

Annex1: Current Service Provision LBB CAMHS Contract

1. **Current service aims and objectives:** London Borough of Barnet currently commissions elements of local Child and Adolescent Mental Health services provided by Barnet Enfield and Haringey Mental Health NHS Trust BEHMHT). These elements support and complement existing services commissioned by Barnet Clinical Commissioning Group. The current contract with BEHMHT commenced approximately seven years ago and expires on the 31st March 2016.
- 2 In order to ensure that there is continuity of service availability for children and young people, adherence to regulations underpinning procurement and tendering within the European Union, and mindful of the need to deliver a stable service model whilst delivering £200,000 of efficiency savings, an extension of one year to the current contract is sought.
- 3 Currently BEHMHT is commissioned to provide a targeted at Tier 2 and 3 services within the local CAMHS framework commissioned largely by NHS Barnet CCG. (Including generic tier 3 services, primary/secondary projects in schools, looked after children, Service for Children and Adolescent with Neuro Developmental Difficulties ("SCAN") Barnet Adolescent Service ("BAS") and paediatric liaison)
- 4 The overall emphasis of the service is preventative, offering intervention at the early stages of the care pathway, with the underlying service aim of early intervention and prevention of the need for referral to more specialist services.
- 5 The current services provided under contract are as follows:

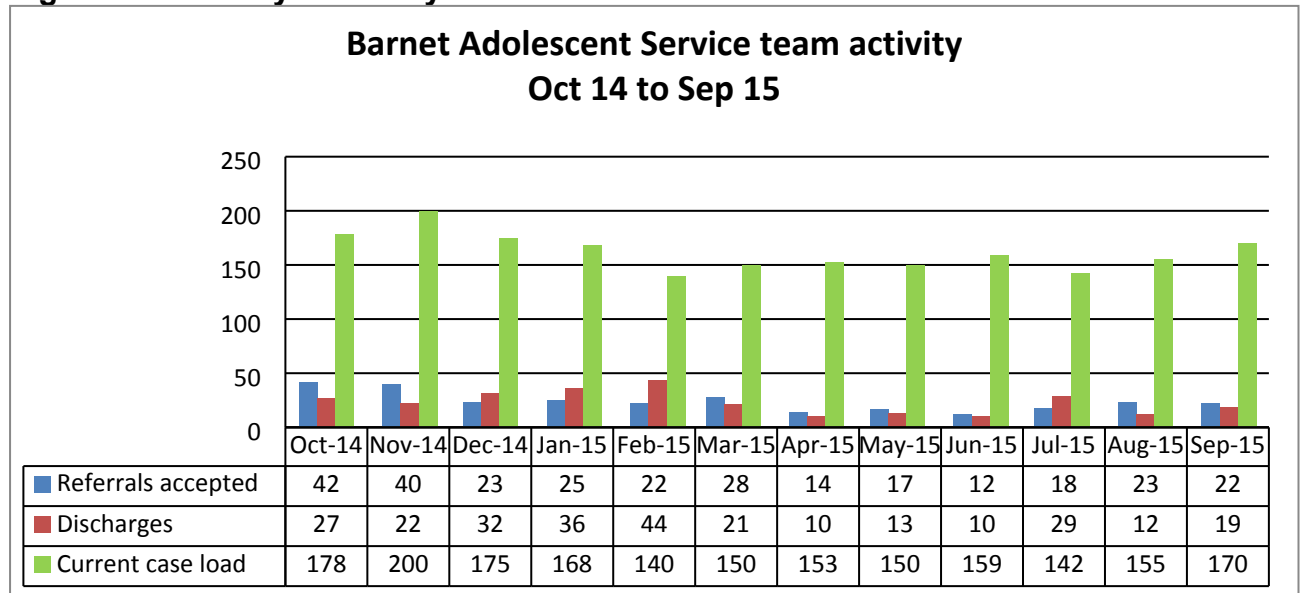
Fig 1: Current CAMHS Services commissioned by LBB till March 2016

Service	Tier	£000s
Paediatric Liaison	2	98
Looked After Children	2	77
Adoption	2	30
Primary Project	2	245
Secondary Project	2	186
TAMHS	2	150
Tier 2 sub-total		786
SCAN	3	202
Barnet Adolescent Service	3	273
Tier 3 sub-total		475
Total		1,261
CCG contribution (block contract)		-291
LB Barnet contract value		970

- I. Historically this service provider has realigned provision of Targeted Mental Health in Schools (TAHMS) services to maximise generic service provision, allowing for the realisation of £150,000 of efficiencies against the contract value. Currently the provider cannot deliver any meaningful data as to the level of TAMHS services delivered and accordingly the JCU is undertaking a refocussing of service priorities and data reporting to ensure that there is line of sight understanding of service delivery and resource allocation.
- II. A further £50,000 of efficiencies are required, and in order to deliver this a lengthy period of refocussing the new service specification on service priority areas is necessary.
- III. Excluding TAHMS, currently BEHMHT deliver the following services under the LBB contract

Barnet Adolescent Service (BAS): This service is for children and young people aged from 13-18 years and their families, catering to the needs of young people with a wide range of mental health problems, disorders and illnesses, who require the help of a multi-disciplinary mental health service. The team manage the most complex young people taking referrals from emergency services.

Fig 2: BAS activity summary 2014 to 2015

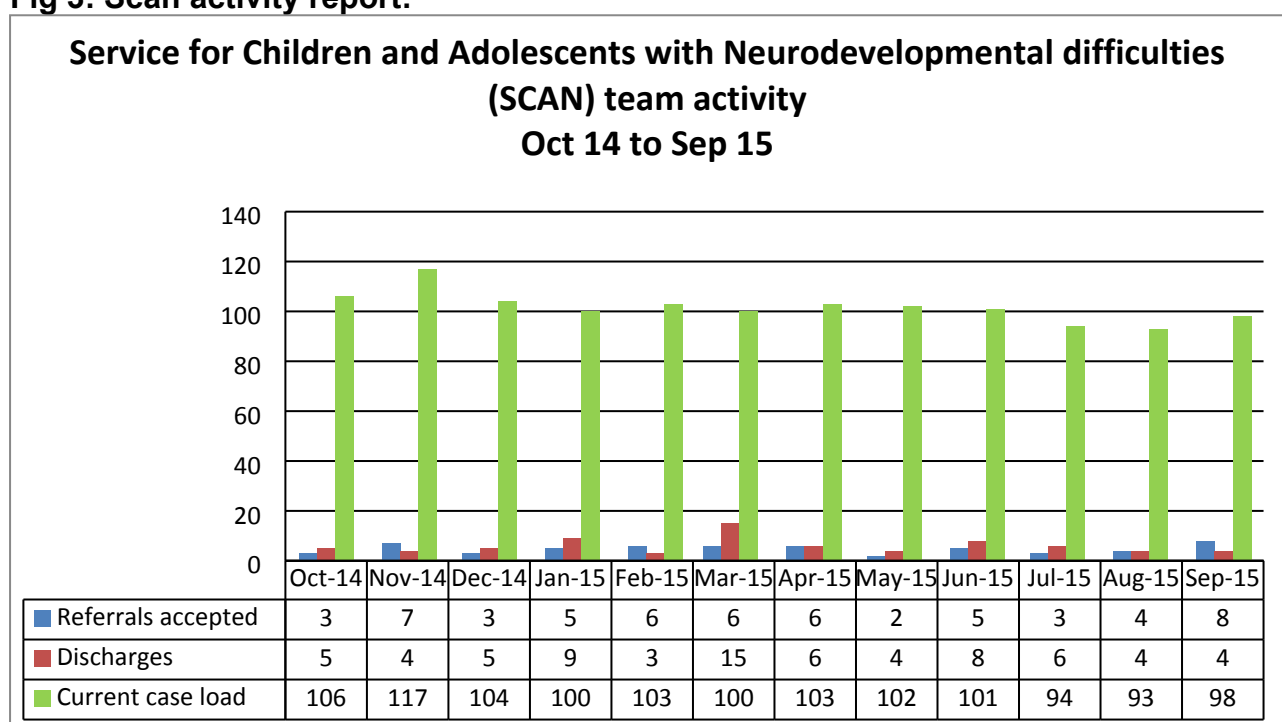


As can be seen from the table above BAS has had a variable pattern of referral acceptance and maintained a caseload in excess of 140 cases for the duration of the latest reporting period. Discharge information available to the commissioners does not currently detail if there is a pattern of onward referral into adult services for adolescents nearing maturation or the resolution of immediate mental health and wellbeing needs by the service at the conclusion of an episode of care. Regardless the BAS service remains busy and is a service line commissioners are seeking to

retain and develop within the broader context of works connected to the CAMHS Transformation Plan.

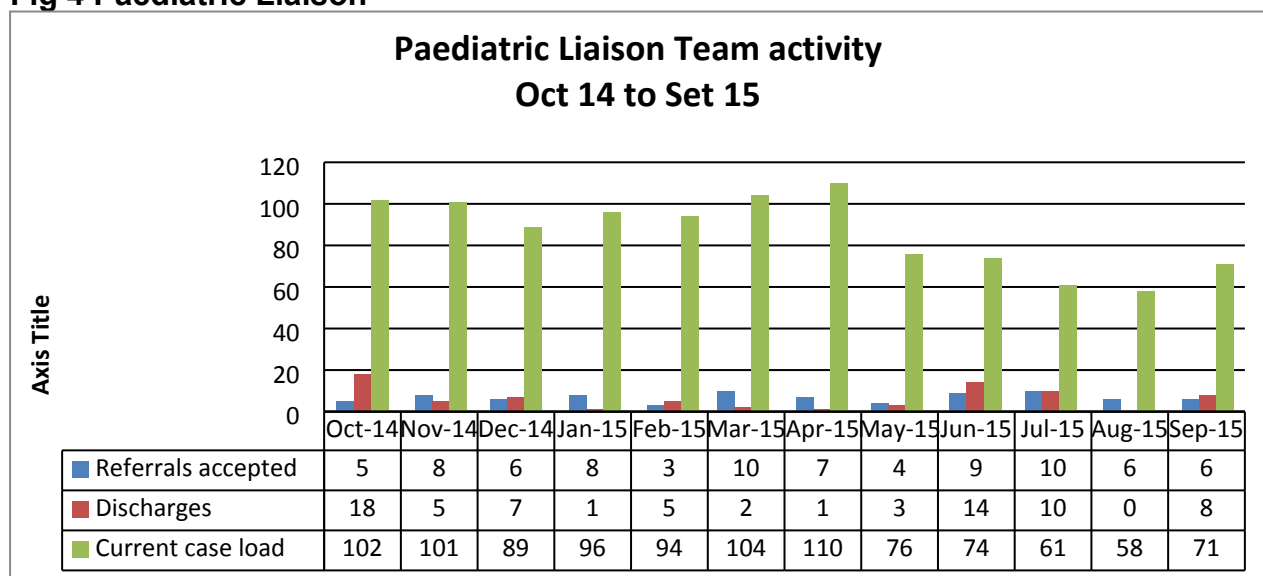
Service for children and adolescent with neuro developmental difficulties, autistic, and attention deficit disorder (SCAN): This is a service for children/young people with severe learning disabilities and neuro-developmental and autistic conditions where the degree of impairment is significant and coupled with mental health problems. As such it is an important contributor to the provision of services for CYP with both health and care needs. As can be seen in figure 3 whilst the numbers of referrals to the service remain low, the increasing complexity of conditions and co-morbidities and potentially life long nature of health and the impact on neurodisability on long term social care makes this an essential service. Caseload have been consistent within the last reporting period as circa 100 CYP.

Fig 3: Scan activity report:



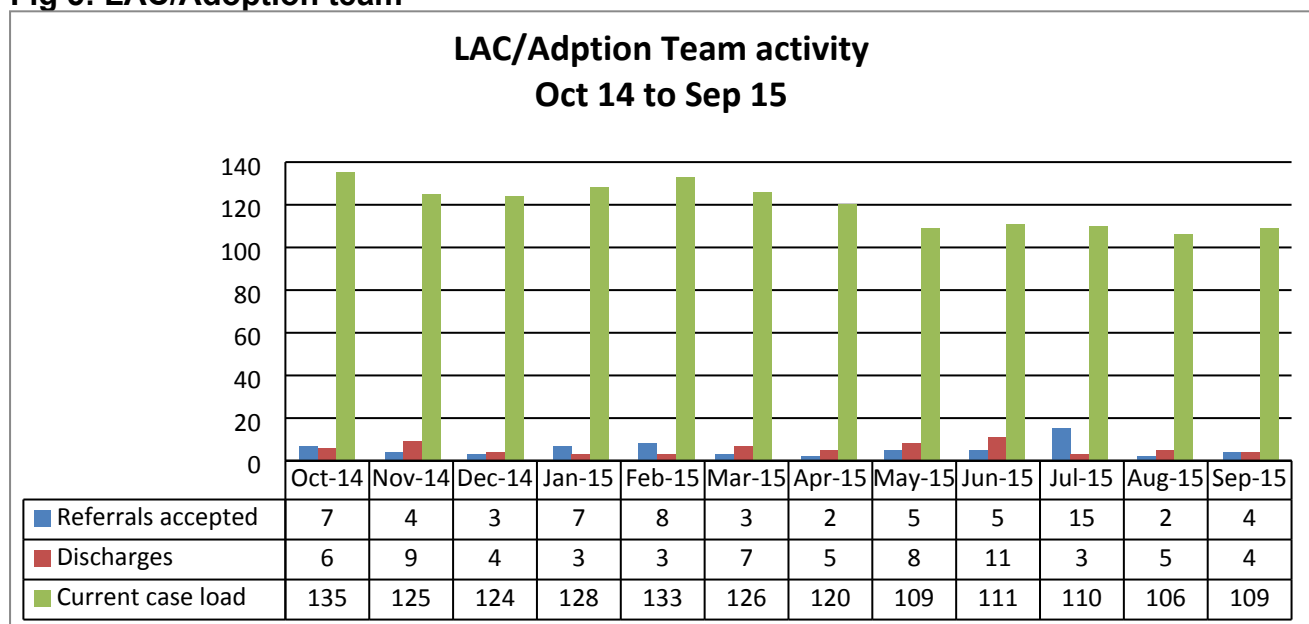
Paediatric Liaison: This service offers an emergency and routine in-patient and out-patient service to Galaxy ward and Starlight Neonatal Unit. The remit is to work with young people and families where there are psychological difficulties in relation to physical health problems, where the young person is under the care of Paediatrics. Referrals into the service have remained consistently low with overall caseloads oscillating between a peak of 104 in March 2015 to a lower level of 71 in September 2015. Commissioners are seeking to review current provision and understand systemic pressures that have impacted on the variation of referrals into the service.

Fig 4 Paediatric Liaison



LAC/Adoption Team: In support of the councils statutory obligation to support Looked after Children and Adopted children this service has been commissioned to support the statutory health and care needs of these key vulnerable cohorts. The service delivers a multi-disciplinary team including a clinical psychology team to provide assessment and short term therapeutic interventions and monthly consultation sessions for social workers, and staff in residential children's homes. Referrals into the service have remained consistently low and there is a slowly declining trend in caseload, but as a core statutory council service (as corporate parent) it remains a critical service and will be a key component of the ongoing CAMHS transformation Plan

Fig 5: LAC/Adoption team



Primary and Secondary Schools Link Project: This service comprises of a multi-disciplinary team of mental health professionals working closely with children's services (schools, Social Care, youth services, Youth Offending, Safeguarding teams and community groups).

Since 2012 circa 40 CYP per year have been referred with a diagnosis of Mental Health difficulties including:

- Anxiety; Depression
- Anxious school refusal
- Additional medical conditions /past traumas (domestic violence or childhood abuse) *-frequently encountered.*

An overview of 130 students illustrates the complexity of the caseload:

- 75 PRU students - permanently excluded from school for challenging behaviour and with emotional and behavioural difficulties
- 27 of these known to the YOT
- 19 referred to CAMHS but disengaged or failed to attend
- 8 "Looked After Children"
- 2 are adopted
- 2 are in custody
- 55 students referred with medical and /or emotional problems

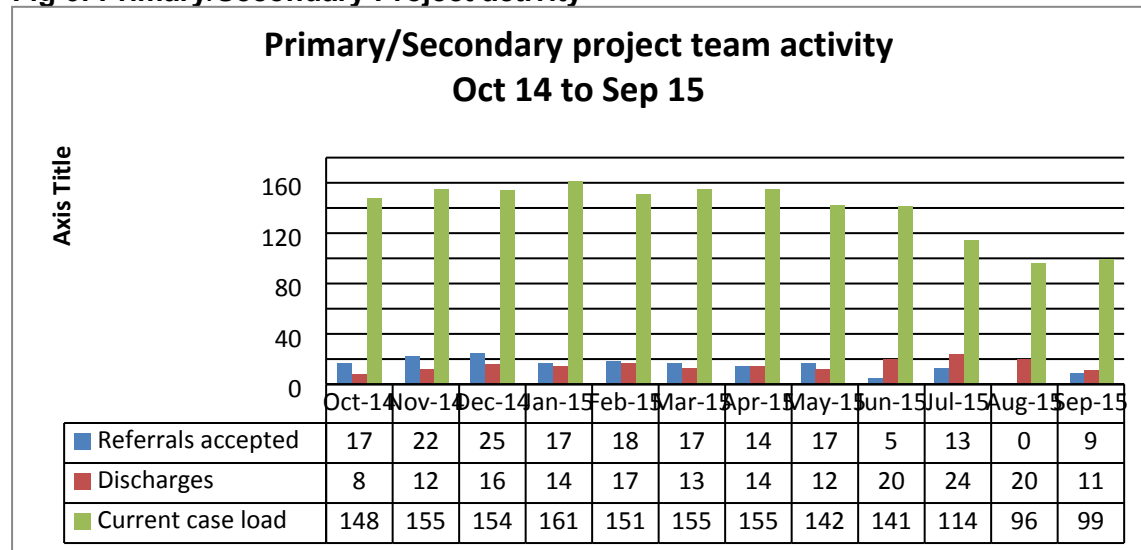
There are concerns about the underlying mental health for pupils permanently excluded and those at risk of exclusion. Some of these children will have a diagnosis of ADHD or ASD.

Specialist provision is through **The Pavilion** which provides education needs for the most complex and vulnerable Barnet CYP and those too unwell to attend school full time. It also provides for CYP who have been excluded, or are at immediate risk of exclusion for a range of behaviour needs.

The PRU is supported by a Primary/ Secondary CAMHS mental health worker for 3.75 hours each fortnight, a youth worker from the young people's drug and alcohol service also visits the unit.

There has been a declining caseload and a fairly consistent pattern of decline in referrals to the service. Complexity of the caseloads is undergoing in depth analysis and it is heartening to see consistent levels of high discharge from the service, although at present re-presentations to the service are to be assessed.

Fig 6: Primary/Secondary Project activity



Quality:

Quality is reported as Complaints, Critical Incidents and Commendations

From October 2014 to the end of September 2015 there were, two complaints, no critical incidents and 11 commendations.

Child Outcome Research consortium (CORC) mandatory reporting includes quality measures and outcomes. Children and Young Peoples Improving Access to Psychological Therapies measures outcomes and quality. BEHMHT are implementing and beginning to use these outcomes and quality measures which will improve reporting for the ongoing future.

The CAMHS Transformation Plan includes the Future in Mind priority of “**A system based on CYP need and not service boundaries:** removing barriers to service access and changing the nature of assessment, practice and delivery to develop service’s based on CYP “Life course” needs and not just tiers of service provision.