

Review of Mental Health and Wellbeing including Suicide and Self Harm

1. Purpose of the report

1.1 This report is to provide information to the Scrutiny Committee as to the roles and responsibilities of Stockton & Hartlepool Clinical Commissioning Group (CCG) in relation to the mental health & wellbeing of young people aged 14-25. The paper will also highlight the services which the CCG currently commissions, as well as the future commissioning landscape.

2. Commissioning responsibilities

- 2.1 The CCG's statutory responsibility for children's mental health is for the provision of 'Treatment Services' and ensuring early diagnosis and treatment is available within appropriate timescales.
- 2.2 The CCG also has a statutory responsibility for the commissioning of adult mental health services, which is of relevance within this paper as there is a requirement that young people (18yr) have an effectively managed transition into those services where there is a need for on-going interventions.
- 2.3 To meet this responsibility the CCG commission Tees, Esk & Wear Valley (TEWV) to provide a Community Child & Adolescent Mental Health Service (CAMHS). This service is open access and can support children up to the age of 18.
- 2.4 Additionally for children and young people, the CCG have commissioned TEWV to provide an Eating Disorder service, Crisis Service, Intensive Home Treatment Service and Early Intervention into Psychosis service.
- 2.5 In addition to the above responsibilities the CCG also commission a specialist perinatal service, which although it is not a service targeted at 14-25year olds a key aim of it is to improve attachment in those primary years. This acts as a preventative/protective factor for children and young people as they grow.

3 Utilisation

- 3.1 All referrals into TEWV are screened through their 'general' CAMHS service. All referrals receive a 30 minute initial assessment to determine if their needs can be met by the CAMHS service. If early assessments identify that a more specialist service is required, the child or young person is referred into a more specialist pathway i.e. Eating Disorders, Early Psychosis teams.
- 3.2 Alternatively, if the initial assessment determines that their needs could be met by the core CAMHS service, they receive a further appointment where a more in-depth assessment is undertaken.

- 3.3 This approach to assessments is relatively new for the Stockton team, only mobilising from January 2018. Prior to this, referrals could be screened out via a phone call or reviewing the content of the referral. To ensure a more comprehensive assessment process was in place, the new way of working was developed.
- 3.4 We are currently waiting for the 17/18 referral figures to be confirmed and can forward these once received, therefore the figures below detail the number of referral received under the CCG CAMHS contract for 16/17 (please note these figures are for both Stockton & Hartlepool)

Total number of referrals received	3716
Referrals not assessed or rejected	959
Referrals accepted	2757

4. Future in Mind

- 4.1 The Department for Health's Future In Mind strategy in 2015 highlighted the need for change in the way in which the mental health & wellbeing needs of children & young people were met. The strategy highlighted the importance of early intervention and prevention and the relevance of universal services being at the forefront of identifying needs and offering early intervention to prevent children needing specialist services.
- 4.2 Each locality had to collectively produce a Local Transformation Plan (LTP) which has to be refreshed annually. The focus in Stockton, to date, has been on the upskilling schools to identify needs and support children rather than to refer everyone to TEWV. The role of schools is of paramount importance in the transformation of children's mental health services. As children and young people spend the majority of their time at school, they are best placed to identify needs and support early intervention and prevention.
- 4.3 The LTP refresh for 2017, broadened the scope of work which needed to be undertaken to transform services. The CCG has committed to, and is undertaking, a review of the Core CAMHS service to ensure that it is meeting need for children and young people who require a specialist service. However, it is evident from the figures above that not all referrals which are received by TEWV require a specialist service. Reserved estimates would suggest that approximately 35/40% of referrals were either not accepted or the young person had one assessment and no further appointments. These figures are based on the old assessment process. However, we would anticipate that the figures remain similar under the new process.
- 4.4 Work outlined in the LTP for 2017 highlighted the need for local authorities to review their mental health & wellbeing offer for children & young people under their universal and targeted services. This, together with the core CAMHS review, would give us a strategic picture as to the provision available and what the gaps are. We could therefore, adopt a more strategic commissioning position to ensure that, where possible, all gaps were filled.
- 4.5 This work also links back to schools and understanding what they are currently purchasing to support the mental health & wellbeing of their pupils. We are aware that this differs greatly across schools and we are also aware that exclusions, either time limited or permanent,

have greatly increased across Stockton. As research tells us, often behaviour leading to exclusion can be linked back to unaddressed wellbeing issues. This also needs further exploration and joint commissioning with schools is currently being explored.

4.6 Future in Mind highlights that the mental health & wellbeing of children & young people is the responsibility of multiple agencies and that a referral to a specialist mental health service should be seen as a last resort. Pulling together the pieces of work highlighted above should bring about a different commissioning landscape, but this will require a cultural change and robust and intensive workforce training in addition to changing the way in which individual organisations commission services.

5. Specialist Services

5.1 As highlighted in point 3.1, TEWV are also commissioned to provide more specialist services to meet specific clinical needs. The Crisis intervention and all age liaison service have been established for a number of years, as the CCG recognised the importance of having early access to specialist services at times of crisis. There has always been a requirement for an Early Intervention Psychosis team, however nationally during 16/17 and 17/18 targets were developed and implemented to ensure that time to access treatment and quality of service that was accessed were improved along with there no longer being an upper age limit. This target related to 50% of referrals into the service being seen within 2weeks of referral and also receiving NICE concordant care (**The Tees service is currently achieving 90% against a 50% target**). Through the Future in Mind strategy there was a directive to improve access to Eating disorders services, with the main requirement being to remove the need for a referral to be generated from a CAMHS tier 3 service. Future In Mind also identified the need to look to develop an Intensive Home Treatment service, this was piloted from TEWV and has been extended and funded through Tier 4 New Models of Care savings.

5.2 The following tables highlight referrals and activity for these services which are commissioned on a Tees Wide basis:

Teesside Community Eating Disorder Service data

Referrals

	2013/14	2014/15	2015/16	2016/17
Total Referrals	52	52	293	42
Accepted Referrals	47	42	293	36
Non-accepted (re-directed)	5 (9.6%)	10(19.2%)	0	3(7%)

Waiting times

	2015/16	2016/17
% of children & young people seen within 4 weeks for a first appointment	100%	100%

Direct contacts (Tees-wide Community Eating Disorder Service)

	2015/16	2016/17
Number of contacts (face to face and telephone)	2267	2313 (Hartlepool & Stockton only)

Tees Wide Crisis & Liaison Service

Referrals

	2016/17
Total referrals	171

Direct contacts

	2015-16	2016-17
Number of contacts (face to face and telephone)	1247	1828

Tees Wide Early Intervention Psychosis Service

This table shows the number of referrals to EIP teams for 2016/17, aged between 14 and 25 with a referral reason of Suspected 1st Episode Psychosis

Referrals

	2016/17
Total referrals	97

Direct contacts

	2016-17
Number of contacts (face to face and telephone)	1292

5.3 Perinatal service

The specialist community service works with women of all ages with severe mental illness from conception to one year postnatally. The aim of the service is to work with women who have had a previous history of severe mental illness, to support with pre-conception counselling, medication management and postnatal support. The service also works with women up to one year postnatally displaying first symptoms of severe mental illness. The overarching aim of the service is for safe care and treatment to be planned and delivered within the home setting, to both decrease risks to the mother and child but also to promote the mother/infant relationship resulting in a healthy attachment.

	2017/18
Total referrals (All age, HAST)	167
Total referrals accepted	152

6. Improving Access to Psychological Therapies (IAPT)

6.1 The IAPT agenda is one which differs between children/young people and adult services. The overarching premises however are the same, with the aim being to ensure that people get access to evidenced based interventions at the earliest possible opportunity. This initiative within CAMHs services has been taken forward through the national roll out of several training programmes, each of which has been developed upon sound evidence base. There have been several years of funding from NHSE, and more recently through the Future in Mind transformation funding to back fill and release core staff to be upskilled in these interventions. Thus IAPT for children and young people is not a specific service but rather an approach to ensure that all relevant children and young peoples workforce have the ability to provide evidenced based interventions at the earliest possible point.

6.2 The CCG under their responsibility to improve access to psychology therapies for adults, currently has contracts with five organisations through an any qualified provider mechanism to deliver the requirements/interventions set out by NHSE. This provision is available to young people where it is deemed appropriate, and provides another opportunity for them to gain access to evidenced based psychological support in a timely manner as set out nationally. The delivery of this service is currently in development, with a procurement process due to commence in May 2018. There has and continues to be a number of engagement events with a wide range of stakeholders around the final model that will be procured with the market.

7. Mental Health Strategy

7.1 The CCG have worked in partnership with Public Health and wider partners to develop an all age integrated mental health strategy. The strategy has a prevention, promotion and early intervention principle throughout. With the prevention of suicide being highlighted, incorporating the aims and key actions from the Teeswide suicide prevention plan. The strategy has been signed off with the next phase of action plan implementation being progressed.

8. Conclusion

8.1 As stated the CCG's statutory responsibility for children's mental health is primarily for the provision of 'Treatment Services' and ensuring early diagnosis and treatment is available within appropriate timescales. There is also the requirement to ensure that adult services are available, and that the transition between the two are effectively managed in order to maximise individuals mental health and prevent any deterioration.

8.2 The requirement to implement the national Future in Mind strategy has provided the CCG with an opportunity and a framework to look more widely and strategically at the commissioning landscape for this group. This has allowed the identification of and potential for new commissioning relationships/arrangements as well as exploration of new models of care delivery.

8.3 The CCG commissions a number of specialist services that all have a role in the prevention and early identification of self-harm and/or risk of suicide. There is a focus upon open access to services, particularly for those children and young people (and adults) who are presenting in crisis. The CCG through the commissioning of the perinatal service not only supports the prevention of suicide in that postnatal period, but facilitates the strengthening of the attachment between mother and baby, a key protective factor in later years.

8.4 The CCG have worked with Public Health and wider partners in the identification of needs and gaps in service delivery for all ages relating to mental health. This information has been utilised to develop an integrated strategy that all partners have signed up to through the health and wellbeing board. The strategy has prevention embedded within it, with the prevention of suicide action plan firmly embedded.

9. Requirement

9.1 The committee are requested to review the information within this report and advise if there is any further information required.

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