7 Performance Management – SLaM CAMHS**

- 7.1 Whilst the relative underfunding of the local CAMHS service documented through the EWBMH review continued, there is an acknowledgement that the service became increasingly insular in response to additional demand for services. A change in management, coupled with the active involvement of the Service Director, has meant

that the service is more responsive to the concerns of both commissioners and allied clinical leaders.

- 7.2 Since February 2015, the Joint Head of Partnerships and Children’s Integrated Commissioning, Children’s Service Redesign Manager and SLaM Service Director have met weekly to understand the pressures on service, thresholds and access and respond to these.
- 7.3 Although not reported within the Croydon dataset, commissioners have asked SLaM for practitioner productivity reports. We now monitor activity against the available resource. The Service Director reported that activity i.e. the number of children and young people practitioners saw, in Q3 was lower than expected. On investigation it appeared that there was a marked difference between the workloads of locum and permanent staff. Croydon CAMHS is now the most productive of the SLaM boroughs in terms of offering initial appointments.
- 7.4 As part of a DNA reduction strategy, commissioners and SLaM have led user and carer involvement and engagement through a variety of mechanisms. These have included one to one meetings with service users and their families, secondary / primary school focus groups, engagement event with the youth council and attending parent groups (ASD pathway redesign). SLaM has implemented a number of initiatives as part of the DNA strategy, all of which are directly related to the feedback from young people. These are listed in Appendix D (service user and clinical engagement). Croydon CAMHS now has the lowest total DNA rate of the SLaM boroughs.

*Table 6: SLaM borough DNA rates*

	<b>Croydon</b>	<b>Lambeth</b>	<b>Lewisham</b>	<b>Southwark</b>
Overall DNA rate%	13.1%	18.6%	14.6%	9.9%
% rate for cancellation by patient	7.1%	5.8%	9.5%	11.7%
% rate for cancellation by service	0.7%	1.8%	1.4%	1.8%
<b>Total DNA rate</b>	<b>20.9%</b>	<b>26.2%</b>	<b>25.5%</b>	<b>23.4%</b>

SLaM Dataset 2015/16

- 7.5 Local data suggests that the main reason for cancellation is that clinicians have to attend A&E to assess a child or young person in crisis. As part of the £455k for 15/16, the CCG has invested in an additional psychiatrist, whose role will be to support the management of crisis care within Croydon. The expectation is that the number of service led cancellations will then reduce during quarter 3 - 4.
- 7.6 Once young people are able to access SLaM CAMHS services, feedback delivered through user engagement is generally positive, with a good record on outcomes delivery. Internal care pathways have recently been revised based on NICE guidelines and help ensure young people’s needs are met in a timely fashion. Activity expectations are now scrutinised at the individual clinician level and it is anticipated that the current trajectory of improvement will be maintained through robust collaborative work and the Local Transformation Plan process. The new information schedule (excerpts from Quarter 1 2015-16 are included in Appendix C)

presents a greater level of transparency than ever before and provides a firm basis for onwards performance monitoring and improvement.

## 8 Strategic direction – Local Transformation Plan

- 8.1 EWBMH services in Croydon will benefit from a system wide approach to improvement that is broader than a sole focus on access to specialist mental health services. The additional Transformation funding will enable a step change in how care is delivered. In keeping with the latest government policy set out in Future In Mind, this constitutes a move away from a system defined in terms of the services and / or organisations provided (the ‘tiered’ model) towards one built around the needs of children, young people and their families. A stepped care model will focus on creating greater coherence between a young person’s needs, evidence of what works and the realignment of service provision accordingly. Integral to the model is the emphasis on prevention, early intervention and proactive recovery. This approach is patient focused and aims to deliver the appropriate level of care at the earliest point that best meets the assessed needs of the child or young person, while enabling them to move up and down the ‘tiers’ as their needs change.
- 8.2 There remain significant challenges ahead. A number of areas will benefit from careful investment and/or attention through the Local Transformation Plan process, and will form a key part of the onward strategy for the improvement of services. These are listed in the sections below.

## 9 Schools Engagement and Offer

- 9.1 Schools have the pupil premium grant to support eligible children and young people attain their full potential. Ofsted guidance has made it clear that schools need to address and support children’s mental health needs, both at a whole school level but also focused care for the most vulnerable.
- 9.2 A three stage offer of support is being developed, and this will be piloted with the Selsdon network of schools:

<b>Whole school approaches</b>	<b>Workforce development</b>	<b>Individual care packages</b>
Assist schools networks to purchase and implement evidence based support packages / therapist time to develop whole school approaches to MH support and early intervention.	TBC in collaboration with CSCB sub-group and tested with Selsdon network of schools	Package early intervention support from both the voluntary and statutory sector that schools can purchase directly from providers.

- 9.3 This will draw further funding in to tier 2 services, to prevent escalation in to tier 3 and ensure that children and young people have access to services in a timely way.
- 9.4 During the autumn term 2015, SLaM and commissioners are attending all school network meetings, starting with Selsdon, to look at whole school approaches to mental health. The proposal is to implement Cues – Ed, an evidence based programme, as the preferred model rather than lots of difference programmes. In this

way we can ensure clinical fidelity to the model, which will improve outcomes for children and young people.

- 9.5 Schools will be the second phase of implementation for the proposed single point of access, which will be in the spring term.

## 10 **Strengthening tiers 2 and 3 through a Single Point of Access**

- 10.1 The aim of implementing an SPA will be to improve access, deliver multi-agency assessment, improve monitoring information and strengthen referral pathways between tiers 2 and 3. Some small investment may be required as part of the Local Transformation Plan to resolve aspects of IT and information governance.
- 10.2 In addition to this, it will be a key priority to clarify referral pathways between tiers 2 and 3 so that children and young people and their families are clear about the support they can receive from the voluntary sector and other services while they are awaiting an appointment, are signposted away from tier 3 or as part of being stepped down/discharged from tier 3 support.

## 11 **Improving support at tiers 2 and 3 for conduct disorder**

- 11.1 The largest group of children and young people that have been declined a service by the tier 3 service relates to conduct or behavioral disorders. It is also worth noting that the majority of young people placed in long term residential placements, relate to parents / carers being unable to manage behaviour.
- 11.2 As part of the Local Transformation Plan it is proposed work will be undertaken with early intervention, SEN and Inclusion, Learning Disability services and providers to scope an options appraisal for a conduct / parenting pathway. This will strengthen tier 2 provision and manage demand at tier 3.

## 12 **Eliminating the waiting list into specialist mental health services**

- 12.1 Access into tier 3 is the primary priority for the Local Transformation Plan in the first year of operation. Whilst the £455k uplift for 2015-16 will significantly improve issues relating to access, further measures will be required in addition to this in order to close the existing waiting list and to ensure flow returns to the system.
- 12.2 As part of this work, clear pathways, access criteria and service expectations will be disseminated to the workforce of professionals interacting with emotional wellbeing services for children and young people in order to clarify and manage ongoing expectations relating to access, and ensure referrals are routed to the right place.

## 13 **Implementing a new pathway for Autistic Spectrum Disorders**

- 13.1 Significant waits exist for diagnostic assessments of ASD, the longest of which can range up to 90 weeks. All children presenting with significant mental health needs are seen within 14 days. A waiting list initiative is being planned in this area using some of the 15/16 CCG investment, and this area will be further prioritised through the Local Transformation Plan.

- 13.2 The diagnostic pathway is split between the community paediatrics and South London and the Maudsley and both services are seeing very high demand which is contributing to long waiting times. To put this in to context, the same number of children and young people enter Croydon's pathways each month as Richmond, Merton, Sutton, Kingston and Wandsworth combined. Commissioners are working with both providers (SLaM and CMS) to look at the prevalence conversion rate, as Croydon appears to be a significant outlier in terms of ASD diagnosis compared to both SW London and the other SLaM boroughs.
- 13.3 Additionally, Croydon is an outlier in asking the CAMHS service to hold the diagnostic pathway for over 5s, where other boroughs employ a multi-agency process sited outside mental health services.
- 13.4 The proposal is to redesign this pathway, starting in September 2015. The Project Redesign Group will be a multi-disciplinary in nature and involve parents / carers and the voluntary sector.

#### **14 Further increasing productivity in specialist mental health services by continuing to reduce DNAs**

- 14.1 There has been significant amount of engagement with young people and their families to consider how to continue to reduce DNA rates.
- 14.2 Further opportunities exist to do so. Currently the majority of mental health services are delivered within central Croydon, which despite good transport links young people and parents / carers have said is difficult to always make appointments. Children's services will continue to work with Adults Mental Health and GP networks to develop an estates strategy that will ensure that 'hard to reach' children and young people will have equal access to MH services no matter where in the borough they live.

#### **15 Implementing a shared care protocol for ASD and ADHD**

- 15.1 Work continues to be required with GPs and psychiatrists to ensure that children and young people have shared care i.e. that they receive specialist mental health services whilst their GP ensures that their physical health is reviewed appropriately, including any necessary access to medication. This is currently patchy in Croydon, and poses a resource requirement on the SLaM CAMHS service.
- 15.2 A GP telephone helpline is being set up that will allow direct access to SLaM services, in order to discuss patients' physical health and any changes to drug regimes. Medicines Management have reviewed and approved the shared care protocol. This now needs to be rolled out across the GP networks with the support of the children's clinical lead, and will have the effect of liberating SLaM CAMHS Psychiatry time.

#### **16 Improving support to Children Looked After and Unaccompanied Asylum Seeking Children**

- 16.1 Croydon has the largest population of children looked after and unaccompanied minors in London. The estimated CLA and unaccompanied minors population is

1200. Which gives Croydon a high concentration of vulnerable adolescents, currently numbering 877 (including UASC), 54% of whom are from other local authorities. As one would expect, these young people typically have highly complex needs, with challenging family and social networks, which has had a significant impact on the delivery of CAMHS services to the wider population.

- 16.2 Currently SLaM has a reciprocal agreement with neighboring SLaM boroughs (Lambeth, Lewisham and Southwark), which ensures that Croydon children are seen by their CAMHS services.
- 16.3 As Croydon is a net importer of CLA and unaccompanied minors and as part of ensuring that we are doing everything we can to support the service financially, commissioners are working with SLaM to ensure it charges for all appropriate services and reinvests the monies back into Croydon CAMHS services.

## **17 Blending the tiers of support through an integrated approach to clinical governance**

- 17.1 As CAMHS services become more blended, it is important that we ensure clinical governance across settings, so that children and young people have positive clinical outcomes. As part of the implementation plan for a single point of access, we will develop shared supervision protocols which will help ensure that children and young people are treated by the right service / clinician, which will help alleviate pressure on tier 3 / 4.

## **18 Improved Crisis Care and reduced admissions at tier 4**

- 18.1 A key priority from the allocated national funding for Croydon will be to seek to improve crisis care arrangements, including the consideration of a proposal for paediatric liaison in A & E with some out of hours cover, with SLaM boroughs sharing costs.
- 18.2 Data regarding tier 4 admissions in Croydon over 2014-15 is included in Appendix C. The evidence base for therapeutic intervention indicates that children and young people with complex mental health conditions respond more favorably to treatment in the community than in inpatient provision. Croydon's strategy seeks to ensure that children and young people are treated by the right clinical expertise to ensure positive outcomes. To this end, investment has been (and continues to be) made in the eating disorder and Dialectical Behavior Therapy pathways, helping to ensure that children and young people do not escalate into tier 4 services.

## **19 Transition to Adult Mental Health services**

- 19.1 As part of the Local Transformation Plan, CAMHS commissioners are working with adult commissioners to consider transitions into adult services, particular if the young person doesn't meet AMH threshold services. The local voluntary sector open access therapeutic service will see young people up until they are 25. CCG Adult Mental Health commissioners currently fund this service as part of the CCG's commitment to IAPT (Improving Access to Psychological Therapies).

19.2 All young people start transitioning to adult mental health in the six months prior to their 18th birthday. Commissioners monitor compliance to this target, which has been 100% over the last two years.

## **20 Further Local Transformation Plan objectives**

20.1 In addition to meeting local priorities, there is an expectation that the additional funding for Local Transformation Plans will:

- Build capacity and capability across the system
- Roll-out the Children and Young People's Improving Access to Psychological Therapies programmes
- Develop evidence based community Eating Disorder services for children and young people with capacity in general teams released to improve self-harm and crisis services;
- Improve perinatal care;
- Bring education and local children and young people's mental health services together around the needs of the individual child through a joint mental health training programme

20.2 Engagement with young people, families, clinicians and stakeholders is being undertaken as part of the development of the Plan, which will be approved through delegated authority to Health and Wellbeing Board members before being submitted to NHS England.



### **CAMHS Intervention Model**

CAMHS is a complex commissioning area with services being delivered by a range of organisations including those in the statutory, not for profit and private sector. In Croydon, as nationally, there is a model which involves 4 stages (tiers) of intervention. The current CAMHS offer in Croydon includes the following interventions:

**Stage/Tier 1** - the preventative and screening activity occurs in services for all children and young people and parents in the borough. For children of school age this largely includes activities commissioned directly by the schools and delivered within the school settings with the support of school nursing. But building resilience starts before birth and continues through to the age of 5 supporting and helping parents to provide a nurturing and supportive environment in which their children can grow up and develop. Health Visiting, Midwifery, General Practice, Children's centres and early years provision all play an important role in this element of provision.

**Stage/Tier 2** - In the Croydon version of this four stage model stage two is described as "enhancing the work of universal services" such as schools, health visiting, school nursing general practice. It also refers to a number of specialist services to which these universal services can refer children including educational psychology, counselling and talking therapies, speech and language therapy and open access talking therapies delivered by Croydon Drop In and Off The Record.

**Stage/Tier 3** - specialist interventions delivered by SLaM; these provide treatment for children and young people with more complex needs which could, according to the 2013 JSNA, be as many as 6,000 children and young people under 18 years.

**Stage/Tier 4** - the highly specialist treatment and interventions for children with the highest level of need such as:

- Tier 4 in-patient CAMHS services
- Tier 4 outpatient provision
- Tier 4 highly specialist outpatient services.

In the broadest sense, stage 4 also includes Special School Provision for children with social, emotional and behavioural needs, Social Care – Stage 4 Child Protection Services, placements for CLA with mental health needs, and continuing care placements outside the Borough and additional care in community settings.

## Breakdown of local spend on mental health services (LA/CCG)

	Services	Funding Stream	Contract Value
Tier 2	<p><b>SLaM Services</b></p> <ul style="list-style-type: none"> <li>Empowering People, Empowering Communities (parenting programme)</li> </ul> <p><b>Voluntary Sector</b></p> <ul style="list-style-type: none"> <li>Off the Record – generic counselling</li> <li>Off the Record – Compass Project (refugee services)</li> <li>Off the Record – Young Carers</li> <li>Off the Record – BME mental health worker (Jt funded by CCG)</li> <li>Croydon Drop In – generic counselling</li> <li>Croydon Drop In – outreach service</li> </ul>	<p>LBC – Early Intervention &amp; Family Support Block contract</p> <p>LBC – Early Intervention &amp; Family Support</p> <p>CCG VCS commissioning</p>	<p>LBC funding £70K</p> <p>LBC funding £445K</p> <p>CCG funding - £193K</p>
Tier 3	<p><b>SLaM Services (1)</b></p> <ul style="list-style-type: none"> <li>YOS – assessment &amp; treatment</li> <li>LAC – assessment &amp; treatment</li> </ul> <p><b>SLaM Services (2)</b></p> <ul style="list-style-type: none"> <li>Specialist service - generic assessment and treatment</li> <li>NDC service – diagnosis/assessment and treatment</li> <li>DBT – treatment of personality disorders (in conjunction with Tier 4)</li> <li>Eating Disorders outpatients services</li> <li>ASD – Diagnosis and assessment</li> <li>ADHD – Diagnosis and assessment</li> <li><b>Croydon CCG Pathfinder grant</b></li> <li><b>LB Croydon – in-house</b></li> </ul>	<p>LBC – Early Intervention &amp; Family Support Block contract Direct grant payments</p> <p>CCG – SLaM Block contract</p> <p>CCG Grant</p>	<p>LBC funding £301K</p> <p>CCG funding at tier 3 £2,733K (plus 14/15 CCG uplift £455K)</p> <p>CCG Funding £37K</p>

	<p>Functional Family Therapy</p> <ul style="list-style-type: none"> <li>• LB Croydon – in house FRS – children’s worker</li> </ul>	LBC – Early Intervention & Family Support	<p>LBC funding £234K</p> <p>LBC funding £45K</p>
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Please note that smaller contracts with schools, NHSE funding and CUH funding contribute to the total Tier 3 funding of £3,967k referenced in Table 3.

## Appendix C

### Performance monitoring

Commissioners have been concerned with the quality and granulation of CAMHS dataset across all SLaM boroughs. We have renegotiated the information requirements for 15/16, which gives a level of transparency and understanding which has not previously been attainable.

We have used benchmarking data from across the four SLaM boroughs as we are assured that there is consistency in data managements approaches. It may be worth noting that Lewisham is the only borough that has been identified as being within Croydon CCGs (ONS) national comparison group, having demographic features which mirror our own.

### Referral Activity for 2014 / 15 benchmarked against SLaM boroughs

Activity	Croydon	Lambeth	Lewisham	Southwar k
Total number of referrals received	1,345	1,285	1,485	1,461
% Referrals received compared to population	1.5%	1.9%	2.2%	2.4%
Total number of referrals accepted	725	786	906	1,069
% Referrals accepted compared to referrals received	54%	61%	61%	73%
% Referrals accepted compared to population	0.8%	1.2%	1.4%	1.8%
Total number of re-referrals	127	151	171	217
% of re-referrals	9.4%	11.8%	11.5%	14.9%
Total number of contacts	13,153	10,678	15,850	19,592
Total number of face-to-face contacts	7,755	7,113	10,524	13,335
Total number of non face-to-face contacts	5,398	3,565	5,326	6,257
Conversion % rate i.e. number of patients assessed who then go on to receive intervention	81.7%	85.2%	82.7%	80.7%
Overall number of discharges	856	890	1,155	1,304

SLaM Benchmarking 2014/15

### Referral Activity for Quarter 1 (2015 / 16)

Team	Referrals received by age			Referrals accepted by age			Accepted %		
	4 – 11	12 +	TOTAL	4 – 11	12+	TOTAL	4 – 11	12+	TOTAL
Child & Adolescent Specialist Services*	95	120	215	24	69	93	25%	58%	43%
Croydon – Incredible Years	12	1	13	12	1	13	100%	100%	100%
Looked After Children	2	13	15	0	7	7	0%	54%	47%

Youth Offending	0	14	14	0	9	9	NA	64%	64%
<b>TOTAL</b>	<b>10</b>	<b>14</b>	<b>257</b>	<b>52</b>	<b>94</b>	<b>146</b>	<b>4%</b>	<b>60%</b>	<b>57%</b>
	<b>9</b>	<b>8</b>							

Croydon Dataset Quarter 1 2015/16

It is not unexpected to see that a lower percentage of 4 – 11 year olds are accepted for treatment, the majority of mental illness presentations will begin at adolescence. Analysis of the waiting list 2013 / 14, showed that the majority of children declined a service were referred due to conduct / behaviour management issues. National Institute for Clinical Excellence (NICE) is clear that the first intervention for conduct disorders should centre on parenting programmes and parenting support, as without co-morbidities it is unlikely to be a mental health disorder. Commissioners are aware that this is a gap in service provision currently within Croydon.

### Waiting times for patients that were seen within the quarter

Team	Up to 4 weeks	5 – 12 weeks	13 – 26 weeks	27 – 38 weeks	39 – 50 weeks	51 + weeks	TOTAL S
Child & Adolescent Specialist Services*	27	14	15	8	7	11	82
Looked After Children	0	5	5	0	0	0	10
Youth Offending	4	3	2	0	0	0	9
<b>TOTAL</b>	<b>31</b>	<b>26</b>	<b>25</b>	<b>8</b>	<b>7</b>	<b>12</b>	<b>109</b>

Croydon Dataset Quarter 1 2015/16

\*Please note that in future reporting the teams will be split into specialist and neuropsychiatry and further split between ASD and ADHD

As the impact of the uplift is felt in the service, commissioners are expecting the number of children and young people that have been waiting more than 27 weeks to increase as a measure of waiting list management.

### Patients seen and DNAs

Team	Patients seen	New Patients seen	Appoints. Offered	Follow up Appoints. Attended	Group Follow up Appoints. Attended	DNA %	Cancelled %
Child & Adolescent Specialist Services	548	82	1,984	1,395	22	11%	7%
Looked after Children's Team	57	10	159	123	3	13%	6%
Youth	22	9	121	60	0	30%	12%

Offending							
<b>TOTALS</b>	<b>654</b>	<b>109</b>	<b>2,335</b>	<b>1,630</b>	<b>25</b>	<b>13%</b>	<b>7%</b>

Croydon Dataset Quarter 1 2015/16

There are not significant waits between assessment and treatment. Treatment normally begins within 8 days of assessment.

**Average Wait across SLaM boroughs 2014-15  
(weeks)**

Period	Croydon	Lambeth	Lewisham	Southwark
2014/15 Q1	11.6	8.3	10.5	9.98
2014/15 Q2	8.8	8.3	7.7	13.2
2014/15 Q3	4.1	16.1	6.9	8.6
2014/15 Q4	6.4	14.5	7.4	5.0

51 Croydon service users are currently receiving treatment for Eating Disorders.

**Croydon Tier 4 outpatients data**

N&S Outpatient Team	New	Follow up
Dialectical Behaviour Therapy Service (DBT)	2	32
Eating Disorder ITP (NHSE)	0	51
<b>TOTALS</b>	<b>2</b>	<b>83</b>

## Tier 4 data (South East sector) 2014-15

Section 2 - CAMHS In-patient Admission Profile											Benchmarking based on population size		Q1-Q4 Admissions	Q1-Q4 OBDs
	Adolescent New Admissions					Children New Admissions					Combined Total	Bench Pop %	Actual Adm %	Actual OBD %
	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total	Qtr 1	Qtr 2	Qtr 3	Qtr 4	Total				
Croydon	3	5	6	7	21	0	0	0	0	0	21	19.65%	17.21%	14.35%
Lambeth	5	3	2	4	14	0	0	1	0	1	15	13.32%	12.30%	10.40%
Southwark	2	7	10	2	21	1	0	0	0	1	22	13.03%	18.03%	16.24%
Lewisham	4	3	3	5	15	1	1	0	0	2	17	13.42%	13.93%	17.14%
Bromley	7	4	1	3	15	2	0	2	1	5	20	15.11%	16.39%	17.62%
Bexley	3	3	2	2	10	0	0	0	0	0	10	11.94%	8.20%	9.74%
Greenwich	2	4	6	5	17	0	0	0	0	0	17	13.54%	13.93%	14.51%
<b>CAMHS Totals</b>	<b>26</b>	<b>29</b>	<b>30</b>	<b>28</b>	<b>113</b>	<b>4</b>	<b>1</b>	<b>3</b>	<b>1</b>	<b>9</b>	<b>122</b>	<b>100.00%</b>	<b>100.00%</b>	<b>100.00%</b>

2 Admission %	
Borough	Admitted %
Croydon	17.21%
Lambeth	12.30%
Southwark	18.03%
Lewisham	13.93%
Bromley	16.39%
Bexley	8.20%
Greenwich	13.93%

3 Actual OBD%	
Borough	OBD%
Croydon	14.35%
Lambeth	10.40%
Southwark	16.24%
Lewisham	17.14%
Bromley	17.62%
Bexley	9.74%
Greenwich	14.51%

5 LOS for Discharges				
Borough	<3 days	4-30 days	31-60 days	>60 days
Croydon	1	8	6	7
Lambeth	1	9	2	2
Southwark	1	6	5	9
Lewisham	1	5	1	10
Bromley	0	10	3	8
Bexley	0	2	3	4
Greenwich	0	1	7	7

### Service user and clinical engagement

SLaM has implemented a number of initiatives as part of the DNA strategy, all of which are directly related to the feedback from young people.

*You said, we did:*

- Could not get through to change the appointment – now we have two admin staff on duty throughout the day – with telephone exchange now able to be diverted to dedicated admin
- ‘I’m not going to talk to a stranger!’ – now when the appointment is sent – a short bio of the therapist is sent, including some personal data i.e. what football team they support so that it feels less clinical and more outward facing service
- YP wanted testimonials on whether it was worth going to CAMHS – now we include anonymised feedback from YP that have received treatment from the service and what can help
- Waited to long for an appointment – didn’t feel that we were a priority for them – new monitoring KPIs have been developed that actively review the waiting list by presenting issue so that commissioners and clinicians can discuss ‘flow’ within the service.
- Self-management – working with IAPT collaborative to develop a range of apps and web based resources for self-help, screening and self-management of MH conditions

In terms of clinical engagement, the Service Redesign Manger and SLaM Psychiatrist are attending GP networks presenting on waiting list, thresholds, referral requirements, answering questions on any aspects of CAMHS services. From this engagement we are developing a training programme on the screening and management of ASD and ADHD within the community.

We have also developed a Telephone Helpline, whereby GPs can have direct access to a psychiatrist, who can support either access into CAMHS services or support clinical management in the community.

Through the CYP IAPT programme a funding contribution has been made to Off the Record and Croydon Drop In to support their ongoing service user engagement activities. Work undertaken has included: young people’s consultation event on health services; involvement of young people in designing new online provision; user participation in staff recruitment; developing a promotional video; drafting of a service user charter and user-friendly complaints process.