

## **Summary of Activities to improve and transform the provision of CYPMHS within Barnsley as reported to Overview and Scrutiny Committee - March 2021**

### ***Independent Review of CYPMHS***

The NHS Improvement Team (which is part of NHS England) was commissioned to undertake a review of CYPMHS within Barnsley in early 2019 with a specific focus on the services provided by both MindSpace and the Trust. The main areas covered in the review were waiting times, effectiveness of the SPA, relationships between the Commissioner and providers as well as value for money for the services provided.

Following the visit to Barnsley by the NHS Improvement Team, a report was produced which made a number of recommendations for Barnsley as a whole system including a) the development of a service specification with key performance indicator targets relating to: a) access, activity, clinical quality, throughput and productivity and b) the establishment of a joint forum across Commissioner and the providers with clinical and managerial representation.

### ***Co-production of service specification for CYPMS moving away from the traditional medical Tiered model and Tendering Process***

In October 2019, the Commissioner made the decision to put the CYPMHS out to tender following the development of a service specification for CYPMHS. Within this specification, the Commissioner described the service that they expected to be delivered the successful provider(s) within the iThrive framework. As part of developing this service specification, focused engagement was undertaken with CYP, their carers and/or family members, professionals working in services delivered to CYP (including health, social care and education) and the wider public – a total of 142 people. People were given the opportunity to sense check the specification i.e. if anything should change and/or had been missed. Overall, the general viewpoint was that the proposed new model was the right thing to do in Barnsley.

The iThrive Framework for system change (Wolpert et al, 2019) is an integrated, person centred and needs led approach to delivering mental health services for children, young people and families which conceptualises need in five categories: Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support.

In relation to the iThrive Model, a significant proportion of the CAMHS work is expected to focus on the 'Getting Help' and 'Getting More Help' quadrants as well as working in partnership with and supporting other agencies such as Chilypep and MHSTs especially for the 'Getting Advice' quadrant and Barnsley Social Services / Safeguarding Teams for the 'Getting Risk Support' quadrant.

The Trust submitted a bid in November 2019 with a community sector partner which was considered to be a failed bid by the Commissioner due to the costs exceeding the monies that were being made available by the Commissioner to fund CYPMHS. The Commissioner made the decision to undertake a further tendering exercise which was then suspended due to the pandemic situation.

In June 2020, the Commissioner sent a letter to the Trust to indicate its Governing Body has made the decision meeting to cancel the tender exercise and extend the contract with the Trust for the CAMHS to the end of March 2021 with a view to working together during the next few months to develop a future CAMHS model from April 2021 onwards. In parallel, the Commissioner had decided to tender the MHST aspect of CYPMHS as a separate contract.

### ***Establishment and Work of CYPMHS Steering Group***

In October 2020, a CYPMHS Steering Group which has senior clinical (lead consultant psychiatrist and the two lead GPs for Mental health and Children) and management representatives from both Commissioner and the Trust with the intention that they oversee the development, delivery and implementation of the new CAMHS model. Barnsley Public Health Children's Transformational Lead is also a member of this Group. This reflects one of the key recommendations from the NHS Improvement Team report.

The focus of the CYPMHS Steering Group's work to date has been:

- Developing a mutual understanding of the elements of the service specification including clarity of Commissioner expectations where required/appropriate
- Enabling transparency of the CAMHS team's interpretation of the service specification when undertaking the demand and capacity modelling for the proposed clinical pathways of the new CAMHS model, which reflect the iThrive four quadrants
- Reviewing and signing off the proposed clinical pathways
- Ongoing updates of the CAMHS waiting list position in terms of numbers and waiting times
- Highlighting service pressures (e.g. ADHD) and service gaps in terms of current resourcing shortfalls specifically for Children in Care and Eating Disorders therapeutic interventions

At the December 2020 meeting, the CCG representatives agreed the proposed clinical pathways in principle, thus allowing the next stage to progress in terms of costing these pathways. This enables a fuller understanding of the totality of service provision costs with the acknowledgement that a prioritisation and/or phasing exercise may be required to reflect what monies the Commissioner have available to spend on CYPMHS.

There is an expectation that the CYPMHS Steering Group will be progressing and overseeing the delivery of the new CAMHS model in conjunction with the mobilisation of the new Mental Health School Teams (MHSTs). With effect from February 2021, the membership will be extended to include representatives from Compass who is the new provider for MHSTs.

### ***CAMHS Improvement Programme of Work***

In recognition of the issues and challenges within the Trust regarding waiting times, the Trust Board included CAMHS as one of its key priority areas in August 2019 thus enabling appropriate support to be provided and a fuller understanding of issues and challenges. The work is overseen by the CAMHS Improvement Board which meets monthly and is chaired by the Director of Operations and includes the Director of Nursing/Quality & Deputy Chief Executive as part of its membership.

Since November 2019 onwards, the key areas of improvements for CAMHS that have been made include:

*Development of CAMHS Improvement Plan* which incorporates a number of strands of work (including NHS Improvement Team's recommendations for the Trust and Care Quality Commission recommendations) into a single improvement plan. Progress is reviewed regularly by the CAMHS Improvement Board and CAMHS Senior Leadership Team.

*Full implementation of the CAMHS Crisis & Home Based Treatment Team and All Age Mental Health Liaison Service* – As part of the Commissioner's plans and following successful bids for additional funding, the Trust has extended the functionality of its Crisis & Home Based Treatment Team (CHBTT) from a Monday to Friday service to a 7-day service operating from 9am to 5pm every day. This has been in place since September 2019.

To complement this service and in line with national plans, the Trust has established a fully operational All Age Mental Health Liaison Service (MHLT) in Barnsley Acute Hospital since October 2020. The MHLT is responsible for seeing any person including those under 18 years of age who presents to A&E in mental health crisis and the service operates on a 24-hour/365 day basis.

When a CYP has been seen in Accident & Emergency Department and requires a follow-up appointment, the case is transferred from MHLT to CHBTT who will see the CYP within 7 days after their visit to the hospital.

*Strengthening Relationships with Key Partners including Liaison* - CAMHS continues to strengthen its working relationships and liaison role with key partners including MindSpace, Chilypep, 0-19 services thus ensuring that CYP are able to gain the right level of advice and/or support from the most appropriate provider. Weekly liaison meetings have been held with Chilypep and MindSpace at which referrals are discussed as to who is the most appropriate service to support the CYP. CAMHS have supported the development of the emotional health and wellbeing pathways within the 0-19 offer and the 0-19 service are now included in the CAMHS discharge process to ensure robust systems of support for CYP.

CAMHS is also actively involved in the CYP Emotional Health and Wellbeing Board and values the importance of both being involved and contributing to the wider system development, working together and engaging with all of the members on this Board.

*Changing the Way the CAMHS Service Works* - In light of Covid-19 and during the first national lockdown, CAMHS took the initiative to capture the staff's experience of what it meant for them to work differently (including delivery of virtual groups and telemedicine consultations) and how they were continuing to support CYP with their mental health concerns (which dovetailed with the 'leanness and service effectiveness' workstream of the CAMHS improvement plan). The resulting report was shared with the Commissioner. Work has been ongoing to encourage and facilitate staff to adopt and adapt the way that they work.

*Review of existing pathways* – One aspect of the CAMHS improvement plan has been for the senior CAMHS staff to consider the way that current clinical pathways function and to consider what area(s) need to be improved with appropriate consideration of the Commissioner's service specification for CYPMHS, the CYP being at the 'centre' as well as the most 'effective' way of using CAMHS resources.

*Review of all cases open to CAMHS* – Work commenced in December 2020 to review the cases that are 'open' to CAMHS to enable there to be a full understanding by the CAMHS Senior Leadership Team as to what treatment(s) CYP may require after they have their initial episode of treatment which will assist CAMHS and the Commissioner to have a fuller and robust picture of complexity of cases and where there may be additional service pressures. CAMHS is expecting to complete this aspect of work by end of March 2021.

*Introducing new models of working* – CAMHS has been successful in recruiting to a number of its vacant posts including nurse prescriber and pharmacist prescriber which provides an opportunity for CAMHS to consider the best way to deliver some of its services and provide support to the medics who have a high number of CYP with ADHD on their caseloads.

*Improving data capture and reporting* - Barnsley CAMHS has taken the lead in working with the Trust's Performance and Information Team to improve data capture and reports for use within the service. Two examples are a) the establishment of a daily waiting list report which allows the senior leadership team to have a clear picture of the waiting list position within CAMHS and b) the development of the waiting list module within the Trust's clinical patient record system thus enabling the capture of those on the waiting list for first episode of intervention and 'secondary waits'<sup>1</sup>.

This gives clarity throughout the service as to what intervention and/or support the CYP needs following initial assessment by the Single Point of Access Team.

*Addressing the CAMHS waiting list position* – The major priority for both CAMHS and Commissioner has been to address the CAMHS waiting list position which was resulting in CYP having to wait an unacceptable time for treatment following being accepted by CAMHS due to requiring specialist support for their mental health issues/needs.

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<sup>1</sup> A secondary wait is where a CYP has completed their first episode of treatment and it has been identified that they need some additional intervention and/or support. An example would be a CYP who may have complex mental needs and the dynamics within the family may contribute to the CYP's mental health and wellbeing would benefit from having some individual therapy as well as family therapy involving family members.