

NHS Rotherham Clinical Commissioning Governing Body

Operational Executive – 25th January, 2016

Strategic Clinical Executive – 27th J2016anuary

GP Members Committee (GPMC) –

Clinical Commissioning Group Governing Body – 3rd February 2016

Child and Adolescent Mental Health Services in Rotherham.

| | |
|-----------------|---|
| Lead Executive: | Ian Atkinson Rotherham CCG Deputy Chief Officer |
| Lead Officer: | Nigel Parkes |
| Lead GP: | Dr Richard Cullen |

Purpose:

This paper provides Governing Body with two updates relating to Rotherham Child and Adolescent Mental Health Service (CAMHS):

- 1) To provide Governing Body with an update on progress with regard to the delivery of the Rotherham CAMHS Local Transformation Plan.
- 2) To provide Governing Body with an update on the RDaSH CAMHS service reconfiguration.

Background:

General Introduction

In September 2015 Governing Body received details of the proposed local CAMHS Transformational plan.

The commissioning and provision of CAMHS services in Rotherham is a complex picture, with a number of different commissioners – Rotherham CCG, RMBC (Public Health and Children's services), NHS England and individual schools/colleges.

A large number of organisations provide CAMHS services across a range of levels, from, universal (Tier 1), to targeted (Tier 2), specialist (Tier 3) and Inpatient (Tier 4). These include RDaSH, TRFT, Rotherham & Barnsley MIND, Rotherham MAST, RMBC Integrated Youth Support Services, Looked after and Adopted Children's services and Educational Psychology services, GPs, the Youth Offending Service, voluntary sector organisations such as Barnados & the National Autistic Society, and various private sector Inpatient providers such as Alpha.

The CCG predominantly commissions services in the targeted and specialist areas (liaising closely with RMBC) and these are mostly provided by RDaSH (Tier 2 and 3).

1. CAMHS Transformation Plan

In 2015 the Department of Health published the national 'Future in Mind' (FiM) report. A requirement of the report was that all CCG's were required to develop a 'Local CAMHS Transformation Plan'.

RCCG led on the process in Rotherham and engaged with all key stakeholders including gaining the views of Children and Young People (and parents/carers) to support the development of the Local Transformation Plan (LTP).

The LTP was submitted to NHS England in October 2015 and gained final approval at the end of November. The LTP is now published on the CCG website.

As a result of the successful approval of the LTP, RCCG has received £364k funding for the remainder of 2015/16. In addition, the CCG has also received £145k of additional funding for an Eating Disorders Service for Children & Young people. These funding streams will be recurrent for 5 years, funded through CCG baseline allocations from 2016-17.

The CCG is required to submit a quarterly report to NHS England stating progress against the agreed transformation plan. The first return is to be submitted by the 29th January, 2016, outlining progress against these development areas and also to complete the 'Tracker' document to show how funding has been spent so far.

The sections below highlight the areas of non-recurrent and recurrent funding outlined in the LTP and provide a brief update on progress during the first three months of mobilisation.

In 2015 -16 the LTP focussed on using some non-recurrent money in specific areas of provision, including:-

- **Prevention/Early Intervention** – A number of schools have signed up to a 'Whole School Approach' to mental health pilot. Pilot schools will submit their 'Whole school Approach Action Plans' by early February.
- **Workforce Development** - A number of CAMHS specific training courses have been organised and a Workforce Development Strategy is being developed for roll-out in April 2016.
- **Hard to reach groups** - Work is ongoing to promote mental health wellbeing for LGBT young people. Consultation has started around emotional wellbeing and mental health issues and events organised with young people to help develop an action plan for the remaining 4 years of the programme.
- **Looked After Children** - Extra capacity has been brought into the Looked After and Adopted Children's Team to reduce the current waiting list. This is providing additional therapeutic advice, consultation and interventions.
- **Development of services through input from Children & Young People and parents/carers** - Work has started to scope out best practice for engagement with Children & Young People and their families. Further work is planned to understand how providers currently engage and develop a 'best practice' model.

The LTP also outlined how recurrent funding will be utilised from 2016/17 onwards. The primary areas of investment are:-

- **Enhanced Community Support** - Enhanced community support has been provided by the local CAMHS historically. The existing service is being supplemented with additional (2.5wte) senior CAMHS practitioners.
- **Crisis Response (Including Liaison)** - The CAMHS service currently provides a Crisis response service either through the CAMHS Duty Team in-hours or the CAMHS out-of-hours

(on-call) service. A CAMHS Liaison service is currently in place. Work will take place to enhance both of these services with the longer term aims of incorporating these into 'all-age' services.

- **Autistic Spectrum Disorder post diagnosis Support** - Work is being undertaken during 2015/16 to scope out the best service to offer to patients, post diagnosis. This will then be rolled out in 2016/17.
- **Family Support Service** – This will specifically work with families to help them to manage within the community setting and access mental health services.
- **Increased funding for working with Children & Young People and adults affected by Child Sexual Exploitation** - An existing Psychotherapist post has been extended from a 0.8wte to a 1.0wte. A further post will be recruited to support the Psychotherapist role.
- **Eating Disorders Service** - The CCG is working with local partners to establish an Eating Disorders service. A service specification has been developed and the expectation is that additional service provision will commence in 2016-17.

The Quarterly report to NHS England requires the CCG to flag any risks in the delivery of the transformational plan, the identified risks are as follows:

- **CAMHS Workforce** - Within the RDASH CAMHS service there is currently significant staff recruitment taking place to fill substantive vacancies following the reconfiguration of the core service. The service has a clear recruitment strategy to fill all existing vacancies, failure to recruit in a timely manner to these posts could put some of the identified 2016-17 developments at risk. Agency staff are currently covering a number of key vacancies.
- **CAMHS Transition** – Within the agreed local plan it was proposed to engage external consultancy to undertake some scoping work around Transition from CAMHS to Adult services, to date this work is outstanding but will be delivered in 2016.

Governing Body should note that that at the point of submission, there is a high level of confidence that that the available 2015-16 funding for both CAMHS and Eating disorders will be able to be appropriately utilised.

Governing Body should note that all stakeholders are actively involved in taking forward the LTP work and the CCG has been working particularly closely with RMBC, RDASH, Healthwatch, the Rotherham Parents Forum and s2schools.

The Future In Mind documentation can be found

at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

2. RDASH CAMHS reconfiguration

The CCG Governing Body are sighted on the RDASH CAMHS service issues that have been apparent in recent times. In April 2015, RDASH embarked on an exercise to reconfigure the current CAMHS service. Following CCG and CAMHS staff consultation, a new service delivery model was agreed in November 2015 and RDASH CAMHS has been working since then to mobilise and implement the new structure.

As described in the earlier section, the RDASH CAMHS provision has seen a high number of vacancies within the service, which has been managed through the use of agency and temporary staff. To deliver the reconfiguration plan and sustainable service there is an absolute need to move to a stable substantive staff base. In consultation with the CCG, RDASH are currently in the process of delivering their recruitment strategy, and feedback from recruitment events held to date has been positive.

As the service reconfigures and transforms the focus has been maintained on ensuring Urgent referrals (requiring assessment in 24 hours) continue to be prioritised, for routine referrals (requiring initial assessment in 15 days) close scrutiny of waiting times has continued, although the waiting time for routine referrals has declined, the discussions around the recruitment position have provided assurance that the decline is temporary. Discussions are also taking place with other providers, such as Rotherham & Barnsley MIND, Rotherham Multi Agency Support Team (MAST) and RMBC Youthstart to understand if patients currently on the CAMHS waiting list could be supported until such time as they can access CAMHS services.

Analysis of key issues and of risks

1) Implementation of the CAMHS Local Transformation Plan (LTP)

Key Issues:-

- An action plan has been developed to monitor the implementation of the CAMHS LTP and this is updated on a monthly basis. The CCG is working closely with other stakeholders including RDaSH, RMBC and TRFT to implement the action plan.
- A quarterly update report is required by NHS England and the first of these. The Q3 position is as expected given that this is the first 3 month update to NHS England and many of the schemes are in their infancy. Recruitment to CAMHS post is the main issues as previously described within the paper.
- There are challenges in utilising all of the funding available for 2015/16, given the short timescales.

Measures to Mitigate the risk

- The CCG is working closely with other stakeholders to ensure that all the allocations are used in 2015/16 and this is being closely monitored.
- Key individuals at each stakeholder are responsible for updating the action plan for their organisations.

2. The RDaSH CAMHS reconfiguration

Key Issues:-

- Management of vacancies - Whilst recruitment is going well, due to the time necessary to complete the appropriate processes and notice periods, it is unlikely that the full complement of staff will be in place for the start of the new financial year. Agency staff will continue to cover vacant posts.
- As a significant proportion of the recurrent CAMHS LTP investment for 2016/17 onwards is with RDaSH CAMHS, there are risks around the delivery of some aspects of the LTP.

Measures to mitigate the risk

- Weekly CAMHS reconfiguration update meeting are taking place with RDaSH CAMHS to monitor progress.
- Discussions are taking place with other providers, such as Rotherham & Barnsley MIND,

Rotherham Multi Agency Support Team (MAST) and RMBC Youthstart to understand if patients currently on the CAMHGS waiting list could be supported until such time as they can access CAMHS services.

Patient, Public and Stakeholder Involvement:

Development of CAMHS Transformation Plan

All stakeholders were involved in the development of the LTP including; RDaSH, RMBC, TRFT, Schools, Colleges, voluntary sector, patients, parents/carers etc.

The CCG undertook extensive consultation with Children and Young People when developing the recent Rotherham CAMHS strategy and those views were fed into the CAMHS LTP.

Equality Impact:

To be covered in the plan

Financial Implications:

The LTP sets out how Rotherham gets best value for existing investment into CAMHS. The CCG RDASH CAMHS contract is £2,545,000 (increased by 10% for 2015/16)

An additional £145k is now available for additional eating disorder services and a further £364k recurrent will be available for additional investment in CAMHS services, to be identified from CCG baselines.

Human Resource Implications:

Will be in the detail of the plan.

Procurement:

The LTP sets out which providers are considered for the incremental funding. There may be procurement implications depending on the provider chosen.

Approval history:

CCG OE – 25th January

CCG SCE – 27th January

CCG Governing Body - 3rd February 2017

Recommendations:

The Governing Body are asked to:

Note the position regarding:

Progress with implementing the CAMHS Local Transformation Plan and the NHS England Quarterly report.

CAMHS Reconfiguration.

