OXFORDSHIRE JOINT HEALTH OVERVIEW & SCRUTINY COMMITTEE

5 February 2015

Child and Adolescent Mental Health Services Review

Introduction

This paper provides an update to members of the Joint Health Overview & Scrutiny Committee on the current review of the Child & Adolescent Mental Health Service (CAMHS) in Oxfordshire. The review is being conducted jointly between Oxfordshire Clinical Commissioning Group and Oxfordshire County Council.

1 Background

The Oxfordshire CAMHS service is part of an existing contract that the Clinical Commissioning Group has with Oxford Health NHS Foundation Trust. The service is jointly commissioned between the Oxfordshire Clinical Commissioning Group and Oxfordshire County Council via the Section 75 Mental Health Pooled Budget. The investment in CAMHS is currently £6.1m. The services provided cover:

- Primary Community Mental Health Service (PCAMHS or early support)
- Tier 3 CAMHS Teams (specialist multi-disciplinary teams)
- Family Assessment & Safeguarding Service (FASS)
- Child and Adolescent Harmful Behaviors Service (CAHBS)
- Neuropsychiatry Service
- Learning Disability and Mental Health specialist service
- Infant Parent Perinatal Service (mothers and babies)
- Integrated Social Work Service
- The Outreach Service (OSCA) which also covers crisis and out of hours.

The Clinical Commissioning Group does not commission inpatient beds for CAMHS. Since 2012 the beds provided at the new Highfield Unit on the Warneford Hospital site have been commissioned by NHS England and are accessed by a wide range of young people from across central and southern England. Most Oxfordshire young people who need an inpatient bed can be admitted to the Highfield Unit. The exception is young people with a learning disability where inpatient beds sit in hospitals outside of Oxfordshire. NHS England acknowledges that there is a

shortage of inpatient beds for young people with a learning disability nationally which exacerbates the difficulty of finding the appropriate placement for these children in a timely way.

The Oxfordshire CAMHS service works closely with schools and schools are one of the main sources of referrals to CAMHS. School based counselling services are usually purchased by schools individually or are provided by the school's own pastoral team and have not been included as part of the review although schools have been part of the review team and widely consulted.

3. Drivers for change

It is good commissioning practice to review services to ensure that they are delivering what was originally intended and to plan any proposed changes for the future. There is recent evidence that the Oxfordshire CAMHS service is of good quality and this was reflected in the recent Oxfordshire Ofsted Report and also the Thames Valley Strategic Review of CAMHS services. It is, however clear that there are a number of new and emerging demands on the service that means it is unlikely to be fit for future demand and new strategic developments, and this is agreed by both the commissioners and the current provider.

The local changes that will impact on CAMHS include:

- ✓ Increasing demand for CAMHS services and increasing complexity in cases once assessed. There has been a 12% increase in the number of referrals year on year and this has been one of the reasons why waiting times for appointments have increased.

- ✓ Delivering the Council's Placement strategy for Looked After Children and those on the edge of care so that the riskiest young people stay in Oxfordshire rather than go to placements outside of Oxfordshire. This will mean that more young people will be moving through the system and requiring mental health interventions and staff will need supervision and support around managing young people with more risky behaviour.

- ✓ Changes to the Council's Children's Services including further Academy conversion and realigning Early Help and Childrens' Social Care services within a reduced funding envelope.

- ✓ Increasing pressure on mental health budgets where the financial envelope has stayed the same but the demand has increased.

4. Picture of children and young people's mental health in Oxfordshire

1 in 10 children and young people aged 5-16 suffer from a diagnosable mental health disorder – that is around three in every class at school. About half of these (5.8%) have a conduct disorder, whilst others have an emotional disorder (anxiety, depression) or an Attention Deficit Hyperactivity Disorder (ADHD). The prevalence increases with age and rises to 20% for the 16-24 age groups. Half of those with lifetime mental health problems first experience symptoms by the age of 14 and three-quarters before their mid-20s.

Vulnerable groups are more likely to develop mental health difficulties and the prevalence is as follows:

- 45 - 60% of Looked After Children aged 5 to 17 will have mental health difficulties: over four times higher than for all children.
- 70% of people with Autistic Spectrum Disorder also meet diagnostic criteria for at least one other (often unrecognised) psychiatric disorder that is further impairing their psychosocial functioning.
- 40% of children and young people with a learning disability are likely to develop a mental health disorder.

In Oxfordshire:

- CAMHS work with approximately 3500 children and young people at any given point in time (just 3% of the population of 5-18).
- More than a third of the inpatient beds at the Highfield Unit are used by young people with an Eating Disorder.
- The most common diagnosis in CAMHS is anxiety and depressive illness, closely followed by hyperkinectic disorder (pattern of severe, developmentally inappropriate inattention, hyperactivity and impulsivity).
- The age of young people on referral to CAMHS follows a predictable pattern with a gradual rise from 5 years to 11 years old and then a steep increase as young people move into adolescence.
- GPs are the main referrers to CAMHS but schools also make up a significant proportion of referrals. Work has been undertaken to inform schools that they can refer direct and that referrals can come from any member of the children's workforce.
- 75% of young people are seen within 12 weeks of their referral. Those referred as an emergency are seen within 24 hours. Those referred as urgent are seen in 7 days.
- Young people and families can re-refer themselves directly to CAMHS within a year of their case being closed without going through another referral.

Review process

This review of CAMHS commenced in September 2014 and will be completed on 31st January 2015. The review has been led by the CCG as lead commissioners but has been driven by a multi-agency project team that has met monthly. Children and young people have been consulted as have parents of young people using the CAMHS services. A Parents Reference Group and a Young People's Reference Group have been established to be part of implementing the recommendations of the review. There has been substantial consultation with schools, including an online survey and an excellent response was received with more than eighty responses. Similarly there has been a survey of GPs, discussions with Children's Social Care Teams and more recently face to face meeting with countywide CAMHS Teams to establish what is working well and what could be improved.

Findings from the review so far

The CAMHS Review is just being completed and will be published in March. What is already clear is that there is an **increasing demand** for CAMHS services and these services have to be delivered within the **same financial envelope** in a time of continuing financial restraint.

We know that the referral rate locally has increased by 12% (equates to 388 extra children and young people) from 12/13 to 13/14 and we expect an even greater rise in 14/15. The service is currently meeting the targets to see young people who are referred as an emergency (within 24 hours) and they also see young people who are referred for an urgent referral within 7 days which again is within target. However, we have seen an **increase in waiting times** for the assessment of routine referrals into services. This is by far the single biggest issue that the review has found and this has been echoed by all the stakeholder groups who have contributed to the review.

CAMHS teams are also reporting that the children and young people who are referred present with **increasingly complex needs**. These needs cut across health, education and social care and increasingly with housing need and so there is a need for **a more integrated approach** across partners (including commissioners) to deliver better and more efficient services.

Communication (primarily with schools, primary care and social care) has been raised both in terms of information to the family and referrer but also in respect of the quality of information on referrals received. The review proposes that there should be a **different approach to early mental health support** which clearly describes what the service offer is and how that differs from services such as school nurses and school counselling services. This should also ensure that **information about services** and pathways is clearly available to young people, families and professionals through a variety of media such as online services.

The review has also highlighted the need for **more joint working between adult mental health services** and CAMHS, especially for young people with disabilities and special educational needs.

Conclusion

It has become very clear during the review that CAMHS cannot deliver the entire mental health strategy alone. It is reliant upon other partners delivering universal service to have in place effective and evidenced based interventions that prevent the need for more specialist and expensive service such as CAMHS. It is therefore essential that in developing a coherent pathway we do collaborative commissioning across the Clinical Commissioning Group and County Council and across adult and children's services. We are also keen to foster and develop a stronger relationship with the voluntary sector to explore opportunities and innovation, especially in the areas where local organisations have established expertise and experience.

The balance of resources between early mental health support and more specialist mental health interventions will need to be prioritised. There is a clear and compelling evidence base for investing in early intervention with a return of £12 for every £1 invested. However there is also an increased need to improve services to vulnerable groups such as children looked after and those on the edge of care, young people with Autism and those young people who have been sexually abused.

Next Steps

- The review will be completed at the end of January. The report on the review will then be published following the March meeting of the Project Group.
- Work will commence on developing the new model of CAMHS provision and this will be informed by the review.
- The model will then go out for wider consultation and the Children's Trust (sub-group of Oxfordshire Health and Wellbeing Board) will sign off the model by September 2015.

It is expected that the new model will be implemented by April 2016.

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