



Addenbrooke House Ironmasters Way Telford TF3 4NT

JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

Date **Tuesday, 24 November 2020**
Venue **Remote Meeting**

Time **10.00 am**

Enquiries Regarding this Agenda

Democratic and Scrutiny Services	Josef Galkowski	01952 388356
Media Enquiries	Corporate Communications	01952 382406

Committee Membership:

Telford & Wrekin

Councillor Stephen Burrell
Councillor Stephen Reynolds
Councillor Derek White (Co-Chair)
Co-Optees
Hilary Knight
Janet O'Loughlin
Dag Saunders

Shropshire

Councillor Karen Calder (Co-Chair)
Councillor Heather Kidd
Councillor Madge Shingleton
David Beechey
Ian Hulme

AGENDA

4. **Children Mental Health Services**

To consider a report from David Evans, Joint Accountable Officer for Shropshire and Telford & Wrekin Clinical Commissioning Groups.

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Agenda Item 4

Joint Health Overview and Scrutiny Committee (JHOSC)

DATE:	24 November 2020
TITLE OF PAPER:	Briefing paper on mental health : child and adolescent mental health services (CAMHS)
EXECUTIVE RESPONSIBLE:	Dave Evans Accountable Officer NHS Shropshire CCG and NHS Telford & Wrekin CCG
AUTHOR	Vicki Pike- Senior Commissioning Manager (CYP) : Telford & Wrekin Clinical Commissioning Group (CCG) Cathy Davis- Commissioning & Redesign Lead - Mental Health (interim)- Shropshire Clinical Commissioning Group (CCG)

Purpose:

This paper has been pulled together to support the answering of the potential lines of enquiry as lay out by the JHSOC.

- What services does CAMHS provide?
Locally called BeeU the service offers interventions as per the I-thrive model, please see below for more detail and the services offered in Shropshire

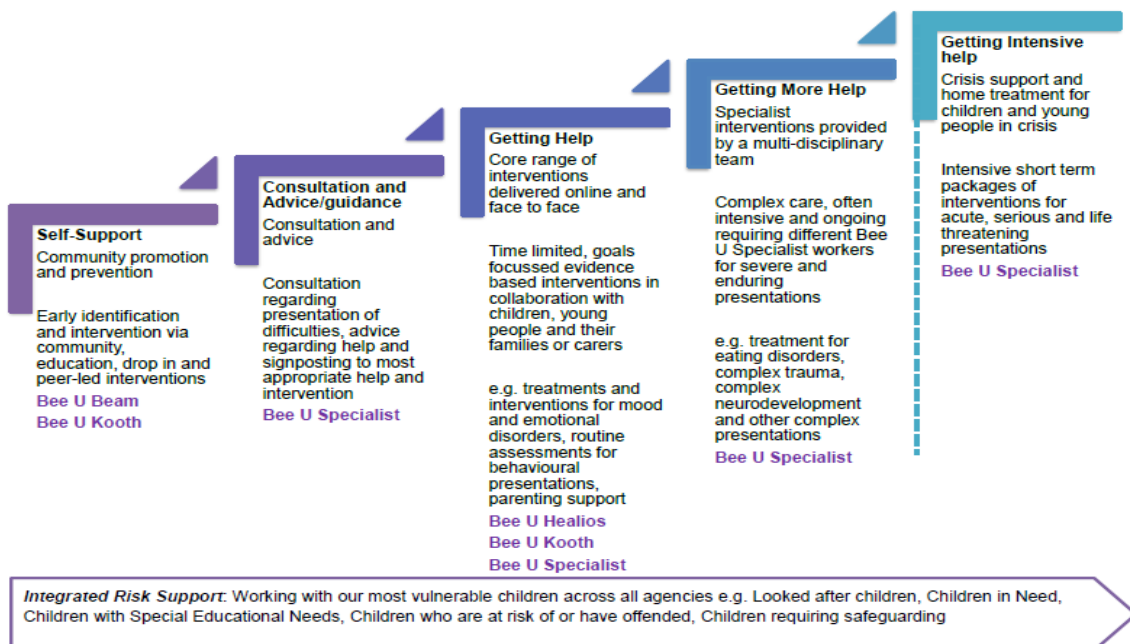
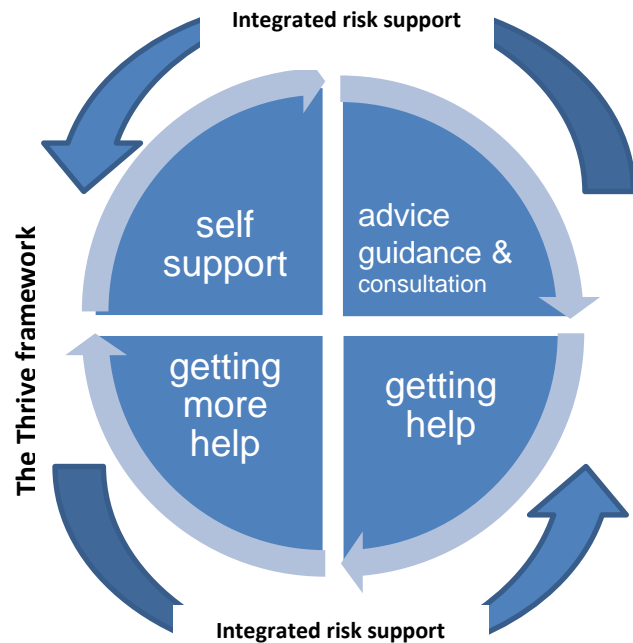
Background

BeeU is the emotional health and wellbeing service for Shropshire and Telford & Wrekin, which is halfway through its five year transformation plan. It is available to children and young people up to 25 years of age. New referrals are being taken for people under 18. Existing patients will be supported until they are 25.

It is a partnership of providers delivering different parts of a service that is based on the thrive framework:

- self-support
- advice, guidance and consultation
- getting help
- getting more help

More information: <https://camhs.mpft.nhs.uk/beeU>



- What is the demand for service?
 - How is this trending, and how is it diverging from what was planned when the service was commissioned?

The Office for National Statistics (ONS) estimates that children and young people under the age of 20 years make up 20.8% of the population of Shropshire and 25.2% of the population of Telford & Wrekin.¹

8.2% of school children in Shropshire in 2018 are from a minority ethnic group compared to 20.9% in Telford & Wrekin.²

In Shropshire in 2018 1.8% of school children (720 children) had identified social, emotional and mental health needs. This compares with 2.7% of school children (786 children) in Telford & Wrekin for the same period.³

<i>Based on prevalence the estimated number of individual children and young people aged 0-18 with a diagnosable mental health conditions are:</i>	Oct-14
SCCG	4218
T&WCCG	2810

Table 2. Indicative Activity 2017/18 to 2020/21

Objective	2015/16	2016/17	2017/18	2018/19	2019/20	2020/21
<i>NHS England Requirement; At least 35% of CYP (0-18) with a diagnosable MH condition receive treatment from an NHS-funded community MH service</i>		28%	30%	32%	34%	35%
<i>SCCG Performance and recommended Trajectory</i>	13%		20%	28%	32%	35%
<i>T&WCCG Performance and recommended Trajectory</i>	18%		22%	29%	34%	35%
<i>SCCG 2a - Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.</i>		1181	1265	1350	1434	1476

¹<https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/populationestimatesforukenglandandwalesscotlandandnorthernireland>

²<https://www.gov.uk/government/statistics/schools-pupils-and-their-characteristics-january-2018>

³<https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh>

CYP access rate	Target 2019/20	Target 2020/21	Q4		
			Jan-2020	Feb-2020	Mar-2020
STP & CCG's					
National Ambition	34%	35%	34%	34%	34%
Midlands			28.4%	29.0%	30.8%
STP11 - Shropshire and Telford and Wrekin			36.6%	37.5%	42.1%
NHS Shropshire CCG			32.7%	33.2%	37.3%
NHS Telford and Wrekin CCG			42.1%	43.7%	48.8%

- What is the evidence basis for the service?
 - What is the profile of need?
 - Is there any change in light of Covid-19?
 - What does the evidence base tell us?
 - Who provided this evidence?

The evidence base for mental health services for CYP work as per NICE guidance which details the evidence and need for provision these can be found at <https://stpsupport.nice.org.uk/cyp-mental-health/index.html>

Changes due to Covid: Bee U and Beam offered virtual consultation via 'one consultation', which has proved successful for some of their services, they have evidenced an increased in CYP coming to access with low levels of mental health needs

- What gaps have emerged in the service, and how are the Clinical Commissioning Group and MPFT meeting these needs?

GAPs :

24/7 crisis service, to be in place from January 2021, increased hours from November 2020

CYP Place of Safety (using 136 and police cells)

CAMHS out of hour's consultant cover

Support for schools, filled via the mental health trail blazer which supports 30 schools across the county. During Covid they offered support and help to all schools and families across the county.

Shropshire Emotional and health wellbeing panel: the panel in T&W has shown its ability to fill a gap, bring providers together and help partners better understand what each can offer to a child and their family.

The need for Local authority supporting lower level EHWP: some work has taken place with all schools being supported to take part in the Anna Freud training; locally there are support networks for the EHWP lead in each school. More work is required in the community, supporting families and offer universal and low level targeted support.

There is an increase in CYP with behavioural issue, rather than mental health. The Local authorities are leading a piece of work around ACE's (Adverse Childhood Experiences), it is not clear how this will work across the system and support CYP with complex needs, family interventions, learning disabilities and LAC.

- What is the demand on its service from looked-after children and young people placed in Shropshire by other local authorities?
 - Are those costs met by the relevant Clinical Commissioning Group or from Shropshire Clinical Commissioning Group?

There are two LAC specialist workers within BeeU to support LAC children, there is an issue around the number of out of area placed children due to the numbers placed. There is currently a task and finish group developing a Service Operating Procedure (SOP) for out of area LAC.

- How is CAMHS funded? How much does the service cost?
 - How is the service paid for?

Please see the Baseline and subsequent Annual Budget for the new Employee Health & Wellness Services (EHWS) as per the CYP Long Term Plan.

Commissioner	Baseline (2015/16)	Year 1 (2017/18)	Year 2 (2018/19)	Year 3 (2019/20)	Year 4 (2020/21)	Year 5 (2021/22)
NHS Telford & Wrekin CCG	£1,411,812	£2,116,590	£2,132,977	£2,149,233	£2,165,353	£2,181,992
NHS Shropshire CCG	£2,597,000	£2,812,800	£2,843,488	£2,874,457	£2,905,724	£2,936,704
Telford & Wrekin Borough Council	£125,000	£125,000	£124,972	£124,884	£124,736	£124,497
Shropshire County Council	£200,000	£200,000	£199,954	£199,815	£199,577	£199,196
Total	£4,333,812	£5,254,390	£5,301,390	£5,348,390	£5,395,390	£5,442,388
Increase from Baseline (%)		21%	22%	23%	24%	26%

Mental Health LTP investments 20/21

2020/21 Planned Investment £k	MHIS Development	2020/21 Costs in MHIS 1 Sep £k	2021/22 Planned Investment £k	2020/21 FYE Costs in MHIS 1 Sep £k	2021/22 Refreshed Plan New

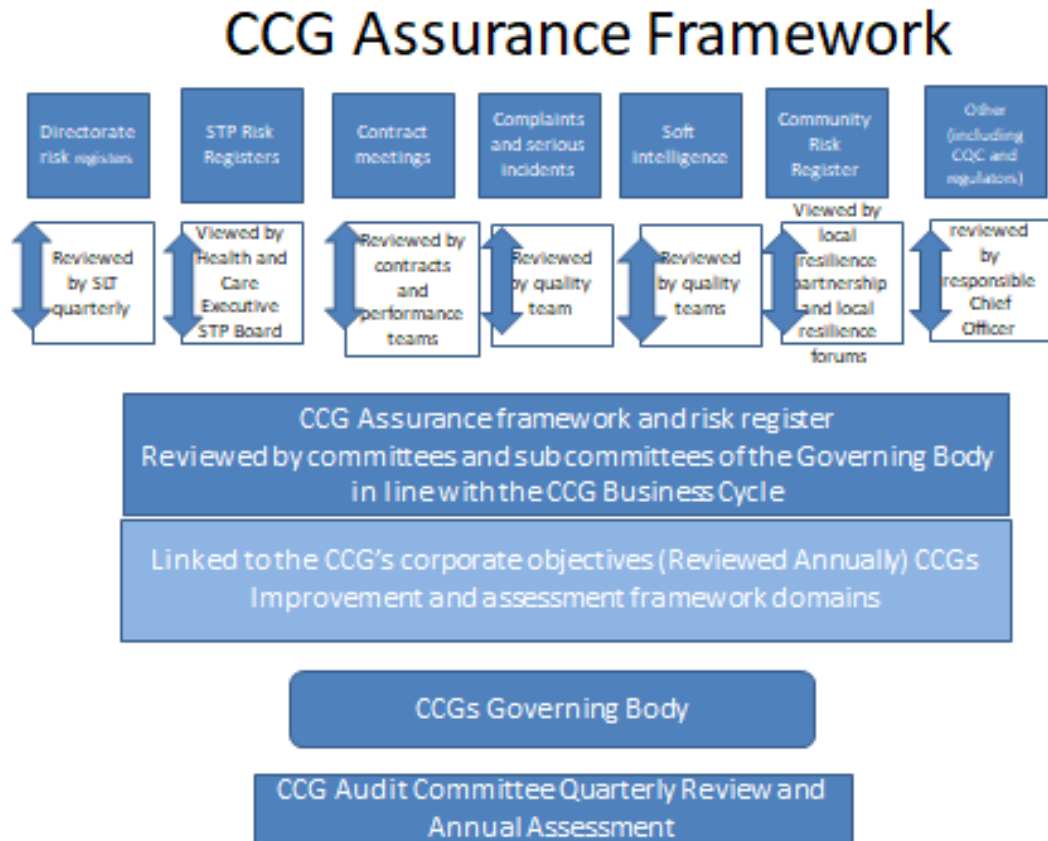
415	ASD Extensions BEE U Service	251	415	348	415
	SC CCG Expansion of CYP Services - Access Element (mental health hotline) & CDU	232	480	464	945

- How does CAMHS work with schools to identify and meet need?
Since April 2020 the mental health trail blazer team has worked closely with school to increase EHWP awareness, additionally they have given staff training and support to carry out assessments with their CYP. BeeU has supported the development of the Anna Freud model into all schools across the county. This has been led by education within the LA
- To what extent do we identify children moving into the area
This is managed by the LAC designated nurses within Shropshire Community HealthTrust and they rely on the LA notifying them of placements.
- How do we ensure access of service (No Wrong Door)
There is current a piece of work developing the Virtual front door for all mental health needs.

CAMHS improvement

- How does the Clinical Commissioning Group monitor the performance of CAMHS?

Please see below the CCG assurance framework.



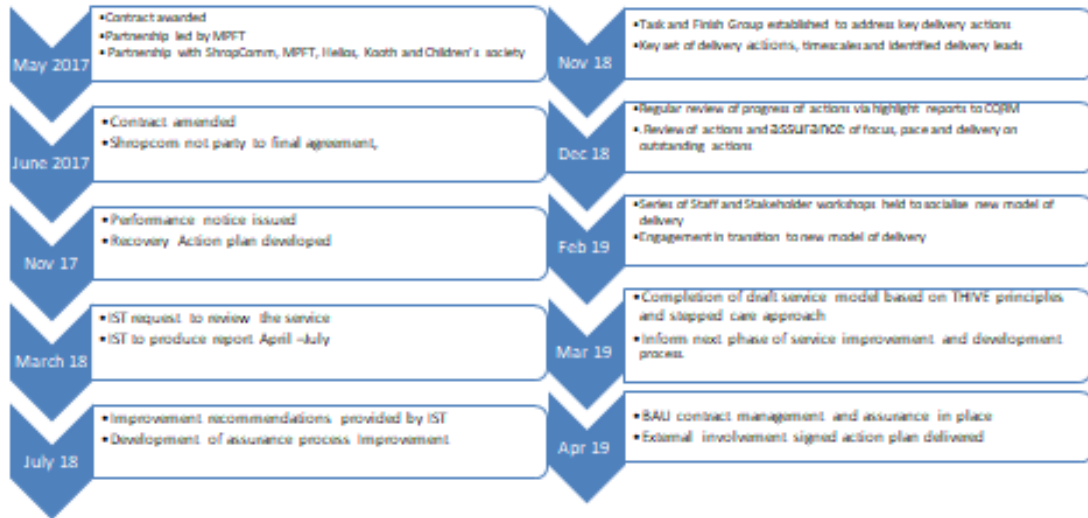
- Are there any financial sanctions in place when performance does not meet the service specification?

Not currently as part of the contract: MPFT are contracted in a block, where areas are not met others are exceeded.

- We understand that the CAMHS service was subject to an improvement plan. What were the main issues that this plan addressed? What measures were put in place to address these weaknesses?

Please see below a timeline of when the improvement plan and measures were put in place and actions that took place. Additionally the provider have been instrumental in the development and delivering on the long term plans for CYP with mental health

Background and Context



Specific improvement pieces of work include:

- *Workforce development and resilience*
- *Data- collection and understanding*
- *Reducing the medicalisation of CYP with mental health*

- What neurodevelopment pathways currently exist for children and young people suspected of or diagnosed with ASD or ADHD?
 - Following the recent CQC/Ofsted inspection of services for children with a SEND, what commissioning is taking place to develop these services? *The CCG has commissioned Bee U service (since August 2020) has a permanent diagnosis team, who have started to work their way through the waiting list. Due to the length of the waiting list it is not expected to reduce to 18 week wait for 18-24 months, yet it is envisaged that we will be down to a 12 months wait by July 2021, which is similar to the current national average waiting time.*

Telford & Wrekin have developed a joint ND pathway which includes also includes pre and post and diagnosis. It is the requirement that all partners including the Local authority and the CGG jointly commissioner these elements with support from the voluntary/third sector, service users and parent carers. This is very evident in this T&W pathway. Additionally the Local Authority (educational team) have developed an Emotional and health being panel, which is widely supported by a large number of organisations to offer pre diagnosis support and access to the diagnosis service where need has been identified. A report after the initial 6 months has been developed and has shown some really significant and positive outcomes.

Shropshire is in the process of developing a ND pathway and has requested project management support from NHSE to support this happening within a

timely fashion. The schools in Shropshire are very keen to cultivate a similar panel and the CCG are working with the Local authority to develop.

- To what extent will the current Covid-19 pandemic have an impact on both the ability to administer the existing service, and to tackle the existing waiting list for ASD/ADHD diagnosis and pathway?

The Bee U has managed well during the pandemic and there is no waiting list for mental health support just for ND diagnosis.

ADHD diagnosis service has always been offered as part of the contract and currently the waiting time just over 18 weeks and plans in place to get back to 18 weeks or less soon.

The ASD diagnosis was never commissioned clearly as part of the new tender, there is now a funding uplift to enable the development of a permanent ASD diagnosis team. The business case envisages it will take between 18-24 months to reduce the waiting list that all children are seen within 18 weeks,

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