

Report to: Leeds City Council Scrutiny Board
Date of meeting: 24 February 2015
Report title: Child and Adolescent Mental Health Services – Briefing Paper

1 INTRODUCTION

1.1 Leeds Community Healthcare NHS Trust (LCH) exists to deliver the best possible care to every community it serves. This covers Leeds and services provided regionally. We are a teaching organisation with a research portfolio and are recognised locally and nationally for high quality and innovative practice.

1.2 The Trust provides a wide range of community healthcare services for people of all ages including specialist rehabilitation, child and adolescent mental health, community paediatrics, community nursing, health visiting, physiotherapy, community dentistry, primary care mental health, smoking cessation, and sexual health to a population of approximately 828,600 people in Leeds. These services are delivered within the patient's home or from a range of sites across the city including health centres, GP practices, hospital sites and schools.

1.3 The Trust has a turnover of circa £143m and employs approximately 3000 staff (2500 WTE).

1.4 The Child and Adolescent Mental Health Service (CAMHS) provides specialist mental health services to children, young people and families up to the age of 18 within the community in Leeds. CAMHS also has a regional adolescent inpatient unit at Little Woodhouse Hall: an 8 bedded unit for young people (12-18), with the most severe and life threatening mental health presentations. CAMHS also builds capacity in other children's services through consultation and training in the CAMHS Training Unit.

1.5 The service (excluding the in-patient element) has an annual budget of £6m and a staffing complement of 122 WTE. The workforce is multi-professional and includes clinical psychologists, nurses, psychiatrists, creative therapists, psychotherapists, family therapists, mental health practitioners (from a range of professional backgrounds including occupational therapy, social work), administration and clerical staff, team and service managers

1.6 Little Woodhouse Hall has a staffing complement of 32 WTE and an annual budget of approximately £1m.

2 BRIEF DESCRIPTION OF SERVICE

CAMHS deliver services in line with a four-tier strategic framework at tiers 2, 3 and 4.

2.1 Tier 2: TAMHS (Commissioned by Leeds City Council)

The Targeted Mental Health in Schools (TaMHS) Project is an evidence-based, whole school approach to supporting Emotional Wellbeing and Mental Health needs in schools. As part of this initiative LCH provides brief, early intervention CAMH services

into 7 clusters and to one academy. Contracts in other clusters are held by a number of other providers.

2.2 Tier 3 - Specialist Community CAMHS (Commissioned by Leeds South and East Clinical Commissioning Group)

Specialist Community CAMH services are currently geographically based in three wedges:

- West (at Kirkstall Health Centre),
- South (at Parkside Health Centre) and
- East (currently based at the Child and Family Unit, SJUH, but relocating from April to the Reginald Centre).

The teams are multi-disciplinary and provide:

- Consultation clinics – children and young people usually enter the service through this process. The assessment can take 1-3 appointments
- A range of evidence-based interventions to children and young people (up to their 18th birthday) who are experiencing moderate and severe mental health problems (including anxiety, depression, eating disorders, emotional disorders etc). Interventions include cognitive behavioural therapy (CBT), systemic family therapy, EMDR (eye movement desensitisation and reprocessing), DBT (Dialectical Behaviour Therapy), Advanced Incredible Years parenting programme, other systemic interventions, medication (where indicated).
- Urgent assessments
- Self-harm rota –young people who have presented at the emergency department following self-harm are assessed within four hours).
- A diagnostic service for children with neuro-developmental disorders such as autistic spectrum disorder and Attention Deficit Hyperactivity Disorder (ADHD).

Other services within Community CAMHS include:

- a learning disability nursing team, led by a principal clinical psychologist
- a team of CAMHS nurses embedded in Youth Offending Services
- a small team of clinical psychologists who work with the paediatric team in Child Development clinics, providing input to families whose children have complex neuro-developmental problems
- Infant mental health service (working with young vulnerable parents where the parent's mental health will impact on the infant's development and mental health)
- An embedded specialist CAMHS worker in the young person's Substance Misuse Service (Platform)
- A small team of clinical psychologists embedded within the local authority's therapeutic social work team

2.3 Tier 3 - Assertive Outreach

The remit of the Assertive Outreach team is to prevent admission to inpatient services and/or reduce the length of stay in inpatient settings for young people with very severe mental health difficulties.

2.4 Tier 4 - Adolescent In-patient (Commissioned by NHS England)

Leeds CAMHS currently hosts an eight-bedded regional unit for young people who are acutely unwell (mainly those with severe eating disorders, severe depression, psychosis

etc). Young people are admitted to the unit who cannot be safely managed and cared for in the community by either the community teams or the outreach service.

2.5 Transition to Adult services

A team of two people who support the transition of young people (17.5 years upward) from community CAMH services (and the inpatient team) to adult mental health services

3.0 THE EFFECTIVENESS OF THE SERVICE

Clinical outcomes and measuring satisfaction are key parts of the work. The purpose of outcome monitoring is to provide evidence that the work we do has a positive impact for the young people and families we see in terms of their mental health and emotional health and wellbeing, reduction of self-harm and other assessed risks, reduction of acute admissions, improved family communication and improved social and educational functioning. It also allows the service to gauge the level of satisfaction clients have with the service.

The approach in Leeds has developed in line with protocols developed by both the Child Outcomes Research Consortium and by the Children and Young People's Improving Access to Psychological Therapy programme. The service has recently developed a monthly report which tracks completion rates and headline data in order to monitor and improve adherence to outcome measures across the service. In the three months between November 2014 and January 2015, 96% of people surveyed using the Friends and Families Test agreed or strongly agreed that they would recommend CAMHS to someone else. In terms of service outcomes 77% of young people who received a service between April and December 2014 reported an improvement (using the Strengths and Difficulties questionnaire).

4.0 CHALLENGES

4.1 Financial pressures

As with every NHS service CAMHS has needed to meet efficiency targets and to support and contribute to organisational developments e.g. implementation of electronic patient held records.

In 2014/15 the Tier 3 CAMH services had a cost improvement requirement of £411K. The service embarked on a comprehensive review process to determine how this efficiency saving could be met, and is currently implementing a number of important changes:

- Streamlining systems and processes e.g. single point of access into service, one referral management group, citywide management of waiting lists, citywide clinical pathways, integration with other clinical service in the children's business unit
- Improved caseload management
- Further review of clinical pathways
- Rationalisation of estates
- Further review of workforce
- Innovation using digital technology

In addition to the NHS efficiency requirement, the Local authority made the decision to disinvest £500,000 from the Tier 3 service, leading to a reduction of 5.1 WTE clinical staff and also affected administrative, management and training capacity

4.2 Demand and Capacity

There is a demonstrable change to the pattern of demand for young people's mental health services. This mirrors a national picture of greater need, increased complexity and risk, coupled with higher expectations about rapid access to help.

- Around 16,800 children and young people in Leeds are thought to be experiencing mental health problems at any one time (JSNA 2012)
- In 2012/13 CAMHS accepted approximately 2600 referrals. This number increased by 5% in 2013/14 and a further 10% in 2014/15. Activity has equally increased by 10% in year.
- There has been an increase of 85% in self-harm referrals received by community CAMHS since 2012 from 197 in 2012/13 to 367 in 2014/15.

These figures clearly demonstrate how the demand for CAMHS services is growing at a time when resources are limited.

The service is also experiencing a change in clinical complexity. In 2010 Leeds CAMHS extended the upper age range for referrals from 17 to 18 years. This age group requires considerably more resources than those 16 and under and referral data shows a disproportionate increase in referrals for this cohort. Also whilst the number of open episodes in CAMHS has remained constant, the number of open episodes of 17+year olds has increased. In addition, there has been a significant increase in self-harm referrals since 2012 (from 197 to 367), up by 85%.

4.3 Waiting Times

The changing nature of demand for services, increasing complexity and the pressures on capacity are obviously having an impact on access to Tier 3 CAMHS. In particular the waiting time for highly specialist assessments for Autism has increased. Intensive work is underway both internally and with commissioners to address the waiting times for CAMHS. Non-recurrent support has been made available to reduce the numbers waiting and commissioners have offered recurrent support for 2015/16 to enable the waiting list to be managed at the same time as allowing the service to transform. Despite the pressures, and with the exception of assessments for autism spectrum disorder, access is improving and will continue in 2015/16 as the impact of changes in the service is felt, and the additional funding from the CCG is put to good use.

Getting a service in a timely way is fundamentally important and will be the key priority in 2015/16. Whilst average waiting times are high, the service prioritises referrals and sees young people within 4 hours if they present at A&E after self-harming. Other urgent referrals are prioritised and can be seen quickly if there are concerns about safety.

	Average wait time (weeks)	Average wait time (weeks)
	April 2014	December 2014
ADHD	21.6	16.9
Autistic Spectrum Disorder	14.8	20.5
Cognitive Behaviour Therapy	14.7	8.0
Consultation Clinic	9.6	7.1
General Intervention	12.2	10.4

	Number waiting	Number waiting
	April 2014	December 2014
ADHD	61	43
Autistic Spectrum Disorder	65	116
Cognitive Behaviour Therapy	34	19
Consultation Clinic	382	241
General Intervention	55	65

4.4 System Pressures

The Tier 3 CAMH service exists within a system of care and support for young people with emotional wellbeing and mental health difficulties. There is a commissioning review of the provision in the city underway, which takes account of the changing needs of young people (e.g. more self-harming; impact of digital technology) and the commitment to create an effective and accessible network of support/treatment. The pressure felt at the moment in Tier 3 is a symptom of wider pressure on services in the Local Authority, in schools, and in the third sector. CAMHS is sometimes spoken of as if it were the only service available, but the performance of other services in the system is critical to the way CAMHS functions. TAMHS in schools, The Market Place, ASPIRE and local authority teams are all part of a system under pressure in Leeds and the functional relationship between them is crucial to an effective system overall.

5.0 CONCLUSIONS

- 5.1 Leeds Community Healthcare provides part of the children's and young people's emotional wellbeing pathway (at tiers 2, 3 and 4). The CAMHS service sees the most unwell children in the city.
- 5.2 The whole system is currently being reviewed by commissioners and this may result in the Trust adapting the service provided in line with need.
- 5.3 The service can report good outcomes in terms of patient satisfaction and improvements in the mood of the young people seen.
- 5.4 The service has had challenges with waiting times but this is now improving.