Child and Adolescent Mental Health Services Tier 2 Interim Proposal

WARDS AFFECTED

All.

EXEMPT/CONFIDENTIAL ITEM

NO

1. PROPOSED DECISION

1.1 To support the model and funding proposal to increase provision of Tier 2 Child and Adolescent Mental Health Services (CAMHs) using the Public Health Grant.

2. BACKGROUND

2.1 Child and Adolescent Mental Health offer support and interventions for children, young people and families to improve the mental health and emotional wellbeing. These services are often described in relation to tiers with tier 1 being services that are universal and tier 4 complex cases that often require specialist treatment which could include an inpatient stay (see appendix one).

2.2 In 2013/14 activity in tier 2 CAHMS targeted support services in St. Helens increased, in particular the service commissioned by St. Helens Clinical Commissioning Group ‘Changing Lives’. Schools and the safeguarding board raised concerns about access to support services for young people particularly tier 2 services and were concerned about the high levels of self-harm in the borough. St Helens hospital admissions rates for self-harm in the 10 – 24 year olds were 626.3 per 100,000 compared with 343.3 nationally (2012/13 data CHIMAT Child Health Profiles 2014). There were also concerns about waiting times for tier 3 specialist services. Throughout 2013/14 tier 3 services (5 Borough Partnerships) developed a single point of access to refer young people to be triaged quickly and assessed for specialist tier 3 services. This process has enabled young people to be seen more quickly by specialist tier 3 services and where appropriate referral made to targeted tier 2 service.

2.3 Within tier 2 there are a host of services providing indirect support for young people or support for young people 15 years and above. However, only 2 services that are commissioned by the CCG and the Local Authority provide direct therapeutic input for children and young people. These services are ‘Changing Lives’ providing support for 11 to 19 year olds and Barnardos providing support for Looked After Children. In 2013/14 Changing Lives received more referrals than they were contracted to deliver and as a result the CCG increased their funding in year to ensure that young people did not have to wait for support.
2.4 A small group has met and examined the issues regarding CAMHS and as a result have recommended:

- An interim solution to manage capacity in St. Helens for Tier 2 CAMHS for 2014/15
- A long term solution reviewing the full CAHMS pathway (including Tier 2 and Tier 3 services) and developing a model to procure and implement by April 2015

3. FACTS SUPPORTING THE PROPOSED DECISION

3.1 Population

Child and Adolescent Mental Health is a complex area and the wellbeing and mental health of children and young people is multi-faceted. There have been very few surveys to systematically understand the size of mental health disorders in pre-school age children nationally; a literature review of 4 studies looking at children aged 2-5 found that the average prevalence rates of mental health disorder was 19.6% (Egger, H et al, 2006). Applying this to the population of those aged 2-5 in St. Helens suggests that the number of children with mental health disorders is 1,620.

3.2 School age children prevalence of mental health disorder has been estimated by Green et al (2004). Prevalence varies by age and sex, boys are more likely to experience mental health problems than girls (11.4%, 7.8% respectively). Children aged 11-16 are more likely to experience problems than those aged 5-10 years (11.5%, 7.7% respectively). Applying these rates to the local population estimates that the total number of children and young people aged 5-16 with mental health disorders are 2,270.

3.3 Whilst these estimates help to understand the likely size of mental health in young people, table one illustrates how this is split by the level of mental health service (source: CHIMAT). The estimated level of need by service tier are illustrated below, based on young people under 17. These are only estimates and not every child will need support every year, however, we need to ensure we have enough capacity in the system for the different age groups to support our young people to develop coping and resilience strategies for children and young people and their families.

<table>
<thead>
<tr>
<th></th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
<th>Tier 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Helens</td>
<td>5,465</td>
<td>2,550</td>
<td>675</td>
<td>30</td>
</tr>
</tbody>
</table>

3.4 Tier 2 services

Changing Lives are commissioned by St.Helens CCG and work specifically with young people aged 11-19, they are commissioned to provide therapy for 285 young people per financial year. They are also commissioned to undertake some work specifically with some schools and the age range with some of these schools is younger than 11. The service matches the young person with a counsellor that can best support the young person. The service contacts a person within 48 hours. In
2013/14 the service had exceeded the target to support 285 young people and additional funding was provided by St. Helens CCG which means that therapy was provided to 430 young people. The pressure on the service in 2013/14 indicated that need was greater than capacity and although this was addressed in year, the overall levels of need appear to be greater than capacity within current service specifications and the current service specification even with additional funding from the CCG does not address all the gaps that have been identified.

3.5 Barnardos provide tier 2 services for Looked After Children aged 0-19 who are placed in borough or within a 30 mile radius. This service only provides for ‘Looked After Children’ and currently provide 16 hours of delivery sessions per week. This equated to providing emotional health and wellbeing support for 53 Looked After Children in 2012/13. In 2013/14 37 new referrals were received and an additional 25 young people and carers are continued to be supported, a total of 62.

3.6 Gaps in Tier 2

An initial review of services has found gaps in relation to:
- Under 11 provision for specialist therapeutic input
- General under provision relating to
  - Family therapy
  - Play therapy
  - Therapy coping with anger
  - Support for children with ASD and ADHD
- General short fall in capacity for therapeutic support

3.7 Short term solutions

The proposal is therefore to address some of these gaps in the short term, working with our current main provider of tier 2 services by extending the current service level agreement that the CCG has with Changing Lives to include provision for under 11’s and to extend capacity for those aged 11 and over who may have specific needs around anger management, family therapy and support for children with ASD and ADHD.

3.8 We therefore propose to change the service level agreement for Changing Lives to fund additional capacity, this money will be split between extending the provision to under 11’s and within this ensuring that ‘play therapy’ is available for younger children. Additional capacity will also be commissioned in the 11-19 with a specific focus on increasing support for anger management, those with ASD and ADHD and family therapy for all ages as appropriate. The funding will support an extra 100 children and young people. We suggest that this should be split with 70 for the under 11’s and 30 over 11’s, however we expect some flexibility with this working closely with the service. This will be funded through the Public Health Grant.

3.9 An additional pot of money will be made available by the CCG to fund ‘Changing Lives’ for any shortfall in the service over and above the funding allocated in the core specification, i.e the 11-19 service. This is an additional £25,000, which was used in 2013/14.

3.10 Additionally there will be a pool of money to spot purchase any children who can-not be supported by the current tier 2 services but do not meet the criteria to be
supported by tier 3 CAMHS. This will be more specialist support and the working group will liaise with 5 Borough Partnerships for this support.

3.11 Table 2 provides a summary of the current services and the contract values and table 3 describes the additional funding proposed for 2014/15 and the split by LA and CCG funding, it is expected that like the last financial year that ‘Changing Lives’ will exceed their capacity from the core service specification commissioned by the CCG, the additional funds from the LA Public Health will be to concentrate on delivering a service which will address the gaps identified in 3.6.

Table 2: Current funding of Tier 2 services

<table>
<thead>
<tr>
<th>Provider</th>
<th>Tier provision</th>
<th>Capacity 2013/14</th>
<th>Commissioner</th>
<th>Current funding</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changing Lives</td>
<td>11-19 year old Tier 2 provision</td>
<td>285</td>
<td>CCG (61%)</td>
<td>£72,000 core contract plus £25,000 contingency £97,000</td>
</tr>
<tr>
<td>Barnardos Looked After Children</td>
<td>16 delivery sessions per week</td>
<td>LA Public Health (39%)</td>
<td>£61,776</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td></td>
<td><strong>£158,776</strong></td>
</tr>
</tbody>
</table>

Table 3: Proposed funding model for 2014/15 for Tier 2 services

<table>
<thead>
<tr>
<th>Provider</th>
<th>Tier provision</th>
<th>Proposed capacity 2014/15</th>
<th>Commissioner</th>
<th>Total 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Changing Lives</td>
<td>11-19 year old Tier 2 provision</td>
<td>70 under 11’s 315 11-19’s</td>
<td>CCG £97,000 LA Public Health £60,000</td>
<td>£157,000</td>
</tr>
<tr>
<td>Barnardos Looked After Children</td>
<td>16 delivery sessions per week</td>
<td>LA Public Health</td>
<td>£61,776</td>
<td></td>
</tr>
<tr>
<td>5 Borough Partnerships</td>
<td>To spot purchase any interventions that cannot be supported by Changing Lives</td>
<td>Spot Purchase</td>
<td>£25,000 LA Public Health contingency</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td></td>
<td>LA = 56% (excluding LA contingency) CCG 44%</td>
<td><strong>£218,776</strong></td>
</tr>
</tbody>
</table>

3.12 Changing Lives are currently in a position to go live with this solution when approval and agreements have been authorised.

3.13 A communication’s briefing and referral form is currently being produced to ensure referrers and main stakeholders are aware of the new service criteria and how they can access support for young people. A care pathway is describes the service in appendix 2, Changing Lives take direct referrals and link closely with CAMHS tier 3.
It is anticipated that the pathway will be simplified as part of the CAMHS review and proposed model moving forward to 2015 and beyond.

3.14 Activity from the service will be collated monthly and quarterly contract meetings will be held to ensure that performance and outcomes for young people are being addressed as per the specification.

3.15 **Long term solutions**

Whilst the short term solutions may help to address the initial problems they may not be the best use of our resources in the long term. By working together with Clinical Commissioning Group, Children’s Services, Public Health and Schools we can pool both our financial resources and knowledge to develop a model for Children and Young People’s mental health and wellbeing for St. Helens, that is integrated and ensures good positive approaches to emotional wellbeing, early intervention and targeted approaches and more complex mental health services needing specialist input. A needs assessment and review of CAMHS Tier 2 and 3 services are underway, this will include services specifically for ‘Looked After Children’ and a report on the findings will be ready for the autumn to recommend the way forward for procurement of services from April 2015 onwards.

4. **RISKS**

4.1 **Risks Associated with the Proposed Decision**

Changing Lives need to ensure they have enough counselors with mixed approaches to deliver the interventions appropriate to the needs of the children, which may differ year to year. It may be difficult to obtain spot purchasing costs for more rare and complex issues.

5. **OTHER IMPLICATIONS**

Legal – service level agreement will be amended through the CCG and St Helens Council Public Health will be re-charged for the changed element of the agreement.

Financial – An additional £60,000 public health funds, plus a contingency of £25,000

Human Resources – Within the service level agreement with the CCG

Land and Property (Asset) – None

Anti-Poverty – None

Effects on existing Council Policy - None

Effects on other Council Activities - None

Human Rights - None

Equalities – Extends services to younger children and not excludes young people due to age

Asset Management – None

Health – Improve the emotional health and wellbeing of young people in St. Helens
6. **PREVIOUS APPROVAL/CONSULTATION**
   None

7. **ALTERNATIVE OPTIONS AND IMPLICATIONS THEREOF**
   None

8. **APPENDICES**
   Appendix One: Description of Child and Adolescent Tiers.
   Appendix Two: Care Pathway for ‘Changing Lives’ new service

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Liz Gaulton, Director of Public Health
Appendix one: CAMHS tiered services

Child and Adolescent Mental Health Services are described in tiered services

Tier 1
Child and adolescent mental health services at Tier 1 are provided by practitioners working in universal services who are not mental health specialists. This includes:

- GPs
- health visitors
- school nurses
- teachers
- social workers, and
- youth justice workers and voluntary agencies.

Tier 1 practitioners are able to offer general advice and treatment for less severe problems. They contribute towards mental health promotion, identify problems early in the child or young person’s development and refer to more specialist services.

Tier 2
Mental health practitioners at Tier 2 level tend to be CAMH specialists working in teams in community and primary care settings (although many will also work as part of Tier 3 services). They can include, for example:

- mental health professionals employed to deliver primary mental health work, and
- psychologists and counsellors working in GP practices, paediatric clinics, schools and youth services.

Tier 2 practitioners offer consultation to families and other practitioners. They identify severe or complex needs requiring more specialist intervention, assessment (which may lead to treatment at a different tier), and training to practitioners at Tier 1 level.

Tier 3
Tier 3 services are usually multidisciplinary teams or services working in a community mental health setting or a child and adolescent psychiatry outpatient service, providing a service for children and young people with more severe, complex and persistent disorders. Team members are likely to include:

- child and adolescent psychiatrists
- social workers
- clinical psychologists
- community psychiatric nurses
- child psychotherapists
- occupational therapists, and
- art, music and drama therapists.

Tier 4
Tier 4 encompasses essential tertiary level services such as intensive community treatment services, day units and inpatient units. These are generally services for the small number of children and young people who are deemed to be at greatest risk (of rapidly declining mental health or serious self harm) and/or who require a period of intensive input for the purposes of assessment and/or treatment. Team members will come from the same professional groups as listed for Tier 3. A consultant child and adolescent psychiatrist or clinical psychologist is likely to have the clinical responsibility for overseeing the assessment, treatment and care for each Tier 4 patients.
Appendix two: Care pathway and for Changing Lives new service

Referral Pathway for Children and Young People (St Helens) ‘Changing Lives’

| CAMHS (Single Point of Access) (Tier 3 Service) | When agencies have urgent concerns regarding a child or young person – An urgent referral should be made to CAMHS (Single Point of Access).

If CAMHS have assessed the child/young person and they do not meet the criteria for this service they will be referred to ‘Changing Lives’ or other agency which meets their needs. |

| ‘Changing Lives’ (Tier 2 Service) | Referrals for children and young people can be made to ‘Changing Lives’ regarding any presenting issue.

We can provide therapy sessions for any child or young person residing/has a GP in St Helens.

If referring for ‘Anger or Behavioural’ issues please state emotions related to this. Schools in the borough have access to the Behaviour Improvement Team. Referrals to this service would be appropriate before referring to ‘Changing Lives’.

If a child or young person is at risk of harm to themselves or there are any urgent concerns a referral should be made to CAMHS (single point of access) as an urgent referral. If unsure contact CAMHS to speak to appropriate person.

If a referral is processed to ‘Changing Lives’ which is not appropriate (due to risk) the referrer will be advised of this and a referral should be made to CAMHS.

Once a child/young person has completed therapy and there is need for further intervention (this depends on each individual case) a referral will be made to CAMHS (Single Point of Access). |

| Referring Agencies to ‘Changing Lives’ (Tier 1,2,3) | CAMHS (Single Point of Access)
Clinical Commissioning Groups
Primary/High Schools/Academy’s
Voluntary agencies
Health & Social Care (CYPS)
Emotional Health & Wellbeing Panel (LAC)
Early Intervention Teams
Priority Families
Youth Offending Service
Self referrals
(consent must be obtained from a parent/carer/child) |
REFERRAL PATHWAY

CAMHS (tier 3 service)
(SINGLE POINT OF ACCESS)

CHANGING LIVES (tier 2)
(THERAPEUTIC SERVICES)

Clinical Commissioning Groups  Health & Social Care (CYPS)  Youth Offending Team (St Helens MBC)  Voluntary Agencies (tier 2)  Self Referrals

Primary and Secondary Schools (including alternative education providers)  Early Intervention Teams (CYPS)  Priority Families (CYPS)  Open Minds  Emotional Health & Wellbeing Panel For Looked After Children (LAC)
References