

## Report from the 5 Clinical Commissioning Groups in Norfolk and Waveney

### HOSC report on the standards set for referral to treatment at each level of children's mental health services and on current actual waiting times.

This report is produced on behalf of the 5 Clinical Commissioning Groups (CCGs) in Norfolk and Waveney. It provides information about waiting times for Child & Adolescent Mental Health Services (CAMHS). CAMHS are provided in Norfolk and Waveney by a range of NHS and voluntary organisations. The report responds to each of the lines of enquiry requested by the Committee as set out in the cover note. The Committee is due to receive a separate report to its September meeting about children's neurodevelopmental pathways.

#### 1. Description of what the service offers at each level (i.e. at each of the different levels of severity of mental health problems)

1.1 CAMHS are commissioned to provide support and treatment for children and young people aged 0-18, with some services extending up to 25. CAMHS include teams who provide education, support and guidance to build positive mental health in the whole population, as well as teams who provide support and treatment when children and young people develop mental health problems.

1.2 CAMH Services are categorised as Universal, Targeted and Specialist, in accordance with national guidance:

1.2.1 **Universal services/provision** are accessible by all children and young people. They are delivered in settings such as children's centres, schools and primary care by teachers, early years workers, GPs, school nurses, health visitors and others. The mental health role of universal services is to promote positive mental health and well-being and to help identify, refer on and support those children who may require input from targeted or specialist services.

As waiting time standards do not apply to universal services, this report focuses on Targeted and Specialist provision.

1.2.2 **Targeted services/provision** are for children and young people who may be considered to have **mild to moderate** mental health needs and/or to be vulnerable, where some low intensity monitoring/interventions may be required. Service settings include universal settings, but the provision is aimed at identified groups, not the whole population. Norfolk & Waveney's CCG commission in partnership with Norfolk County Council (NCC) a Targeted service called Point 1. The service provides:

- Talking therapy sessions – 1:1 and group
- Structured psychosocial sessions – 1:1 and group

- Consultation sessions – group, individual and anonymous, for staff needing advice and support regarding children they are concerned about
- Evidence based parenting courses
- Parent Infant Mental Health provision
- Single Area Meetings – Point 1 co-ordinates regular meetings of local providers to jointly review and ‘trouble shoot’ regarding complex or difficult to assess cases

1.2.3 **Specialist services/provision** are for children and young people with identified **moderate to severe** or complex mental health needs. Settings include community based specialist clinics and residential or inpatient provision, with staff including talking therapists, child and adolescent psychiatrists and other practitioners with specialist mental health training.

Norfolk & Waveney’s CCG commissioned Specialist community service is provided by Norfolk & Suffolk Foundation NHS Trust (NSFT). The service delivers treatment provided by multi-disciplinary teams, including:

- Talking therapy sessions – 1:1 and group
- Specialist team for those affected by Eating Disorders
- Specialist team for those affected by their first episode of psychosis
- Specialist team for those affected by a severe mental health crisis
- Structured psychosocial sessions – 1:1 and group
- Medication
- Consultation sessions for staff needing advice and support regarding children they are concerned about
- Art psychotherapy

NHS inpatient provision is commissioned for our population by NHS England’s Specialised Commissioning team. NHS England has supplied information about waiting times affecting those needing inpatient treatment at **Appendix 1**.

## 2. **The standards set for referral to treatment times at each level and current performance**

The Committee requested information about the following additional points of detail:

- *the actual average waiting times at each level including*
  - *the Point 1 and NSFT services commissioned locally*
  - *waiting times for follow-up appointments as well as first contact.*

2.1 Providers are required to meet waiting time standards for a minimum target percentage of those who receive an assessment and/or enter treatment – e.g. a minimum of 80% of Eating Disorders patients should be assessed within 1 week of their referrals being received by NSFT. Performance is not

measured by a calculation of the average waiting time experienced. The performance data that follows therefore relates to the percentages of the population for whom waiting times standards are achieved.

- 2.2 Reporting of waiting times for follow-up appointments (after initial assessment) is a contract requirement for Point 1, so data is included about that in the table below.

For some CAMHS teams, there are nationally mandated waiting time standards. However, for most CAMHS teams waiting time standards are set locally. The following table sets out the standards applied to Norfolk & Waveney's CAMHS and current performance.

	<b>Provider &amp; Team</b>	<b>Waiting time category</b>	<b>Waiting time standard</b>	<b>National or Local standard</b>	<b>Target (% of client/ patients whose waits should meet the standard)</b>	<b>Current performance (April 2017)</b>
1	NSFT: ED Team	Urgent	1 Week	National	80%	100%
2	NSFT: ED Team	Routine	4 Weeks	National	75%	100%
3	NSFT: EIP Teams	All	14 Days	National	50%	61%
4	NSFT: 0-18yr olds	Emergency	4 hours (RTA)	Local	95%	76%
5	NSFT: 0-18yr olds	Urgent – <b>GYW area only</b>	72 Hours (RTA)	Local	80%	91%
		Urgent – <b>Rest of Norfolk</b>	120 hours (RTA)	Local	95%	41%
6	NSFT: 0-18yr olds	Routine	28 Days (RTA)	Local	95%	60%
7	NSFT: 0-18yr olds	Routine	12 Weeks (RTT)	Local	90%	99%
8	Point 1	RTA	28 Days	Local	95%	96%
		ATT	28 Days	Local	95%	79%

*'ED' stands for Eating Disorders*

*'EIP' stands for Early Intervention in Psychosis*

*'RTA' stands for Referral To Assessment*

*'RTT' stands for Referral to Treatment*

*'ATT' stands for Assessment To Treatment*  
*'GYW' stands for Great Yarmouth & Waveney*

- 2.3 In row 5 two separate urgent waiting time standards are shown – one for the Gt Yarmouth & Waveney area only (72 hrs), the other for the rest of Norfolk (120 hrs). Initially this waiting times standard was set at 72 hours across the Norfolk and Waveney CCG areas. However in dialogue with NSFT agreement was gained to adjust the Urgent waiting times target to 120 hours for all CCGs except Great Yarmouth and Waveney who wished at the time for the target to remain at 72 hours.
- 2.4 This leaves a situation of differing performance expectations for NSFT. In acknowledgement of this and in order to respond to an agreement made with NSFT, a review of the clinical appropriateness of this target will be taken forward. The aim of this review will be to determine both the future of these targets and to agree how CCGs can be assured by NSFT that patients are being seen within acceptable periods of time in accordance with presenting clinical needs.
- 2.5 The above table highlights that there are some areas, particularly within the NSFT service, where current waiting time standards are not being met. NSFT has provided some additional information to give Members more context on this matter, which now follows:

*Increasing demand for NSFT's service has resulted in a wait for some patients for ongoing treatment post assessment. If a young person requires group work or short term therapy they receive a rolling programme of interventions.*

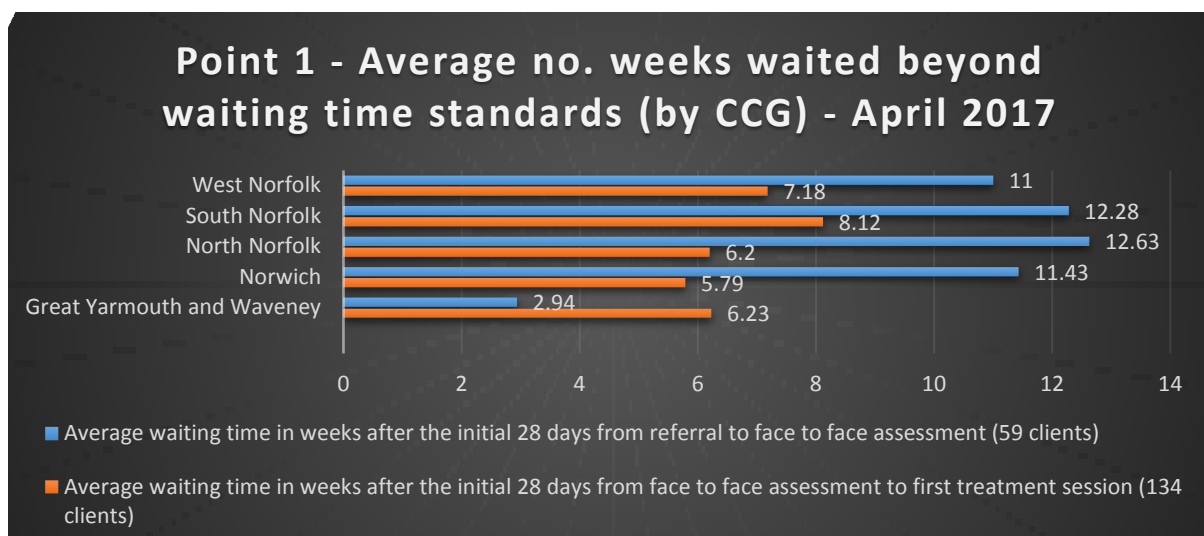
*After initial assessment and once on NSFT's waiting list for treatment, young people are able to access drop in clinics, group work, webinars and self-help materials. Young people on the list receive a letter every three months reminding them of the ways to contact the service if their needs change while waiting for treatment. A senior nurse will become the Waiting List Co-ordinator from July 2017, with responsibility to monitor changes in young people's presenting needs and to pass this information to the weekly multi-disciplinary meetings for the clinical team to make safe and informed decisions about which young people will start treatment next. Staff working in NSFT's Youth Service treatment teams are currently working overtime to contact those waiting the longest to ensure assessments of risk are still valid and so that young people have the opportunity to discuss any concerns.*

*The largest age group currently waiting are 14-16 yr olds. A weekly report monitors the changing make-up and size of the waiting list, and is reviewed by clinical teams (overseen by a senior clinical psychologist and a consultant psychiatrist). CCGs and NSFT monitor activity and will hold further detailed discussions if indicative activity levels are at risk of being exceeded.*

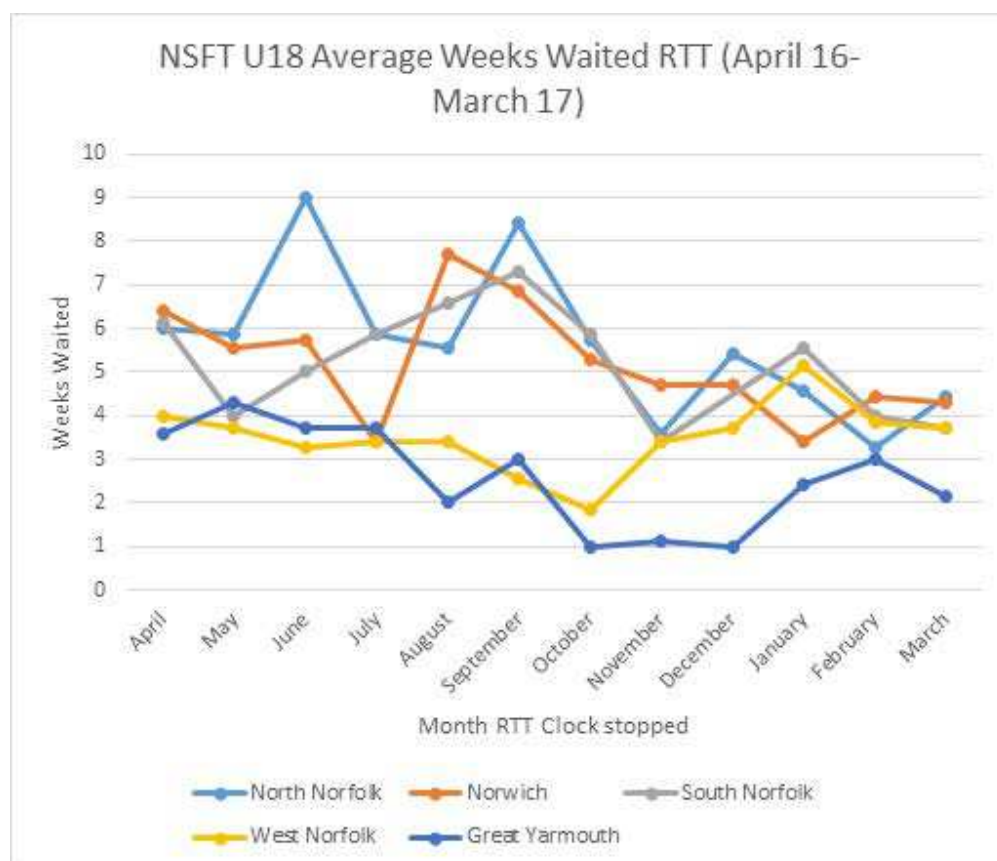
- 2.6 Point 1 is not meeting its second waiting times standard - 28 days from Assessment appointment to Treatment appointments starting. The standard is being achieved for 79% of clients, whereas the target is that it should be reached for 95%. This represents an improved position as at April 2017, over the preceding period. In January 2017 Point 1 received additional one off funding to reduce waiting time backlogs. Performance against both waiting time standards has improved as a result of this funding. The difference in performance against the two standards is mostly because the first assessment (RTA standard) is carried out by a dedicated assessment team, whereas the second requires the therapy teams to make treatment slots available. The assessment team makes the initial contact and provides a single assessment appointment, allowing them to see a higher number of clients. The therapy teams have to see any new referrals in addition to the existing clients they are already seeing for a series of treatment sessions. This is a key reason why the percentage of clients for whom the second waiting time standard (ATT) is achieved is always lower than is the case for the first standard. When the one off money is used up waiting times may increase, particularly if the number of new referrals continues to rise.

### 3. Geographical variations in waiting times within Norfolk localities

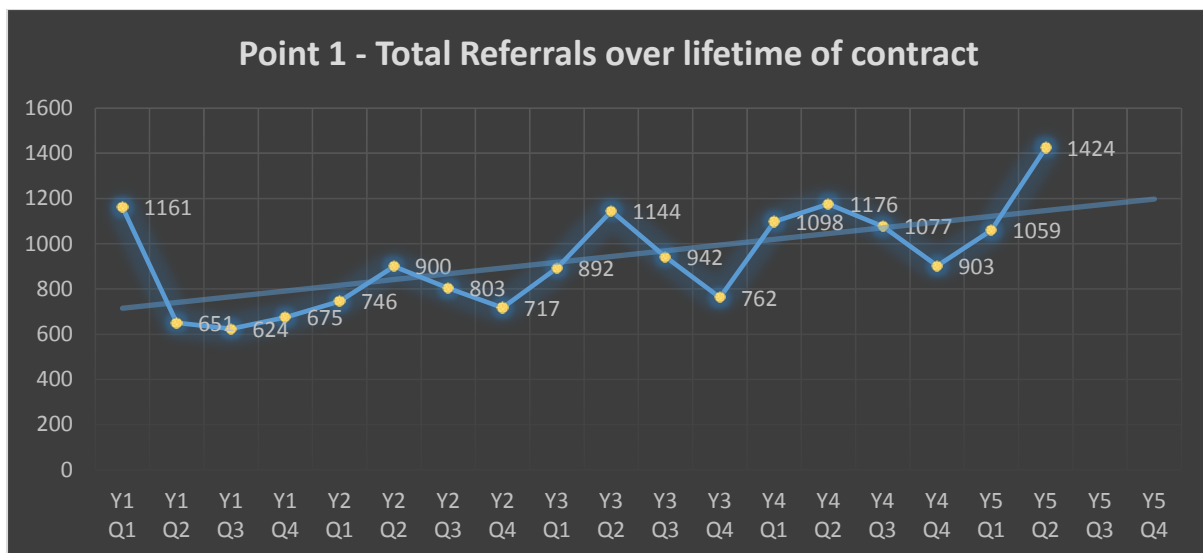
- 3.1 Members have requested information about any significant geographical variations. The table below shows data by CCG as at April 2017 for those clients of Point 1 whose waiting times exceeded either or both of Point 1's waiting times standards. The information in the table relates to 59 clients who waited longer than the first waiting time standard (28 days from referral to assessment) and 134 clients who waited longer than the second standard (28 days from assessment to 1<sup>st</sup> treatment session). It shows how many weeks beyond the standard clients waited on average before being seen.



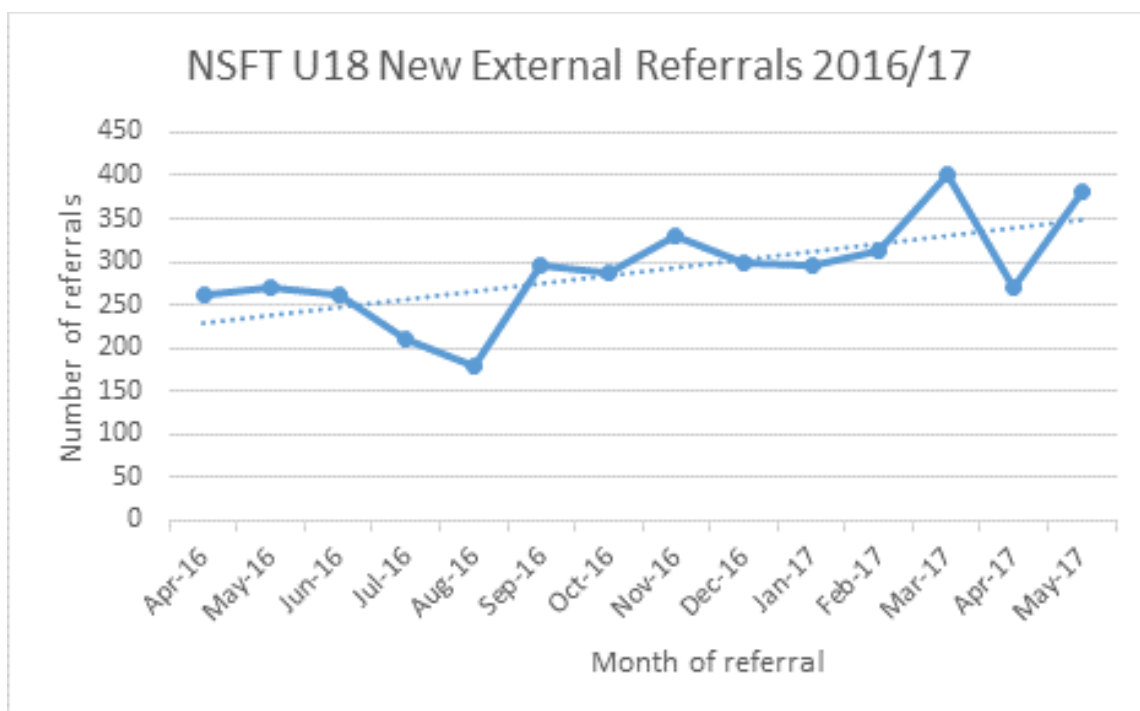
- 3.2 The table below shows the variation by CCG in NSFT's Referral To Treatment 12 week waiting time standard for under 18s during the 2016-17 financial year.



- 3.3 A key factor that exerts pressure on waiting times is that the number of referrals to CAMHS has been on the increase for some time. For example, the following table shows how the number of referrals to the Point 1 service has increased over the 4-5 years the service has been operational. If the first quarter of the first contract year's figures are disregarded (as data quality issues resulted in that quarter's figures being inflated) the table shows a dramatic rise in referrals from 600-700 a quarter increasing to approaching 1500 in the most recently reported quarter.



- 3.4 Referrals to NSFT have also risen significantly in recent times. The next table shows the number of referrals received during 2016/17 (please note this excludes data for the Gt Yarmouth & Waveney CCG, which was not available at the time of writing).



4. **Prior to April 2017 the referral to treatment standard for NSFT’s children’s mental health services was 8 weeks. This has now been amended to 12 weeks. Why has this change been made?**
- 4.1 NSFT’s **Routine** waiting time standard for under 18 yr olds is 12 weeks. In the 2017/19 contract negotiations with NSFT an agreed change was made to the local waiting time target moving this from an up to 8 week wait (for at

least 80% of patients) to an up to 12 week wait (for at least 90% of patients). This remains under the generic national waiting time standard of 18 weeks and represents a change in expectation to support the provider in balancing the level of service demand with a clinically safe response timeframe. The mean waiting time for CAMHS in England reported by an NHS Benchmarking report in late 2016 was 17 weeks. 12 weeks is the maximum time a person referred to CAMHS services should be waiting and that the expectation is for assessments to be conducted and treatment commenced in accordance with clinically presenting needs within the 12 week period.

## **5. What would enable services to improve waiting times?**

- 5.1 In addition to effective performance management (internally by providers and through the usual CCG contract management mechanisms), three things could result in an improvement in waiting times – an increase in funding, a reduction in referrals or more cost effective use of existing resources.

- **Increase in funding**

Additional sums have been allocated to and received by CCGs to transform and increase capacity in CAMHS (including additional one off funding for waiting list reduction work). CCGs have committed to maintaining the 2015/16 level of increased investment (£1.9m extra per year) from the Local Transformation Plan (LTP) funding. Further information on LTP spend is detailed in the previous HOSC reports (the most recent of which was in April 2017).

- **Reduction in referrals**

While a reduction in referrals would result in reduced waiting times, local demand (referral numbers) continues to increase and government has set targets for CCGs to ensure increased numbers of children access CAMHS support and treatment. The Government's Five Year Forward View target is that by 2021 at least 35% of children who need mental health treatment are accessing it. What would help to increase capacity is work to ensure that only those children and young people who need support and treatment from CAMHS are referred to CAMHS. CAMHS currently spend time undertaking initial assessments and liaising with referrers, schools, families for a number of children who do not reach service thresholds and whose needs would be best met by well supported and trained staff from schools, non-specialist mental health teams and other universal services. The new Link Worker posts (described below) will, among other things, help to keep the number of inappropriate referrals low, which in turn will maximise the amount of time our mental health teams can spend delivering support and treatment.



- **More cost effective use of existing resources**

CCGs and NCC are currently leading a whole system project to redesign mental health pathways for children. A key consideration of the project is to assess the opportunities and decide on the future pooling of funding to maximise the reach of CAMHS (within the total funding available), so that more children can be seen. It is also a key aim of the redesign to redevelop, simplify and integrate pathways so that they are more equitable and children do not fall between teams or service levels. It is expected this work will build on existing joint commissioning approaches between the CCGs and NCC, and will be completed by September 2019.

**6. Waiting times for acute mental health beds for children commissioned regionally**

- 6.1 NHS England's Specialised Commissioning team is responsible for the commissioning of inpatient CAMHS beds. The team has supplied a table illustrating the average waiting times experienced by patients assessed as needing an inpatient bed (see **Appendix 1**). Average waiting times (from January 2016-March 2017) ranged from 1-14 days.

**7. What is done for children who are exhibiting mental distress but not considered severe enough for referral to the first level of the mental health services (Point 1)?**

- 7.1 An expectation of all working in Universal settings (teachers, primary care and other open access services) is that they work in ways to build the wellbeing and resilience of children – including those experiencing mental health issues that are not complex or severe enough to reach the thresholds for targeted and specialist teams.
- 7.2 At a national level, some excellent websites have been funded to provide information, self-help and e-learning opportunities – some aimed at staff working in Universal settings and others aimed at children and the general public. Examples include [MindEd](#), [Time to Change](#) and [Young Minds](#). A nationally funded Mental Health First Aid rolling programme of training will also soon be made available for High Schools.
- 7.3 There are several initiatives commissioned locally to provide support to those in Universal settings, as well as opportunities to buy in dedicated support and training. All CAMHS (Targeted and Specialist services) provide consultation to those seeking advice about how best to support children (and families) who are struggling to cope. Where a child's needs do not reach service thresholds, CAMHS help connect and signpost children (and those around them) to other activities and services who may be able to provide some helpful input.

- 7.4 The Early Help teams of NCC are able to provide input to support the emotional health and wellbeing of children and families as part of its offer.
- 7.5 The extra government funding provided to the NHS under the LTP programme has enabled CCGs to commission 5 Link Workers to deliver a dedicated rolling programme of support, advice and training to staff working in education and primary care settings. The new posts are in the final stages of recruitment.
- 7.6 The [Wellbeing Service](#) for Norfolk & Waveney (provided by NSFT) provides dedicated support for younger people aged 16-26. The support on offer includes group workshops, advice sessions (face to face, online or over the phone), drop in sessions, and one to one support/treatment.
- 7.7 Funded by NCC and participating schools, the Promoting Alternative Thinking Strategies (PATHS) programme is delivered in over 60 primary schools across Norfolk. PATHS is an evidence based programme that actively teaches children about feelings, self-esteem and how to manage emotions when under pressure.
- 7.8 In addition, some schools choose to buy in talking therapists to provide support directly in schools, over and above the core offer available from CAMHS.

**Appendix 1 – Average waiting times for CAMHS inpatient beds (supplied by NHS England Specialised Commissioning Team)**

	01/01/2016 - 01/06/2016		02/06/2016 - 01/11/2016		02/11/2016 - 01/03/2017	
CCG Name	Number of Admissions	AVG Waiting Time	Number of Admissions	AVG Waiting Time	Number of Admissions	AVG Waiting Time
NHS North Norfolk CCG	10	2.5 days	12	5.8 days	13	7 days
NHS Norwich CCG	3	3 days	5	5.8 days	4	7 days
NHS South Norfolk CCG	4	13 days	8	10 days	5	11 days
NHS West Norfolk CCG	4	14 days	6	3 days	13	5 days
NHS Great Yarmouth and Waveney CCG	8	3 days	7	4.5 days	15	1 day