NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

CCG REPORT COVER SHEET

Meeting Title:	**Governing Body in Public**					**Date: 08.09.20**		
Report Title:	**Children and Young people's commissioning briefing**					**Agenda Item: 4.4**		
Chief Officer:	Carol Anderson							
Clinical Lead:	Dr Becky Jones							
Report Author:	Karlene Allen							
Document Status:	Final							
Report Summary:	This report provides an overview of the Children and Young People's workstreams to progress development of commissioned services to align with restoration and recovery and the Long-Term Plan commitments.							
Report Purpose:	**For Assurance**	**x**	**For Decision**		**For Approval**		**For Recommendation**	
Recommendation:	The Governing Body is asked to note the paper and provide check and challenge that the workstreams are addressing requirements to support improved outcomes for Children and Young People (CYP) across Cambridge and Peterborough Sustainability and Transformation Programme/Integrated Care System.							
Link to Corporate Objective:	**Objective 1 – Ensure clear patient voice in everything we do**							**X**
	Objective 2 – Deliver improvements that make best use of the public pound and save system 'cost'							**X**
	Objective 3 – Use data and information to prove everything							**X**
	Objective 4 – Deliver the prioritised performance standards							
	Objective 5 – Deliver the 6 transformation programmes							
	Objective 6 – Deliver the CCG Financial Plan							**X**
CAF (Strategic Risk) Reference	**Description of Risk**							**Current Risk Score**
CAF 01	Further impact on the delivery of health services as a result of the Covid-19 Pandemic as a result of a second wave of Covid-19 Pandemic							25
CAF 10	The possible serious impact of any failure in quality, safety and patient experience in the services that the CCG commissions in acute care, community, integrated and mental health care							12
NHSE CCG IAF Links	**IAF 1 Domain 1 - Better Health**				**x**			
	IAF 2 Domain 2 - Better Care							
	IAF 3 Domain 3 - Sustainability:				**x**			
	IAF 4 Domain 4 - Leadership							
Resource implications:	Increased recruitment into the CYP commissioning team to support delivery of key workstreams. Robust processes being developed to ensure high cost individual care packages are managed appropriately. Mental health investment funding being prioritised to ensure improved access to CYP mental health services. Scoping of additional Covid funding to support improvements in waiting lists for neurodevelopmental services. Use of Transforming Care Programme funding to develop a pilot model for key working to support CYP with Learning Disability/ Autistic Spectrum Disorder (ASD) navigate the system.							
Chief Officer/ SRO Sign Off:	Jane Webster (for Carol Anderson)							
Chief Finance Officer Sign Off: (if required)	N/a							
Legal implications including equality and diversity assessment:								
Conflicts of Interest	Any conflicts of interest will be raised in accordance with the CCG's CoI Policy							
Report history:	Presented to Chief Officer Team on 2nd September 2020							
Next steps:	Subject to discussion by Governing Body							

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MEETING: **CCG GOVERNING BODY IN PUBLIC**

AGENDA ITEM: **4.4**

DATE: **8 SEPTEMBER 2020**

TITLE: **CHILDREN AND YOUNG PEOPLE'S COMMISSIONING BRIEFING**

FROM: **KARLENE ALLEN**
HEAD OF CHILDREN AND MATERNITY SERVICES COMMISSIONING

1 ISSUE

1.1 The purpose of this report is to provide an update and assurance on the work across Children's Special Educational Needs and Disabilities (SEND), Mental Health & Learning Disabilities (MH&LD) and paediatric health services in response to COVID- 19 to date.

2 KEY POINTS/EXECUTIVE SUMMARY

2.1 Development of the Domain 4 (Maternity and Children's) Restoration and Recovery Board has been aligned with the Joint Children and Maternity Executive Board which is now co-chaired by Wendi Ogle- Welbourn (Director of Children's Services Cambridgeshire County Council (CCC)//Peterborough City Council (PCC) and Carol Anderson (Chief Nurse, C&PCCG).
Appendix 3 demonstrates the governance structures introduced to oversee the many workstreams.

2.2 Key priorities of Domain 4 identified as:

- Focus on the Special Educational Needs and Disabilities Agenda (to include Education, Health and Care Plans and Peterborough's Written Statement of Action).
- Robust measures in place to forecast and prepare for surge in children's mental health needs (to include learning disabilities, ASD, autism, sensory/visual impairment, and physical disabilities).
- Support schools and settings to reopen to include managing service referrals and infection control measures (social distancing, hygiene, and Personal Protective Equipment - PPE).
- Enhance immunisations / vaccinations and screening programmes.
- Focus on maternity services including effective links with the Best Start in Life Programme (to include support to BAME communities and increase in perinatal mental health issues).

- Effective plans in place across the system to manage workforce levels (to include local outbreaks and winter surges).

Key Messages contained in this report	Risks and Actions	Ref.
Special Education Needs and Disabilities (SEND)		
The arrangements in place for the Designated Clinical Officer (DCO) role ensure that the system fulfils the objectives of the SEND reforms.	• Additional capacity has been agreed and funded through CPCCG in the Children's Commissioning Team.	4.10
Joint commissioning of the Occupational Therapy and Physiotherapy Service Integration and Transformation Plan	• Delays experienced due to COVID19 response. Revised project plan developed to regain pace of service changes. • Joint commissioning with LAs. Review of service specifications with providers (CCS NHST & CPFT) in draft but is yet to be agreed. • Looking to commission a 'Better Communications Balanced Model©' which will be aligned to the jointly commissioned Speech and Language Therapy Service.	4.9
Supporting children with complex health needs back to school	• Development of a Multi-Agency Risk Assessment.	5.4
Children and Adolescent Mental Health Services (CAMHS)		
Indicators of health inequality and deprivation increase the risk of mental health issues for CYP	• Higher levels of deprivation and health inequalities in the north section of the County. • Peterborough is one of the worst areas but is showing an improving trend. • Both Cambridgeshire and Peterborough have higher levels of growth in mental health conditions compared to national average.	S3 Fig. 1 Fig. 2 Fig. 5
Investment in children's Eating Disorder (ED) services in 2020/21	• 44% increase in referrals to ED services. • Increased investment will not provide recommendations as set out in National Access and Waiting Time standards. • Recruitment challenges for CPFT (provider service). • recruitment and staff development plan developed to address.	6.5
Investment planned for CAMHS Crisis Service	• to commence a phased approach to implementing 24/7 crisis support targets (NHS Long Term Plan requirement). • Phase 1 – implement a dedicated Crisis Team to assess and support those in most need. • Change CORE CAMH service delivery model to improve demand planning and reduce waits for routine support. • Recruitment challenges for CPFT (provider service). • recruitment and staff development plan developed to address.	6.6
Mental Health Support Teams (MHST)	• 2 MHST teams recruited and in training • two further teams will commence in January 2021 (targeted to areas of higher health inequalities)	6.7

whole school approach for education settings	• Service provides interventions to CYP and support schools mental health leads • Risks of high demand for support once children go back to school • Expanded service will still not cover all schools. • MHST's sit within the Emotional Wellbeing Service therefore have strong links to wider MH support.	
Learning Disabilities (LD) and Autism		
Reducing Inpatient Mental Health admissions for children with Autism Spectrum Disorder (ASD) through earlier identification of risk.	• Children with ASD remain the highest prevalence of inpatient admissions. • All age Autism Strategy in development • Development of Children's Dynamic Support Register (DSR) and Transforming Care Pathway Risk of Admission Assessment Tool.	7.4 7.5
Development of an LD/ASD Keyworker Network	• Unsuccessful bid for NHSE funding to create a Key Worker Network (partnering with 3rd sector charities) due to high competition within our region. • NHSE is interested in the model proposed and have offered support to mobilise and implement the service if C&P are able to use mental health transformation money	7.8

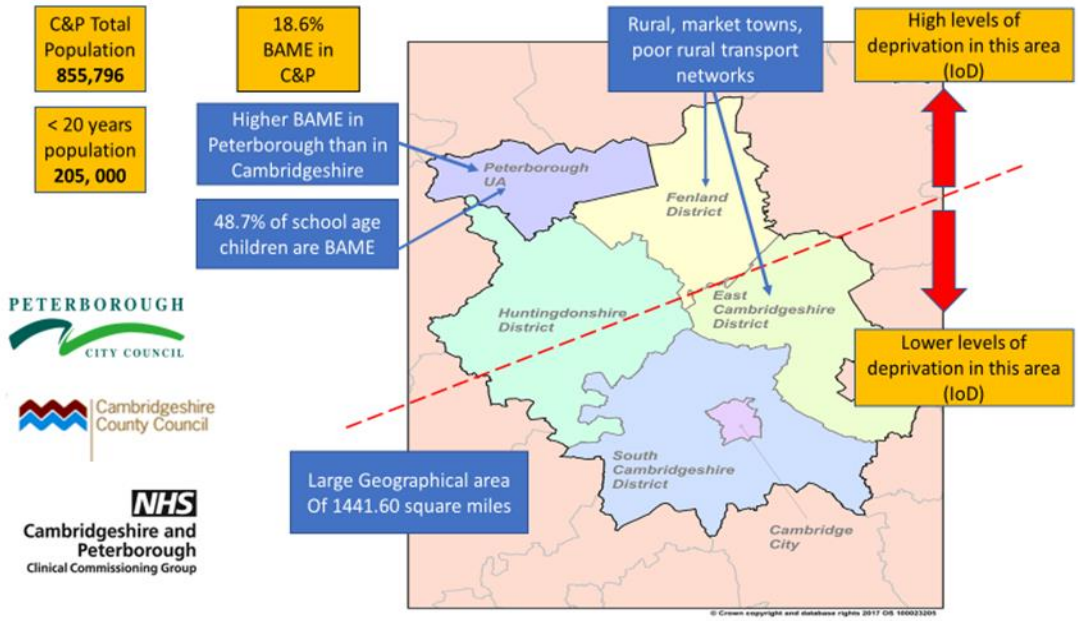
The Governing Body is asked to:

- Note the briefing for SEND, CYPMH and LD/ASD.
- Check and Challenge the approaches being taken.
- Identify further assurance where required.

3 DEMOGRAPHICS

3.1 Cambridge and Peterborough Clinical Commissioning Group (C&PCCG) covers the same geographical and population footprint of the C&P Sustainability and Transformation Partnership (STP). There are significant differences in the deprivation levels across the County, generally higher levels of deprivation and health inequalities in the north section of the county; see dashed line.

Figure 1:



3.2 The Office for National Statistics (ONS) projections indicate that C&P's population is expected to increase by 80,400 people by 2036 (proportional change of 10%). Overall C&P has a similar ethnic profile to England, there is variation at a local level with Peterborough and Fenland more ethnically diverse than the rest of Cambridgeshire as well as higher levels of key indicators for increased risks of mental ill health within the family environment.

3.3 Not all children have the best start in life. There are areas of deprivation, health inequalities and vulnerability across the County which result in challenges for children's school readiness. Peterborough is one of the worst areas but is showing an improving trend.

Figure 2:

New data 2018/19 Proportion - %

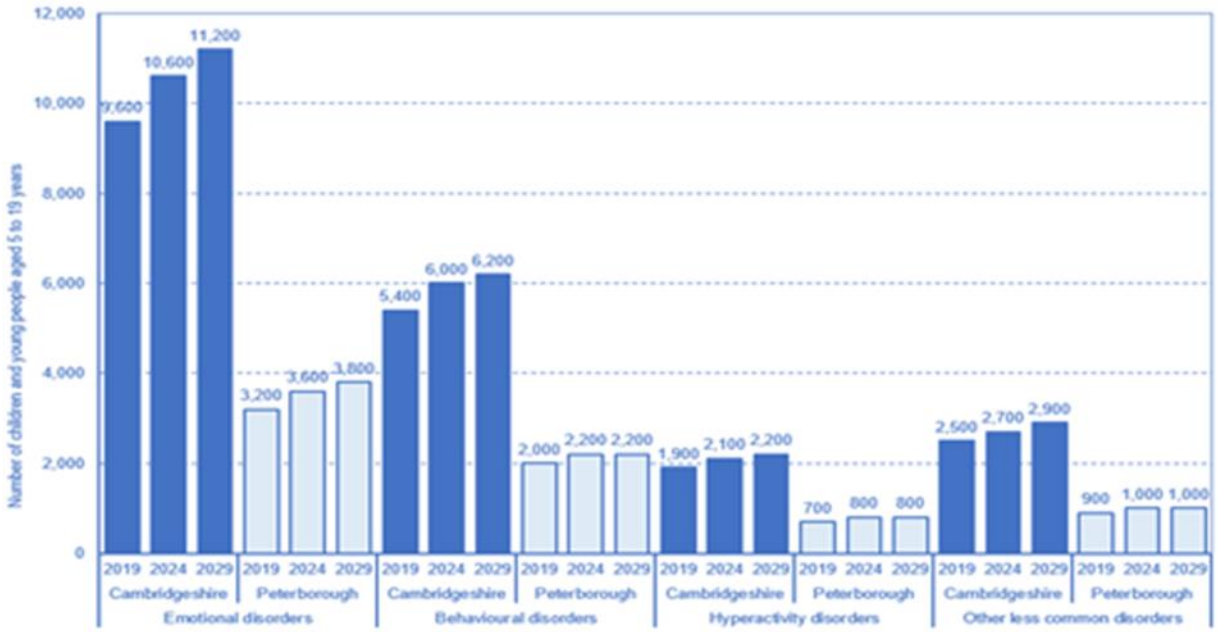
Export table as image Export table as CSV file

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	↑	458,847	71.8	71.7	71.9
East of England region	↑	51,915	72.3	72.0	72.6
Essex	↑	12,569	74.4	73.7	75.0
Southend-on-Sea	↑	1,610	74.0	72.1	75.8
Thurrock	→	1,782	73.7	71.9	75.4
Hertfordshire	↑	10,354	73.0	72.2	73.7
Central Bedfordshire	↑	2,610	72.5	71.0	73.9
Norfolk	↑	6,514	72.5	71.6	73.4
Cambridgeshire	↑	5,063	71.4	70.3	72.4
Suffolk	↑	5,589	70.7	69.7	71.7
Bedford	↑	1,598	69.1	67.1	70.9
Luton	↑	2,202	68.4	66.8	70.0
Peterborough	↑	2,024	67.0	65.3	68.6

Source: Department for Education (DfE), EYFS Profile: EYFS Profile statistical series

Source: Public Health England, Fingertips (PHOF) Tool, indicator B02a

Figure 3: Forecasted growth in mental health conditions in Cambridgeshire and Peterborough by type of disorders (2019)



Source: Mental Health of Children and Young People in England, 2017 and Adult Psychiatric Morbidity Survey in England, 2014, NHS Digital, Applied to Mid 2015 population forecasts, Research Group, Business Intelligence, Cambridgeshire County Council

Figure 4:

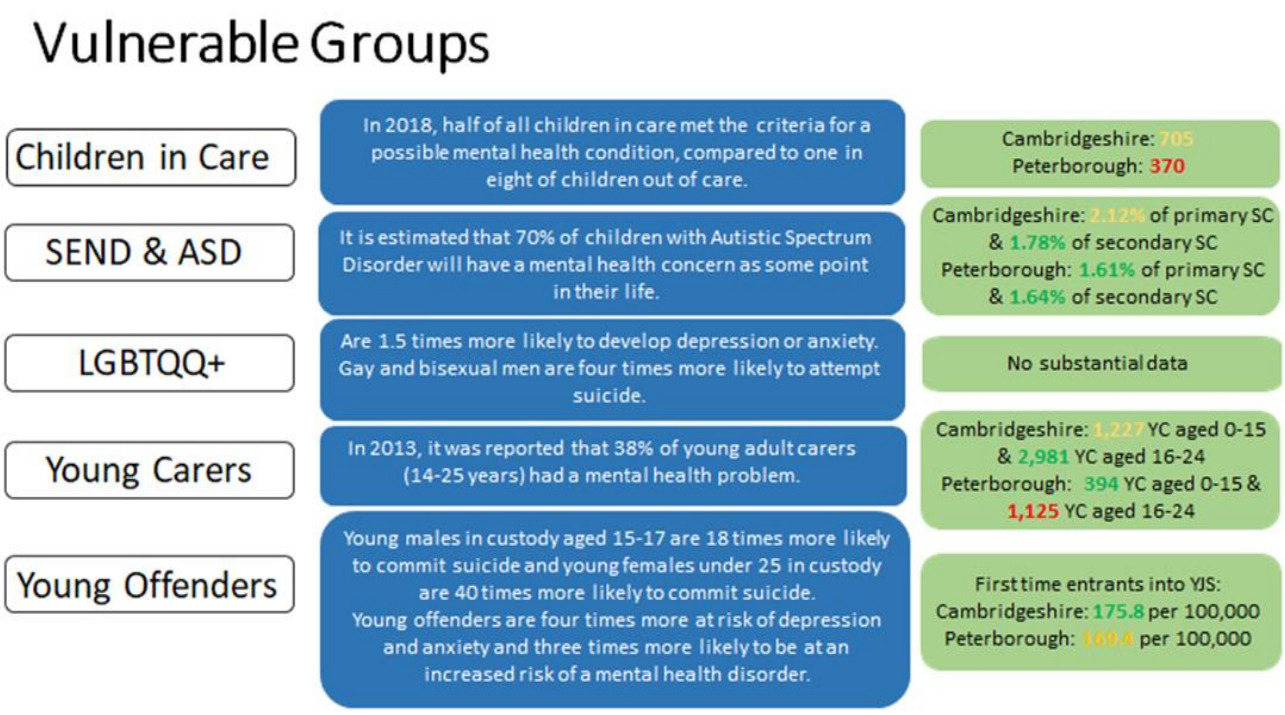


Figure 5: Percentage of children in Cambridgeshire and Peterborough with factors that are associated with mental health disorders

	Cambridge	East Cambridgeshire	Fenland	Huntingdonshire	South Cambridgeshire	Cambridgeshire	Peterborough	England
White pupils [1]	68.8%	91.4%	93.9%	88.6%	85.3%	85.8%	68.7%	73.3%
Children in low income families (under 20) [2]	14.1%	9.1%	18.0%	10.4%	7.9%	11.4%	18.7%	17.0%
No qualifications [3]	5.2%	5.3%	9.6%	4.8%	3.2%	5.2%	10.3%	7.3%
Lone parent families [3]	21.9%	16.9%	27.4%	20.7%	16.0%	20.1%	29.8%	28.7%
Step children in family [3]	6.0%	8.4%	11.0%	9.5%	6.8%	8.3%	8.8%	8.0%
Social rented accommodation [3]	31.3%	16.8%	15.5%	15.9%	14.6%	18.0%	21.2%	21.3%

Almost all districts in Cambridgeshire have statistically significantly high proportions of White populations.
Fenland and Peterborough have the highest number of statistically significantly high risk factors.

Statistically significantly lower than England
Statistically similar to England
Statistically significantly higher than England

Source: Mental Health of Children and Young People in England, 2017 ** based on McCaster Family Assessment Device (FAD) *** based on GHQ-12 scores
* based on odd ratios to determine the likelihood of a mental disorder occurring relative to the reference category, whilst controlling for other factors e.g. the odds of a boy having a mental disorder compared to girls is statistically higher [1] Pupil characteristics, School Census 2019, DfE [2] 2016 Public Health Outcomes Framework, Fingertips, PHE [3] Census 2011, based on dependent children in families, ONS (definitions used from https://cambridgeshireinsight.org.uk/wp-content/uploads/2017/08/Children-and-Young-People-Report-2011-Census.pdf)

4 PETERBOROUGH LOCAL AREA WRITTEN STATEMENT OF ACTION

4.1 Overview of the Special Educational Needs and Disabilities (SEND) development to address the requirements of the written statement of Action and the SEND strategy.

4.2 Following the OfSTED and CQC Special Education Needs and Disability (0-25 years) Local Area Inspection in June 2019, a Written Statement of Action (WSoA) was agreed by Her Majesty's Inspectorate in November 2019 to address 5 areas of significant weakness within an 18-month period.

4.3 The COVID19 emergency response between March and August has impacted on the pace of work completed against the action plan and revised dates of completion are required to account for the emergency response. These will be discussed at the next WSoA Ofsted-NHSE/I monitoring visit which takes place on the 29th September 2020.

4.4 From autumn 2020, OfSTED and CQC are also planning to conduct a limited number of support visits to all local areas regarding their SEND arrangements and the impact of COVID19.

Workstream 1: Joint Commissioning			
4.5	Joint Commissioning Strategy	The strategic planning, including joint commissioning is being pulled together in the form of a joint set of commissioning principles across the LA and CCG along with immediate priorities Joint Commissioning Operational Group Terms of reference in development with a workshop planned for early September.	
4.6	Children and young adults who require services from Community Nursing (CCN) will benefit from services that provide care up to the age of 18 years	Financial recommendation for additional resource to extend CCN service to 18 years was to be presented to CP CCG Chief Operating Team (COT) in March 2020. Delay due to COVID19. Healthcare support for 16-17 year olds with complex health needs are currently met through Community Paediatrics, Specialist Nurses for schools Service and exceptions through agreements with CCN team to support transition to adult services, however some acute care needs cannot be met which increases risk of delayed discharge.	September 2020.

4.7	Review the pathway for provision of continence products	CCG contracts review completed February 2020 – provider will deliver service as per specification within current budget. Further discussion required about how paediatric patients are managed and a meeting needs to set up. This was planned for March 2020 but was delayed due to COVID19 response. This may negatively impact on families who have reported that they do not have clear information about who is responsible for supporting their child's continence needs and this can lead to delays in re-assessments and products supply where there are changes necessary (usually due to the child's growth). Current Continence products arrangements will be updated on Local Offer to help families navigate the process more easily.	October 2020 September 2020
4.8	Develop a local area jointly commissioned (Peterborough and Cambridgeshire) equipment provision service for children and young adults with SEN & Disabilities	LA lead commissioners for Children's Equipment Service. Gap analysis of all children's equipment completed Nov 2019. (Children's Integrated Community Equipment meetings have continued but with a focus on COVID19 emergency response which included changes in delivery of OT and PT and schools' closures). Next steps: Costs analysis: Develop totality of resources/budgets currently being spent on children's equipment across CCG/LA's) • Benefits and risks analysis pooling together those resources and identify barriers to doing so. • Identify any outstanding financial gaps. • Present recommendations paper to JCHCB.	October 2020
4.9	Complete the joint commissioning of the OT and Physiotherapy service Integration and Transformation Plan to ensure improved access to OT services	Delays experienced due to COVID19 response. Revised project plan developed to regain pace of service changes. Joint commissioning with LAs. Review of service specifications with providers (CCS NHST & CPFT) in draft but is yet to be agreed. Looking to commission a 'Better Communications Balanced Model©' which will be aligned to the jointly commissioned Speech and Language Therapy Service.	April 2021
Workstream 3: Capacity of the SEND DCO to fulfil CCG duties for SEND			
4.10	The arrangements in place for the Designated Clinical Officer (DCO) role	Additional capacity has been agreed and funded through CPCCG in the Children's Commissioning Team includes: 1.0 WTE Paediatric Commissioner (08/20) 2.0 WTE Commissioning support Managers (TCP/SEND and Mental Health) (O7/20 & 09/20)	Jan 2020-September 2020

	ensure that the system fulfils the objectives of the SEND reforms.	1.0 WTE Children's Continuing Care Assessor 0.5 WTE Children Mental Health Commissioner (07/20) 0.5 WTE (Children's Complex Needs Co-Ordinator (MH/LD/ASD) 901/20) 1.0 WTE Lead Administrator This significant and transformational increase in the establishment of the Children's Commissioning team which will release the capacity of the Clinical Lead for Children/Send DCO to fulfil the CCG's requirements of the SEND Reforms.	
4.11	Health professionals play an active and equal part in the EHC needs assessment, preparation of EHC plans and review and removal of EHCP's.	A SEND Health operational working group was been established with health providers, PCF and Statutory Assessment Team engagement and participation. Terms of Reference for this group have been reviewed and updated to identify key priorities for 2020. Areas of focus are to improve health advice and information on EHCP's, improve health information available on Local Offer web pages and training and development. The group was paused during COVID19 but will recommence in September 2020.	September 2021
4.12	Integrated Community Equipment Services (ICES) for Children	Joint commissioning with LAs. Ensuring service provision is providing outcomes required during Covid19. Service is for adults and children and currently provided by Nottingham Rehabilitation Service (NRS) with contract extended to 2021 due to Covid19.	
4.13	Child Protection Medicals	Review of current performance and to commence a review of service specification with providers (CCSNHST) for a needs-led and outcome measured service in the future. This will provide an equitable, safe and responsive service across all areas of C&P.	

5 SEND COVID19 UPDATE

5.1 **Communicating with Children and Families**.

Both Local Authorities created Coronavirus sections on the SEND Local Offer web pages with information on local health services support and links to the Health Providers Coronavirus web pages. The local Parent Carer Forums have remained committed throughout the COVID19 response to collect parent experiences and feedback of the impact of COVID19. They are key voices that support good communication between LA, CCG, and families. The SEND DCO Regional Network and SEND Regional Peer Network have increased the frequency of meetings during the pandemic (aided by virtual platforms), the impact of shared learning and innovative practice has been positive and well received by the PCF representatives.

5.2 **Supporting children back to school**

The Coronavirus pandemic has been an incredibly worrying time for families caring for a seriously ill child. Although many schools did remain open for vulnerable children and children of key workers, many of the children with most

complex health needs were considered extremely clinically vulnerable and were placed on the shielded patient list.

5.3 **Shielded Patient List (SPL)**

Initially a little over 1,000 children were placed on the SPL as a precautionary approach. Evidence has grown about the impact of COVID19 on children and the guidance was updated children's specialist clinicians and GP's reviewed the children and the under 18's SPL began to reduce. It was not considered safe for most children on the SPL to attend school during the initial phases of the pandemic, however there is now an active campaign to support children back to school. For children with complex health needs there are a number of risks that must be taken into account.

5.4 **Multi-Agency Risk Assessment (MARA)**

A Multi-Agency Risk Assessment (MARA) was developed with partners to enable safe decision making when offering school or College placements to vulnerable children and those with ECH Plans during the COVID-19 pandemic. As the schools re-open, the MARA is being used to support those children who are clinically vulnerable back to school. The Designated Clinical Officer for SEND is working with families, schools, health partners and education leads to facilitate necessary actions for individual children who remain high risk.

5.5 **Children who require Aerosol Generating procedures (AGP's)**

Approximately 35 children with complex respiratory chest health or tracheostomies and long-term ventilation, require clinical care procedures which increase the risk of aerosol exposure to the Coronavirus. Infection Prevention and Control guidance requires enhanced levels of Personal Protective Equipment (PPE) for people who are in a paid caring role and strict environmental controls to reduce the risks of cross infection. Some of the children who require AGP's will not be able to return to their school until all the necessary health and safety measures are in place which risks their access to education further. CPCCG is working with schools, health teams, Public Health, and families to support fit mask testing, a suitable PPE supply chain and robust sharing of clinical information through the MARA's.

5.6 **Education Health and Care Plans (EHCP)**

Between May and July Section 42 of the Children and Families Act 2014 was modified so that local authorities and health commissioners must use their 'reasonable endeavours' to secure or arrange the specified special educational/ health care provision in EHC plans. The modification also allowed more flexibility to the time it takes to carry out assessments or do an annual review only where is it not practical to keep to the usual number of weeks due to COVID19.

- A SEND Easements arrangements partnership taskforce group (which included both Family Voice and Pinpoint Parent Carer Forums) was set up to meet weekly.
- An explanatory letter and questionnaire co-produced and sent to parents in May 2020.
- A Co-produced 'Section M: EHC Plan modified provision during COVID19' recorded any changes to provision and included the reasonable endeavours for any health provision detailed in section G of a child's plan.

6 CHILDREN & YOUNG PEOPLE'S MENTAL HEALTH SERVICES

6.1 Overview of the CYP mental health and emotional wellbeing strategies to ensure improved access to mental health services and reduce CYP ending up in crisis.

6.2 CYP teams have been working to provide appropriate crisis support during the Covid-19 pandemic. Fullscope (a collaborative of third sector providers) have been awarded additional resources from the CCG COVID-19 fund and Peterborough Council for Voluntary
Services to provide a wellbeing call service for CYP up to 18 years of age.

6.3 Work across the system has begun to develop a Multiagency approach for CYP's Mental Health. Cambridgeshire & Peterborough Foundation Trust (CPFT) is revising their assessment processes to initially include a wider CPFT Multi-Disciplinary Team (MDT) front door. The aim is to extend further and include other statutory and voluntary sector providers to have joint assessment of referrals with the aim of reducing bounce between services, that CYP often experience.

6.4 A mental health needs assessment was completed for Children and young people which captured the views of children, young people and parent carers and is being used to support service redesign. (Appendix 1).

6.5 **Eating Disorder (ED) expansion of service**

6.5.1 Current Issues:

- The current staffing is not sustainable and resilient to increasing referral levels particularly fluctuations in urgent referrals for those children most unwell.
- To date rolling referral numbers are 44% higher than the expected 100 referrals per year.
- Currently there is a lack of capacity to provide early intervention work as well as high intensity community support, both highlighted by Access to Waiting Times (AWT) as potential provisions to reduce hospital admissions as well as promote recovery rates.
- National Access and Waiting time guidance recommend that staffing for an annual 100 referrals, would require a team of 20 Whole time equivalents (WTE). As budgetary constraints are fully recognised, this option has not been proposed.

6.5.2 Increase staffing establishment of CYP ED services by 6.0 WTE (9.7WTE to 15.7 WTE) will:

- Increase triage and assessment capacity to support achievement of the AWT targets.
- Continue to provide telephone support to families and young people awaiting specialist assessment.
- Family Based Treatment to the increased number of young people and families.
- Multi Family Therapy Intervention twice a year.
- High intensity meal support 2 to 4-week intervention.

- Reduction in admissions to inpatient Tier 4 / acute hospital and facilitate early discharge.
- Continue to provide consultation with CAMHS core and neuro developmental teams, community, and acute paediatric services.
- Continue flexible approach with Community Adult Eating Disorder Service for 17- and 18-years requiring transition and take advantage of the First Episode Rapid Early Intervention for Eating Disorders (FREED) approach.
- Build on current liaison process with local and national Third sector organisations.
- Establish a self-referral system
- Implement and deliver parents/carers group to support self-management for families.
- Further adaptation of treatment to support access for children and young people with Avoidant Restrictive Food Intake Disorder (ARFID) and implement learning from National pilots once known.
- Expand treatment provision to include a Fenland/ East CAMHS location
- Consider Multi Family Therapy (MFT) for severe Bulimia.
- Support the knowledge and competences of colleagues in primary and secondary care through specialist training and consultation.
- Develop further 'in house' staff Continuous Professional Development (CPD) and supervision groups to develop and maintain specialist skills and knowledge, these are to be developed as recruitment builds.

6.5.3 Access and Waiting times:

- NHSE targets for CYP ED services for all urgent cases to commence treatment within 1 week of referral and for routine cases, treatment to commence within 4 weeks of referral.
- Currently the CYP ED service is working to the Access and Waiting times (AWT) standards. The current standard is 95% for both routine and urgent referrals.

Figure 6: access rates for all CYP mental health services and shows that as of March 2020 Cambridgeshire and Peterborough was achieving 31.1% of the 34% target for those accessing support.

	CYP Access Numerator	CYP Access Rate	CYP Eating Disorder Waiting time - Urgent	CYP Eating Disorder Waiting time - Routine
Time Period	Latest 12 months	Latest 12 months	Rolling 12 months (quarterly regional & national)	Rolling 12 months (quarterly regional & national)
Most Recent Data	Mar-20	Mar-20	Mar-20	Mar-20
ENGLAND	391,940	36.8%	80.5%	84.4%
NORTH WEST	57,080	39.1%	100.0%	97.5%
NORTH EAST AND YORKSHIRE	74,085	44.0%	75.4%	80.4%
MIDLANDS	64,715	30.8%	77.6%	92.3%
EAST	42,105	34.2%	72.2%	83.8%
LONDON	60,725	36.9%	100.0%	89.4%
SOUTH WEST	31,740	32.1%	69.2%	77.8%
SOUTH EAST	60,430	38.9%	78.8%	69.3%
NORTH			*	*
MIDLANDS AND EAST			*	*
CAMBRIDGESHIRE AND PETERBOROUGH STP	5,150	31.1%	85.2%	88.5%
NHS CAMBRIDGESHIRE AND PETERBOROUGH CCG	4,690	28.3%	85.2%	88.5%

	Risk	Mitigation
Recruitment of specialist practitioners with an interest in community-based services may present challenges.		CPFT is the lead MH health providers in Cambridgeshire & Peterborough and can use reputation and networks to support recruitment.
Without additional funding the service will be unable to provide consultation and support to Core CAMHS Neuro developmental teams, community and acute paediatric services treating these CYP.		Current proven relationships and shared knowledge.
Increasing referrals may result in treatment outcomes falling in direct correlation to the service being less flexible, to manage patient safety concerns.		Use of waiting lists to manage potential increase in referrals and maintenance of current standards of care.
ARFID pilot site outcomes are already delayed from June 2020 this may delay adaptation of service treatment offer which is an NHS requirement.		Should be published and clear by the time of the second phase 2021-22.
Lack of investment adversely impacting ability of service to commence treatment within National guidelines of 1 and 4 weeks.		Approval of release of transformation Mental health standards investment funding

6.6 **Development of CYP Crisis Service:**

6.6.1 Current Issues

- Currently Children and young people access Crisis care through NHS 111, but this is limited as there is minimal capacity to deliver immediate face to face intervention should the assessment identify significant risk and need.
- Currently this function is delivered in the evenings from 5 to 9.30pm Monday to Friday for North West Anglia Foundation Trust (NWAFT) locality and has been extended to cover Cambridge University Hospitals during the COVID period. Outside of this period there is no provision for face to face crisis intervention.
- Disparity across Cambridgeshire and Peterborough in accessing the current First Response Service (FRS)
- Children presenting outside of these times or with significant risks are directed to A&E for immediate risk support and this demand is currently met through the CAMHS planned care service, impacting on the services capacity to deliver assessment and treatment for both Core and Neuro pathways.
- A/E attendances often lead to overnight admissions for assessment by a CAMHs practitioner the following day.

6.6.2 The introduction of a dedicated CYP crisis service will:

- Reduce the waiting times for core CAMHS as staff will not be relocated to provide crisis cover as is the case now. This will reduce the number of Core CAMHS referrals waits developing into crisis situations.

- Prompt access to high-quality care will increase the likelihood of a person's sustained recovery, reducing the risk of their experiencing recurring mental health crisis.
- Effective mental health crisis care aims to help people remain in their communities rather than experiencing unnecessary inpatient admissions.
- There should be clear routes for people to access help quickly during a mental health crisis, no matter where or when support is needed [1]
- A dedicated crisis staffing team would ensure a more robust provision with extended hours.
- Dedicated crisis service staff would not deplete planned CAMHS staffing establishment thus improving the capacity and responsiveness of the generic CAMH services. There are no specific times frames around this work and will rely on how successful the recruitment campaign is.

	Risk	Mitigation
If crisis services remain un-developed this will mean higher presentations to A&E, higher admission to the acute trusts and increased numbers accessing Tier 4 inpatient beds		Current support from First Response Service and Intensive Support Teams will remain in place.
Considering any potential second wave of Covid19, on local measures to provide services.		Enhanced community provision to prevent bed usage in the acute trusts
Anticipated increase in numbers of CYP presenting with anxiety, depression, self-harming, and potential suicide because of lockdown measures, pressures of returning to school, social isolation.		Current capacity to manage this demand would result in longer waiting times, breaching of 18 weeks. A risk management prioritisation process will be in place to ensure safety of individuals on the waiting list.
Recruitment of large numbers of suitably trained staff		Proposed incremental development of the service. Potential for developmental roles within existing staff. Two phased approach.
Challenges of recruiting to the existing team within the current model due to high caseloads results in high sickness levels due to burnout,		The new model will allow for increased job satisfaction resulting in a better end user experience.
Retention of current generic CAMH team staff due to impact on capacity.		Good will of staff members to provide the most robust and best quality service possible in the current climate.

6.7 **Mental Health Support Teams (MHST):**

6.7.1 The MHST are intended to:

- Deliver evidence-based interventions for mild to moderate mental health and emotional wellbeing needs
- Support senior mental health leads in education settings to develop and introduce their whole-school or whole-college approach to mental health and emotional wellbeing
- Providing timely advice to staff and liaising with external specialist services so that children and young people can get the right support and remain in education.

6.7.2 Project progress:

- Two teams commenced in January 2020 and will complete training to be fully established by January 2021.

- Further to this C&P were successful in achieving bid for two further teams as part of Wave 3 (to commence January 2021) of Implementing the CYP's MHST.
- Cambridgeshire Community Services NHS Trust will provide the MHST and project commenced for Wave 3 in July 2020 and a project plan is in development
- Senior positions recruitment is out for advert for wave 3.
- Next step is to identify education settings for the sites of the additional two MHST, each team to work with approximately 20 schools/settings.
- work will be untaken with Schools who have previously indicated an interest in the project.
- The aim of the MHST for wave 3 is to work with those with increased vulnerabilities including:

Children in care or those in need with MHEWB needs
Schools with lower educational attainment
Non-attendance due to MHEWB
SEND with primary MHEWB needs
Accessibility regarding location
High number of ethnic minority pupils
Culture impacting engagement with existing support
Further educational establishments to support those transitioning

6.8	**Risk**	**Mitigation**
	Launch of the MHST will increase demand on the current MH services	Current and new pathways will be mapped and the CPFT Single point of access will be provided with information about referral to and from the new service. The CPFT on call service will be included in mapping and stakeholder engagement. Activity in the Tier 3 services will be closely monitored to identify any changes in referral rates. Communications plan will be carefully implemented to provide clarity and focus for those schools involved in the new services. The current EHWB teams will focus their work on the schools which are not part of the project services.
	Recruitment to the Band 7 and 8a posts will attract staff from the mental health services, causing difficulties in delivering MH services locally.	Recruitment advertising will also focus on staff currently employed in other roles including in education, psychology, local authority (social work) and third sector. Should staff from CPFT apply and are successful, we will work together to release them from CPFT to the new service in a planned way.
	Service establishment will be delayed due to school holidays and unavailability of education teams	Early contact was made with schools at the time of the expression of interest resulting in 50 schools expressing an interest in the service. Education lead identified to help identify and work with key schools from early September to agree additional schools especially in the Huntingdon area which meet the inclusion criteria.

	Visits to schools and cluster heads meetings in October to confirm schools. Service launch is April 2020 so there is sufficient time to confirm the school clusters before service starts.

6.9 **'Getting Help' Service for CYP: Recommissioning of Mental Health and Wellbeing Service.**

6.9.1 Current Issues

- Current provider CHUMs, contract due to end 30th June 2021, focuses on mild to moderate MH issues and will signpost to other organisations as required.
- Current provision has struggled to meet service standards for waiting times due to high referral numbers.
- Partnership working has been highlighted as requiring improvement as well as the response to improve service pathways.
- Current provision has highlighted a disjointed system where children bounce around between services.
- The option of a lead model provider has been agreed.

6.9.2 The new service will:

- Create an 'Any door is the right door' approach for CYP accessing help and support.
- Reduce CYP being bounced from service to service prior to any help and support delivered.
- Meet the increasing complexity of cases, the developing provider market and service adaptations as a result of covid 19 validates the need to remodel children and young people's mental health (CYPMH) services and system to improve access, pathways and responsiveness to children and young people's needs.
- Increase and improve partnership working across organisations.

Risk	Mitigation
Timescales to implement new approach	A full timeline being developed of next steps.
Resources being subsumed into CAMH services	This funding would have a distinct outcome focussed specification and monitoring process.
Ability of system to work in a partnership approach.	During COVID19 the CYPMH system have shown ability to work together and processes already in development to share cases, knowledge, and expertise.

7 LEARNING DISABILITIES AND AUTISM

7.1 Overview of the requirements for the Transforming Care Programme (TCP) to reduce the numbers of Young people being admitted to an inpatient unit with Learning disabilities and/or autism.

7.2 The local system challenges include early identification of children with Autism (ASD) without learning disability who are at risk of in-patient admission (Tier 4). Children with ASD are the highest prevalence of inpatient admissions to mental health assessment and treatment units.

7.3 C&P have a challenging record of completing Care Education & Treatment Reviews (CETRS) in the 28 days prior to admissions or a Local area emergency protocol (LAEP) review immediately prior to admission. Areas are being strengthened through development of an all age autism strategy, reviewing neurodevelopmental pathways, and developing a needs-based approach with system partners.

7.4 **The Children's Dynamic Support Register (DSR)**

7.4.1 The DSR has been developed to ensure an accurate tracking and assurance tool for children at risk of admission to mental health inpatient units or residential specialist education placement's (which are invariably not situated close to home).

7.4.2 The DSR is effective in identifying children with learning disability, who are known to services and has been successful in helping partners to proactively engage to prevent a child/young person's situation escalating to the level of requiring admission. The DSR requires multi agency reviewing and we have a 6 weekly multiagency meeting to review this register and to enable more effective tracking of those CYP who are at risk of admission to hospital. These meetings form part of the 0-25 Complex Cases meetings chaired by the LA's Executive Director.

7.5 **TCP Risk Assessment Matrix Tool**

7.5.1 Local area children's TCP risk assessment matrix tool was developed with the members of the Children's TCP Operational Group which include parent Experts by Experience, CAMH's practitioners, Positive Behaviour Support Team, Special Education Needs and Inclusion (SEN&I) services and Children's Social Care to identify those who are at low, medium, or high risk of admission.

7.5.2 Over time the risk assessment tool has been revised to include those risks identified by young people who have lived experienced of TCP. The Risk tool is to be reviewed through the Safeguarding Task and Finish group and signed off by the Board establishing the use of this tool and ensuring it is embedded in everyday practice. Multi agency usage of the improved Risk Tool will determine the level of risk in a child developing Transforming Care needs and through the multi-agency meetings, consider ways of mitigating this risk through arranging appropriate community support.

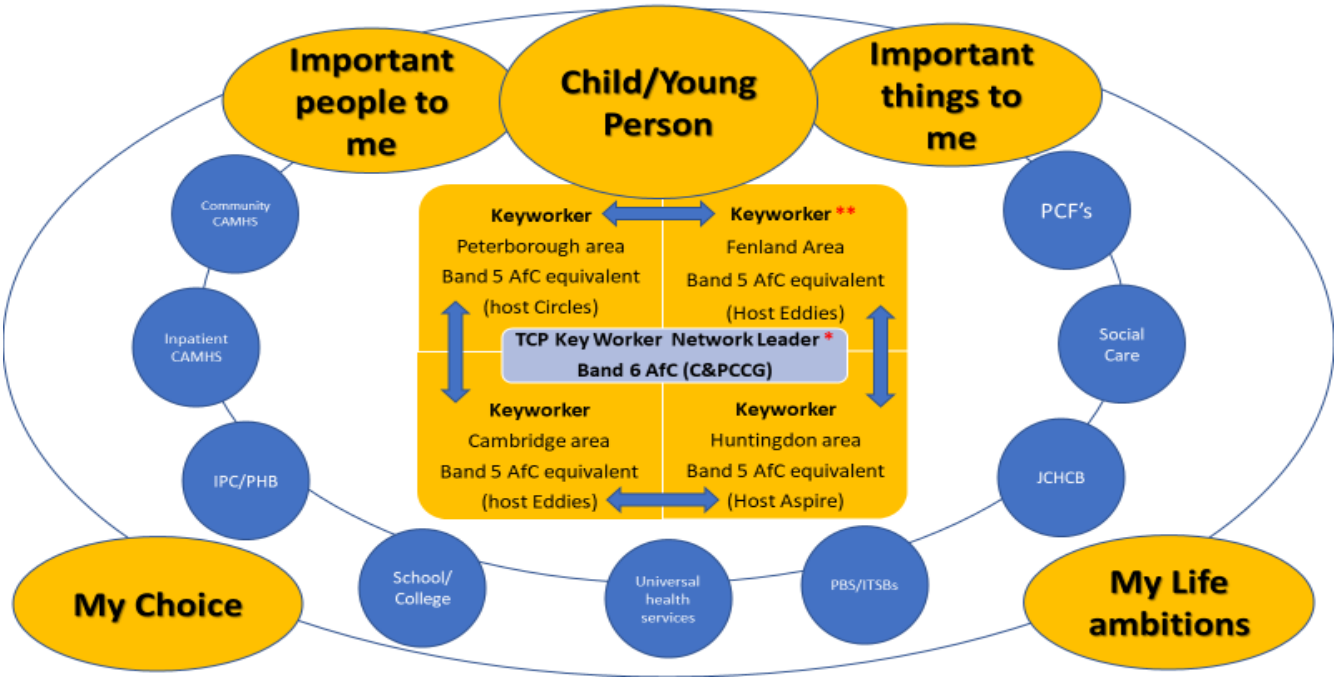
7.6 **Care Education and Treatment Reviews.**

7.6.1 We have demonstrated some success with CETR's to prevent the need for out of area residential independent special education placements (ISEP's), and there are opportunities to build on these examples of better outcomes through development of a Key Worker support for all people with LD, which is a requirement of the NHS Long Term Plan.

7.7 **Key Worker Network**

7.7.1 A recent bid for NHSE funding to create a Key Worker Network (partnering with 3rd sector charities) was unsuccessful due to high competition within our region. NHSE is very interested in the model proposed and have offered support to mobilise and implement the service if C&P are able to use mental health transformation money to fund. This proposal is being discussed at the Transforming Care Executive Board in early September.

7.7.2 Key Worker Network proposal



7.8 **Additional Data/Information:**

7.8.1 CYP with ASD only are being admitted into Tier 4 provision for high levels of anxiety resulting in significant dysregulation and suicidal ideation or Emergency Departments resulting in admission to acute children's wards for physical illness associated with Eating Disorders.

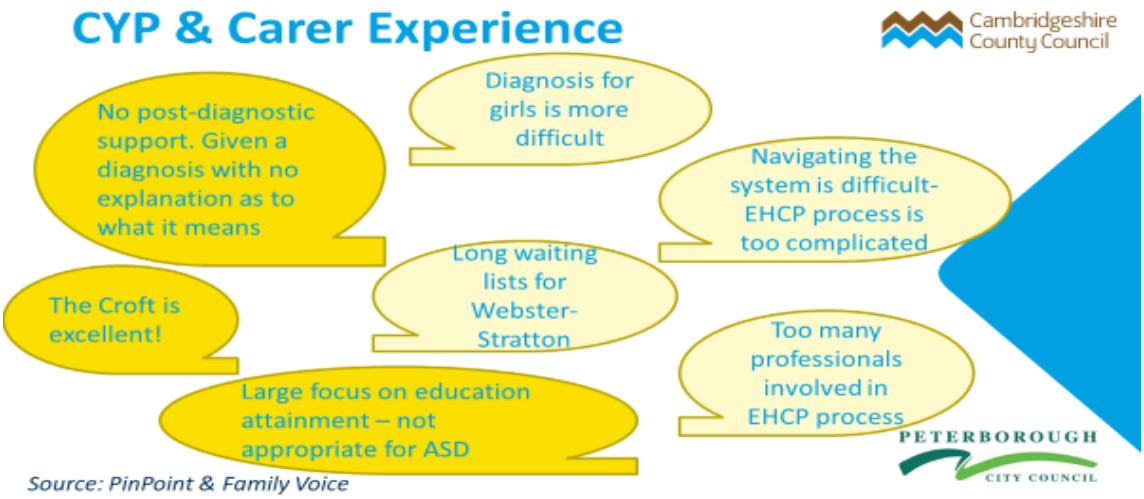
7.8. Risks	Mitigation
There are several CYP who are ASD only, of whom, we were not aware. These CYP may have had services via Early Help or Adolescent team or no social care at all. Too many children are already admitted to hospital as an emergency before their Transforming Care needs are identified, therefore no community CETR has been carried out.	Ensure teams/agencies are aware of Transforming Care through the promotion at the 0-25 Complex Cases meeting. Promote the use of the TC Risk Tool Use the keyworker Function to target those teams/agencies who may have CP with ASD only Diagnosis. Multi agency review of the Transforming Care and Dynamic Support Register.
Many of these CYP have had a late autism diagnosis and some of them do not have	SEND Nurse Coordinator line managed by LD, ASD TC Commissioner. Multi-Agency 0-25 Complex Cases meeting

an EHCP. The application for the EHCP is completed during their hospital stay.	
Key Lines of Enquiry (KLOE) for CETR's actions are not consistently embedded in statutory assessments and reviewed in accordance with statutory review requirements.	The Keyworkers will be able to ensure compliance. Using the 0-25 Complex cases meeting to ask for compliance.

Challenge	**Opportunities**
Need earlier identification of children with ASD only diagnosis who are at risk of admission leading to higher admission to MH inpatient units compared with other TCPs in the EoE.	Strengthen the links between the TCP and the ASD school services through Key worker Network.
Low numbers identified on DSR from Fenland area despite high deprivation and ethnic diversity	Ability to target area of higher deprivation to increase knowledge and understanding of TCP services within the immediate local areas. Flexibility to move care to where it is needed as the Key worker Network will not be constricted by in area geographical boundaries as it is a countywide service.
Increasing numbers of children who need residential specialist school placements (often out of the local area) often due to school breakdown which reduces the resilience of families to cope with their child's behaviours that challenge. Many Special schools in Cambridgeshire are generalist due to geography – meeting diverse sets of LD needs for most children but little capacity for children whose behaviours are extremely challenging.	Earlier identification of children through development and monitoring of the DSR. Through the increased capacity and focus of the key worker network: • Improving information channels between child facing services and the commissioning and SEND Boards. • to engage with mainstream services within health, social care and education and form consistently good working relationships
Long length of stay due to discharge delays can be caused by a lack of appropriate provision to support the CYP back into their community.	Promoting person-centred care planning and continuous coproduction as the basis for how we expect the Key worker Network to perform. This shared purpose is supported by the leaders within LA's and CCG who hold all services to account to meet these expectations through The Pledge.
Lack of a whole picture of Autism in C&P to enable strategic planning of new or improved services to meet needs.	An autism health needs assessment (HNA) will be finalised at the end of July 2020 to inform strategic action plan. The HNA maps existing autism services, areas of good practice and gaps.
COVID19 social restrictions have increased the frequency and intensity of behaviours that challenge: • intensity of the relationships within their household, • reduced school and short breaks • lack of routine and structure • uncertainty and fear. Placing increased strain on families	Identify changes to service delivery that have improved the experience of CYP and their families. We have been able to capture some of the surprises that have emerged through the increase in virtual working, the need work out different solutions with families which has shifted mindsets.

COVID19 Rise in the number of CYP experiencing deterioration mental health and associated behavioural issues, placing additional strain and demand on services	Increased First Response services – restoration plans
COVID19 backlog and surge for Neurodevelopmental Services referrals due to difficulties with virtual ND assessments and children out of school	Virtual assessments Increased resource to address likely needs through CAMH's service reconfiguration as restoration plan.
Large geographical area with many small rural villages. Significant travel time and distance to reach children living over a large area. Internet poverty for children living in low income families.	Virtual working practices Improved access to IT and data allowances factored into the bid to support children's access to the internet

CYP and Carer experience



8 RECOMMENDATION

The Governing Body is asked to:

- Note the briefing for SEND, CYPMH and LD/ASD.
- Check and Challenge the approaches being taken.
- Identify further assurance where required.

9 IMPACT ASSESSMENT

Finance	Reduction in public health funding of £120,000 in mental health and emotional wellbeing and £518,000 from the targeted youth support services in the councils has impacted on early intervention support. CCG CAMHS transformation funding and Mental health investment standing (MHIS) being identified to improve access to services for CYPMH.
Quality	Plans are in place to ensure patient safety, patient experience and improved outcomes for children and young people.
Performance	Aiming to improve access to services.
Governance	Governance structures attached – Appendix 3
Equality and Diversity	Equality impact assessments are undertaken with any service redesign projects.
Legal	Legal advice is sought in cases of dispute. Guidance is followed to ensure addressing the requirements of the Children's and Family Act and other relevant legislation.
Patient Experience	Co-production in service redesign includes CYP, families and parent carers.
Health Inequalities Health Outcomes	There is a focus on improving access for vulnerable and hard to engage CYP. needs assessments have been produced to support strategic development
Sustainability	Development of seamless needs led services in area will reduce costly out of area placements and expensive inpatient stays and this funding can then be used to ensure sustainability of local community provision.

10 CONCLUSION

The Governing Body has been provided with an oversight of the CYP commissioning challenges and assurance has been provided to demonstrate how work programmes are being delivered to mitigate against any issues related to SEND, CYPMH, Learning Disabilities and Autism . There is a robust governance process in place to monitor delivery against the workstreams support restoration and recovery and monitor how risks are being challenged and mitigated.

Author Karlene Allen
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Appendices

Appendix 1
Children and Young people's mental health needs assessment

CYP MH Needs Assessment 21.11.19

Appendix 2
Draft Autism needs assessment -work in progress

Draft Autism Needs Assessment_with re

Appendix 3
Restoration and Recovery Governance structure for Domain 4 – Children and Maternity Services

Governance structure AUG20ka

Restoration and Recovery - Domain 4