

## **Buckinghamshire Child and Adolescent Mental Health Services Re-commissioning Briefing for HASC October 2014**

### **Background and timeline**

- CAMHS (community Tier 2 and 3) currently provided by Oxford Health NHS foundation Trust since 2009 following competitive tender and a 3 + 3 year contract to 2015..
- Commissioned as an integrated service under pooled budget Section 75 agreement across both CCGs and BCC social care, BCC are the lead commissioner
- The reprocurement process will commence in November 2014 with the plan to award the new contract in April 2015
- Due to a number of factors including Commons Select Committee review of CAMHS and the development of template service specifications from NHS England, a 6 month contract extension has been agreed allowing for the new contract to commence in October 2015, with a 6 month implementation period.

### **Engagement Activities to date**

- Stakeholder surveys and face to face meetings with key groups and professionals May/June 2014
- Soft market testing with potential providers May 2014
- Stakeholder Event to test model Oct 2014 which member of HOSC were invited to attend and are able to comment on until 26<sup>th</sup> October 2014.
- Provider Event to test model Oct 2014

### **Initial Stakeholder feedback summary May/June 2014**

Analysis of stakeholder engagement carried out across professionals working with CAMHS, parents/carers of children and young people, young people and CAMHS staff in May/June 2014 indicates:

#### **Current Services – strengths**

- Helpline was perceived as useful by those aware of it
- Positive experiences of treatment for many of those who access it
- Some clinicians were cited as particularly helpful and accommodating

#### **Current Services – areas for development**

- Communication – helpline, feedback on referrals, ease of contact
- Collaborative/Partnership working across CAMHS, Social care, GPs, Schools, Other health professionals, Families
- Clarity and consistency about thresholds and process for access
- Waiting times for assessment and treatment
- Flexibility in service provision location and times
- Earlier intervention /prevention

#### **Perceived gaps in provision**

- Paediatric Psychology support for developmental and physical health related issues
- Services for CYP who have a need for support but do not meet criteria for mental health services
- Support post diagnosis for Families and young people with a diagnosis of autistic spectrum.
- Perinatal mental health service

## **Buckinghamshire Child and Adolescent Mental Health Services Recommissioning Briefing for HASC October 2014**

### **Commissioning Strategy**

Early intervention is at the heart of the Government's approach to improving outcomes for children and families, alongside integration across health, education and social care. It is vital to use existing resources across the health, local authority and third sector to ensure integrated pathways to meet the needs of the children and young people whilst preventing young people from falling through gaps in service provision or at the point of transition. Considering the needs assessment and consultation responses the following are identified as the strategic objectives for the service.

1. Ensure visibility and understanding of mental health and emotional wellbeing resources and services that are available to children and young people and provide guidance of how and when to access them.
2. Ensure the commissioned universal and targeted workforce has the skills and knowledge to support the mental health and emotional wellbeing of children and young people through the provision of accessible consultation, advice and support around early identification of mental health issues and what are safe, appropriate responses to these issues.
3. Develop and maintain pathways and partnership working across multiagency services (children, young people's and adults) for the full range of CYP mental health problems based on best practice guidelines. Oversee and review these to ensure clear seamless pathways of care across agencies and avoid duplication of roles or gaps in provision.
4. Use technology in delivering services, including access to online resources as appropriate.
5. Deliver early intervention and prevent escalation of need to more specialist mental health services or social care provision.
6. Ensure looked after children and children with disabilities are able to access a service to meet their specific needs in a timely and flexible way
7. Be responsive to changes as they present nationally or by locality, to ensure services are sensitive to the needs of the population and delivered in a flexible and timely way.
8. Provide an effective service with measurable outcomes for children and young people based on the best available evidence. To be delivered by staff trained to provide comprehensive assessment of mental health problems in children and young people and to deliver the appropriate evidence based psychological therapies.
9. Provide parents and carers/services working with parents and carers with the intervention and resources to form parent –child attachments, address attachment difficulties if necessary and for parents to develop an understanding of how to support their child's emotional well-being.
10. Facilitate a holistic and whole family approach to include forming effective links with adult health services to work creatively with families where parental mental health issues impact on children and young people. (Engagement of adult mental health services is essential in ensuring this element is met)
11. Ensure timely, safe and appropriate transition between services including Tier 4 services and adult mental health services.
12. Provide support into the child development team and acute settings (Liaison Psychiatry Service)

## **Buckinghamshire Child and Adolescent Mental Health Services Recommissioning Briefing for HASC October 2014**

13. To develop meaningful and sustained participation for children and young people who use CAMHS to have the choice to be involved in service design and delivery.

### **Finance**

The current budget for Buckinghamshire CAMHS is £ 5,441,891 per annum. With approximately £400k additional funding from BCC separately commissioned early help services to be included in the pool.

Breakdown of Contributions to the CAMHS budget (£5,441,891)

	Contribution %	Value of contribution (per annum)
BCC	23.55%	£1,295,667
Chiltern CCG	46.96%	£2,583,390
Aylesbury Vale CCG	29.49%	£1,622,715
Total	100.00	£5,441,891

It has been recommended that the Section 75 pooled budget arrangements remain with an integrated tier 2 and tier 3 specification; no direct savings should be applied to the contract value, however that further value is gained through the reach of the service and through increased integration and partnership working.

The proposed model of service delivery based on the commissioning framework/strategic approach is to ensure adequate focus on the targeted (tier 2) service and consultation role of CAMHS, with the aim of intervening earlier to prevent or manage escalation. Promotion of emotional wellbeing is everyone's responsibility but support is required from mental health services to facilitate this. It is not expected that all CYP will be prevented from needing tier 3 services, however it is evident that earlier support and correct assessment and treatment can minimise the need to access more specialist services or reduce the length of stay in the service.

**Proposed Service Model** - A model for integrated services for children and young people with mental health needs and their families and carers.

### **Core principles**

- Service must promote wellbeing
- Service must provide timely, effective assessment, treatment and support
- Service must provide a seamless pathway or journey through all levels of CAMHS

### **Key requirements**

- Single point of contact for referral and assessment
- Key/link worker to stay with child, young person and family throughout the CAMHS journey
- Crisis support at home at weekends
- Flexibility for early evening / weekend provision
- Tier 2 service is expanded with specific service outcomes monitored to ensure that service pressures elsewhere do not encroach on this core work
- Tier 3 service community based and able to see children and young people in a variety of settings
- Fluid transition between tiers to meet changing need

## **Buckinghamshire Child and Adolescent Mental Health Services Re-commissioning Briefing for HASC October 2014**

- 'Bridge builder' role to ensure a transparent journey with adequate mapping and signposting to appropriate complementary or alternative service provision
- Targeted CAMHS workers to develop service provision to at risk and hard to reach groups
- All services to follow the improving psychological therapies service transformation agenda – accessibility, participation, measuring outcomes, evidence based practice
- Children and young people's good mental health promoted, and services delivered in partnership
- CAMHS practitioners linked to each neighbourhood and therefore to every school and 6<sup>th</sup> form, offering: consultation, to professionals and/or to CYP and parents; training to tier 1 workers, mental health awareness training for tier 1 staff.
- Participation worker will develop participation of CYP and parents/carers across all levels of service provision and planning , so that meaningful service user participation is embedded within all services planning and development
- An identified adult mental health services worker will liaise with tiers 2 and 3, and CMHT workers where concerns are raised about children with parents who have MH needs, and who will lead training of adult MH workers about awareness of MH needs in CYP.

See Appendix 1 for service model diagram.

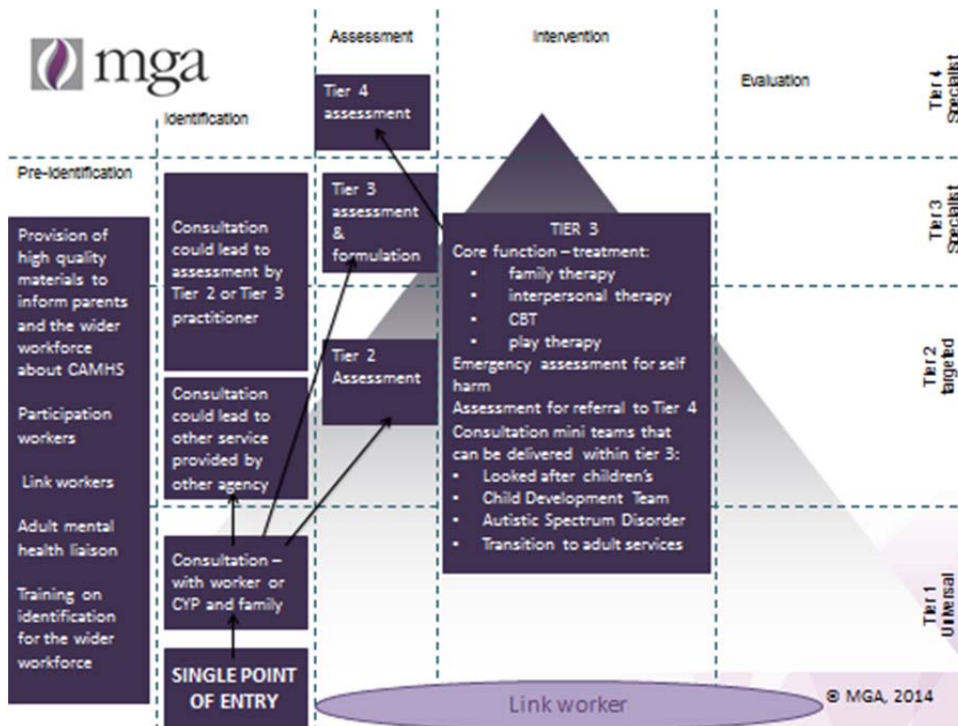
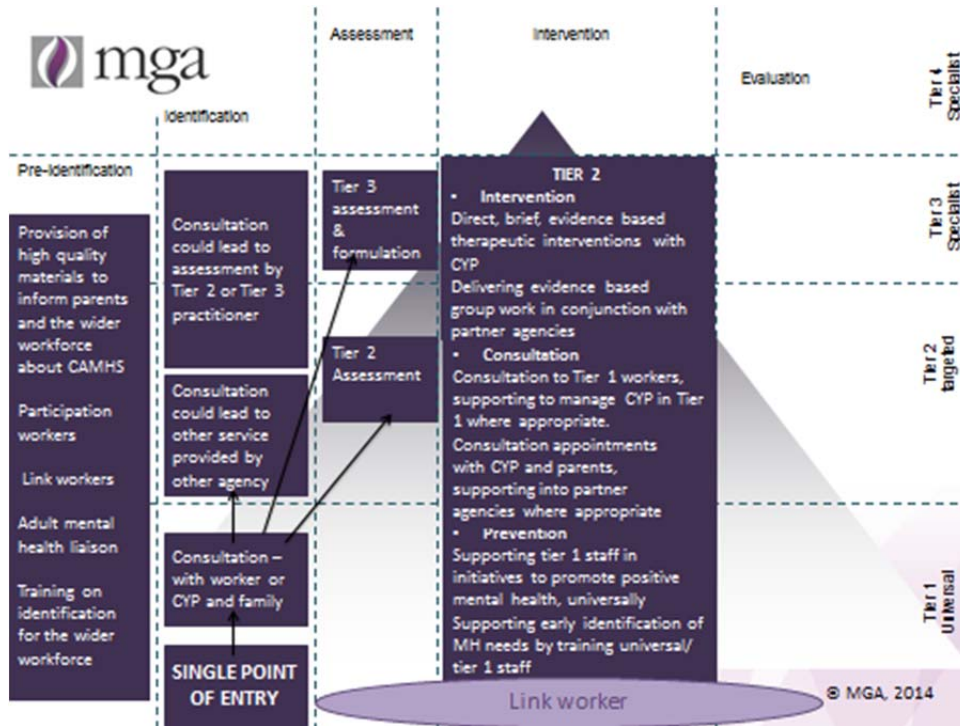
### **Key changes to the current commissioned CAMHS specification**

- Single point of access for consultation AND assessment
- Extension of Tier 2 role and related skills, knowledge and experience requirements
- Link worker role to support child, young person and family on their journey
- Fluidity between Tiers 2 and 3 with the possibility of accessing interventions flexibly across tiers
- Focus for the service should be early help, which includes services working together to support families ensuring that needs are quickly identified at an earlier stage and the appropriate provision is made in order to deliver better outcomes.

*Caroline Hart, Joint Commissioner 16/10/14*

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## Appendix 1 Service Model



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