<table>
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<th>Sponsoring Director:</th>
<th>Chief Operating Officer.</th>
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<td>Authors:</td>
<td>Head of Operations.</td>
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<td>Head of Division, Children and Young People.</td>
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<td>Purpose of the report:</td>
<td>To provide the Board with an update on the current status of the Child and Adolescent Mental Health Services [CAMHS] operated by the Trust. The paper particularly focuses on the Tier 3 service which was discussed in some detail at the September 2014 Board meeting where it was agreed that CAMHS services represented the Trust’s highest priority for seeking future additional funding from commissioners.</td>
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<td>Key Issues and Recommendations:</td>
<td>The report sets the development of CAMHS services in Somerset within a national and local strategic context. The paper provides background information and a summary of the CAMHS Services provided and the challenges faced. The paper also details the extensive work currently being undertaken within the trust to improve the quality and efficiency of referral management processes. The deployment of the additional commissioner investment for 2014/15 is described as is the further investment planned for 2015/16.</td>
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<td>Actions required by the Board:</td>
<td>The Board is asked to consider the report and approve the recommendations contained within it.</td>
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1. PURPOSE

1.1 This report has been produced to provide the Board with an update on the current status of the Child and Adolescent Mental Health Services [CAMHS] operated by the Trust. The paper particularly focuses on the Tier 3 service where concerns have previously been raised about growing levels of demand in the face of limited resources.

1.2 The paper provides background information and a summary of the CAMHS Services provided by the Trust and the challenges faced. The paper also details the actions being undertaken to manage the volume and complexity of referrals and identifies the need for continuing additional investment.

1.3 At the point of this report being written, a national announcement has just been made by central government to increase funding in CAMHS services by £1.25bn over the course of the next five years. Details are not yet available on where this funding will be sourced from or how this additional investment is likely to impact on service provision in Somerset.

2. BACKGROUND

2.1 The term CAMHS embraces all services that contribute to the mental healthcare of children and young people, whether provided by health, education, social services or other agencies. Within England, a four tiered framework for CAMHS was developed by the Department of Health in the 1990s and this is still in use today.

2.2 The Somerset Clinical Commissioning Group (CCG) is currently chairing a multi-agency CAMHS Commissioning Project Group. Part of the remit of this group is to agree and implement a refreshed Tier 1 - 4 Pathway which will require agencies to take responsibility for delivering their part of the service and to work in close collaboration. Table 1 (below) describes the 4 tiered framework for CAMHS.
<table>
<thead>
<tr>
<th>Level</th>
<th>Description</th>
<th>Service offered</th>
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| Tier 1 | Includes those services whose primary function is not to provide specialist mental healthcare, but which have a general role in meeting the emotional and mental health needs of children and young people (e.g. general practice or schools, universal services). | • general advice and treatment for less severe problems;  
• contribute towards mental health promotion;  
• identify problems early in their development, and refer to more specialist services. |
| Tier 2 | Provision of specialist mental health care delivered by CAMHS Primary Mental Health Workers working in community and primary care settings in a uni-disciplinary way (although some will also work as part of Tier 3 services). This service is primarily provided by Local Authority and Education teams, although the Trust provides training and advice to these agencies. | • 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);  
• training to practitioners at Tier 1 e.g. Health Visitors and School Nurses. |
| Tier 3 | This is usually a community based multi-disciplinary mental health team working in the community, providing a specialised service for more severe, complex and persistent disorders. | • team members include child and adolescent psychiatrists, social workers, clinical psychologists, community psychiatric nurses, child psychotherapists, occupational therapists, family therapists. |
| Tier 4 | Tertiary level services for children and young people with the most serious problems. Commissioned by NHS England | • services might incorporate day units, highly specialised outpatient teams and in-patient units;  
• at a regional level this Tier encompasses secure (forensic) adolescent units, eating disorders units, specialist neuro-psychiatric teams, and other specialist teams usually serving more than one district or region. |
2.3 Most children and young people with mental health problems will be seen at Tiers 1 and 2 although children frequently do not fit neatly into service categories and some practitioners work in roles that are designed to span tiers. For example, some practitioners such as Primary Mental Health Workers work across both Tier 2 and Tier 3 services.

2.4 A child’s or young person’s journey may involve movement through tiers/levels of service in a stepped care approach, as their condition is recognised as more complex or as and when conditions improve. Some children and young people will receive services from more than one of the tiers at the same time e.g. a young person who is self harming may be seen by a School Nurse and a Primary Mental Health Worker.

2.5 Improving access and care pathways to CAMHS in Somerset has been a priority for a number of years. In 2006 the Joint Area Review of Services for Children and Young People’s Mental Health Services highlighted ‘inadequacies’ in specialist CAMHS, in particular in relation to Looked After Children, noting that services struggled to meet demand, because provision at the Tier 2 level was ‘insufficient’. Subsequent inspection reports since this time have continued to identify shortfalls in service provision.

2.6 An external consultancy exercise was commissioned in September 2013 by Somerset CCG to make recommendations for the development of integrated pathways for the care of children with mental health needs. The CAMHS Commissioning Project Group was set up to enable all provider organisations to work collaboratively together to implement the recommendations and embed them into service delivery.

2.7 Since 2013 Somerset Partnership Tier 3 CAMHS staff have played an active role in developing better communication across agencies, particularly with GP practices and schools which has improved access to CAMHS.

3. CURRENT POSITION

Local Provision

3.1 The Trust currently offers Mental Health assessment and treatment via three community Tier 3 CAMHS Teams. The in-patient ward, Wessex House, re-opened in November of last year and operates as a Tier 4 inpatient facility.

3.2 CAMHS services are multi-disciplinary services and team establishments include: consultant psychiatrists, psychologists, social workers, nurses, support workers, occupational therapists, psychological therapists including family therapists and art therapists and primary mental health link workers. The front-line practitioners in
each area are supported by managers, secretarial and administrative staff.

3.3 The Tier 3 CAMHS Community Teams are commissioned through Somerset CCG. They provide a specialist mental health service for children and young people aged 0 – 18 (up to 19 for young people with additional needs) who may be experiencing a range of mental health problems. The overall goal of the service is to enable children and young people to achieve a fulfilling, meaningful life, and a positive sense of belonging in their community.

Rising demand for services

3.4 Somerset Partnership CAMHS provides Specialist Tier 3 Mental Health Services to children and young people (0-18 years) across the county. Approximately 23% of the population, or 121,200, are aged 0-19 years (2011 census). There has been a 6% rise in population over the last 10 years and it is projected that this population will increase to 126,513 in 2020.

3.5 The table below illustrates the rising demand for services as expressed in number of referrals to the Tier 3 CAMHS Services. Whilst full year information is not yet available for 2014/15, the current indications are that this will again mark a further increase in demand for services.

<table>
<thead>
<tr>
<th>Year (April-March)</th>
<th>CAMHS Referrals</th>
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<tr>
<td>2011/2012</td>
<td>2469</td>
</tr>
<tr>
<td>2012/2013</td>
<td>2738</td>
</tr>
<tr>
<td>2013/2014</td>
<td>3062</td>
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Benchmarking

3.6 Amongst CAMHS Practitioners working within the Trust there has been a view historically that mental health services for children and young people may be under-resourced in Somerset. The data from national benchmarking taken from 2012/13 would appear to support this in a number of aspects and suggests that local services:

- tend to accept a higher rate of referrals per head of population, compared to other Trusts nationally;
- have a higher number of re-referrals into the service;
- have a relatively low conversion rate of assessments to treatment;
- have comparatively fewer whole time equivalent clinical staff;
have a low DNA rate compared to other services.

3.7 Data previously published by Public Health England, National Child and Maternal Health Unit, identified Somerset as historically having been one of a number services having below average funding in respect of their population's need. In 2012 Somerset’s programme budget was £40.35 per head, compared to a figure of £49.70 for the South West and £59.53 for the whole of England. These figures predate recent investment and further commitments to investment made by the CCG.

3.8 The Joint Strategic Needs Assessment for Somerset 2013/14 (JSNA) stated:

‘the number of inappropriate referrals to local Child and Adolescent Mental Health Services (CAMHS) is falling. Whilst on face value this sounds positive, it suggests that either the number of young people with significant complex mental health issues is generally increasing, or, that young people are not now receiving the early intervention which would potentially prevent their difficulties from becoming sufficiently problematic to require a specialist service. The Somerset Partnership CAMHS Performance Report indicated a significant increase in referrals to the specialist service during 2011/12’.

4. TIER 3 WAITING TIMES INITIATIVE

4.1 In March 2014 clinicians within the service reported growing numbers within a ‘secondary’ waiting list for children and young people in the South Somerset CAMHS team.

4.2 Following concerns being raised the Trust took a number of immediate steps to address this issue. The support of the CCG was also enlisted to agree a temporary variation to contract arrangements with referral to assessment time being increased from three to six weeks for non-urgent referrals.

4.3 Managers and senior clinicians were brought together from across the Trust into a new project group, the CAMHS Improvement Group, under the joint chairmanship of the Medical Director and Head of Division for Children and Young People’s Services. The Chief Operating Officer adopted the role of Project Sponsor.

4.4 Formal project methodology was been employed and key tasks of the group were identified as follows:

- check the available data to identify the true scale of waiting lists;
- review individual cases to identify length of time on the waiting list and the therapy required;
• design and implement new processes to improve the triage and management of new referrals, the maintenance of patient flow and caseload capacity;

• ensure the successful recruitment to the additional posts (four Band 6 Primary Mental Health Link Workers) that were funded in addition to the Somerset Clinical Commissioning Group (SCCG) £240K investment to support effective referral management;

• work closely with the CCG to clarify eligibility criteria for CAMHS Tier 3 to ensure staff and referrers are clear on what Tier 3 CAMHS are commissioned to provide.

• scope priorities for additional service investment in 2015/16.

5. INVESTMENT

5.1 Somerset Partnership has worked closely with Commissioners from the Clinical Commissioning Group in recent years to demonstrate the requirement for ongoing additional investment into CAMHS services. The Trust received funding for four Primary Mental Health Workers from Somerset Primary Care Trust in 2011 and a funding for a further four from the CCG in 2013.

5.2 In November 2013, the Trust submitted a proposal to the CCG for additional funding for a number of posts for the Tier 3 CAMH Service and received an additional £240k. The funding was used for four Band 6 Specialist CAMHS Nurses, one Band 7 Clinical Psychologist and one Band 7 Family Therapist.

5.3 Since the Trust Board previously discussed CAMHS services in September 2014, agreement has subsequently been reached with the CCG for additional investment for the year commencing 1 April 2015. During next year additional investment of £331k will be made available for Tier 3 CAMHS. This additional resource will be used to recruit another Specialist Community Consultant and for additional treatment therapies time including family therapists.

5.4 The Trust has also reached agreement with the CCG on working together to improve services for people with eating disorders. Additional investment of £365k will be made into these services which predominantly serve young people.

5.5 This significant additional investment from the CCG for 2015/16 will be used to:
• reduce waiting times;
• increase access to specialist therapy;
• provide more urgent assessments when required;
• improve care-co-ordination of complex clients;
• improve treatment for young people with eating disorders, of which there are a growing number;
• extend treatment options for Looked After Children (5-11yrs) appropriately referred to specialist CAMHS.

5.6 At the point of this report being written, a general national announcement has been made by central government to increase funding in CAMHS services by £1.25bn over the course of the next five years. Details are not yet available on where this funding will be sourced from or how this additional investment is likely to positively impact on service provision in Somerset.

6. NEXT STEPS – INTEGRATION PHASE 2

6.1 During 2014 the Trust has engaged its staff in developing extensive plans for service modernisation through a major transformation programme, Integration Phase 2 [IP2].

6.2 As part of these plans, the Trust will implement a new integrated pathway for children and young people aged 0-25 with CAMHS services providing an important component of this approach in combination with services that have up until now, operated as part of adult mental health services.

6.3 In combination with the additional investment for 2015, this new service model has the potential to bring significant service improvements for young people and their families. It may also bring to an end what a recent parliamentary select committee report described as the ‘cliff edge’ that currently frequently faces young people at the age of 18.

7. CONCLUSIONS AND RECOMMENDATIONS

7.1 The Tier 3 CAMHS services within the Trust have faced significant growth in demand over recent years. This pressure of demand has also revealed the need for additional commissioner investment and service modernisation.
7.2 With work ongoing to improve and modernise services within the Trust, and a second consecutive year of confirmed commissioner investment, there is now a real prospect if improving these important services for young people in Somerset.

7.3 It is recommended that the Trust continues to pursue a two-pronged strategy of continued internal service transformation accompanied with continued close working with commissioners in pursuit of an ongoing programme of year on year investment. The objective here should be to see Somerset CAMHS services brought up to upper quartile investment levels for England.

8. ACTION REQUESTED

8.1 The Board is asked to note the report and approve the recommendations.

CHIEF OPERATING OFFICER
### Links to Strategic Themes:
Identify to which of the Somerset Partnership NHS Foundation Trust strategic themes this report relates by including a cross behind the relevant theme(s)

<table>
<thead>
<tr>
<th>Theme</th>
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<tbody>
<tr>
<td>Quality and Safety</td>
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<td>Innovation</td>
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<td>Viability and Growth</td>
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<td>Integration</td>
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<tr>
<td>Service Delivery</td>
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<td>Culture and People</td>
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### Links to the Assurance Framework:
- The Trust fails to deliver a viable revised care pathway in CAMHS for people under 25.

### Links to the NHS Constitution and Trust Values:
Identify the Values to which the issues raised in this report relate by including a cross behind the relevant value(s)

<table>
<thead>
<tr>
<th>Value</th>
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<tbody>
<tr>
<td>Working together for patients</td>
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<td>Respect and dignity</td>
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<td>Commitment to quality of care</td>
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<td>Compass</td>
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<td>Improving lives</td>
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<td>Everyone counts</td>
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### Links to CQC Domains:
Identify which of the CQC domains are covered by this report by including a cross behind the relevant domain(s)

<table>
<thead>
<tr>
<th>Domain</th>
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<tbody>
<tr>
<td>Is it safe?</td>
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<td>Is it caring?</td>
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<td>Is it well-led?</td>
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<td>Is it effective?</td>
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<tr>
<td>Is it responsive to people’s needs?</td>
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### Legal or statutory implications/requirements:
The implementation of the Children and Families Act 2014 will impact on the requirements for services provided to children and young people through CAMHS

### Public/Staff Involvement History:
- none.

### Previous Consideration:
The Board has previously considered a report on CAMHS services in September 2014