

NORTH YORKSHIRE Children's Trust

September 2009

Partnership Commissioning Mental Health Services for Young People

1.0 Introduction

- 1.1 This paper describes the partnership commissioning arrangements for the commissioning of Child and Adolescent Mental Health Services in North Yorkshire. In addition the paper provides a brief overview of how commissioning activity supports the objectives of the partnership and ensures that priority need is addressed.

2.0 The CAMHS Partnership Governance and Reporting

- 2.1 The terms of reference for this partnership group have been revised to reflect the changing context for the commissioning of CAMHS.
- 2.2 There are two main drivers that created this need. Firstly the NHS North Yorkshire and York PCT board is considering the future organisational home for its directly provided mental health services.
- 2.3 Secondly the Specialist Commissioning Group collaborative for the Yorkshire and Humber Strategic Health Authority wish to commission tier 4 CAMHS on behalf of all PCTs.
- 2.4 The terms of reference for the CAMHS partnership needed to be amended to reflect these contextual changes and are concerned with providing sufficient assurance in relation to CAMHS, that the aims and the objectives of the partnership can be met, and that there is clarity on the roles and responsibilities for the delivery of these.
- 2.5 The terms of reference have been signed off and the revised CAMHS partnership group has now been re-established.
- 2.6 Partnership Commissioning in North Yorkshire
- 2.7 The commissioning approach in the North Yorkshire County Council area is a joint commissioning arrangement with officers of the Council and the PCT working collaboratively to commission services.
- 2.8 Commissioning activity is in alignment with the partnership's Children and Young Person's Plan, the CAMHS strategy and also local and national drivers.
- 2.9 The partnership commissions tiers 2, 3 and tier 4 CAMHS provision. The tier 4 services are based in York. The community CAMHS teams are based in the in the Selby, Craven, Harrogate, Hambleton and

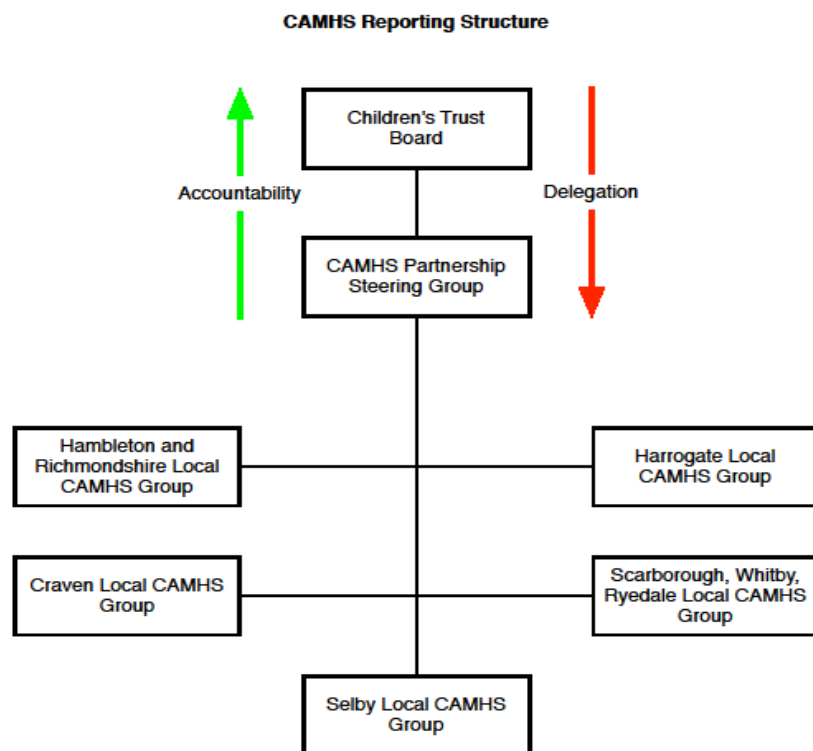
Richmondshire and Scarborough, Whitby, and Ryedale district and operate out of team bases usually located in the market towns.

2.10 The partnership has three NHS providers. These are NHS North Yorkshire and York Community and Mental Health Services, Tees Esk Weir Valley NHS Foundation Trust and Bradford Care Trust. There are no independent sector providers of specialist CAMHS Provision.

2.11 Reporting Arrangements

2.12 The quality assurance and governance arrangements for CAMHS commissioning is managed through a three tiered meeting structure. These are:

- The Children's Trust Board
- The CAMHS Partnership Group
- Local CAMHS Groups



2.13 The executive group is the North Yorkshire Children's Trust. The trust board set the commissioning agenda for the CAMHS partnership group and receives reports on progress and notification of exceptions.

2.14 The CAMHS Partnership Group works on the principle of management by exception and reports directly to the Trust Board. The focus of the group is the delivery of the partnership objectives through a commissioning and modernisation approach. There is a clear

commissioner lead but this is supported through the engagement with health and social care professional and managerial staff.

2.15 The membership of the group includes officers with a commissioning function from the Council and PCT, the chairs of the locality CAMHS group, and clinical staff. In addition there is an open invitation for the regional CAMHS lead and to attend the meetings and also members of the PCT professional executive committee.

2.16 There are 5 local CAMHS groups in North Yorkshire. The membership is drawn from local stakeholders and typically includes front line operational staff with from Health, Social Care, Education, and the third sector. There is some engagement with young people's representatives.

2.17 The function of the local groups includes activities that support effective working between operational staff, identification of local issues and gaps in provision, and local consultation with wider stakeholder groups, for example school health or paediatric services.

2.18 The chair of the local CAMHS Group has a seat at the CAMHS Partnership Group. As a member of the group this individual acts as a representative for local stakeholders and has the right to include local issues on the agenda.

2.19 Vulnerable Groups and priority need

2.20 The PCT has worked collaboratively with officers from the Council in developing service specifications for all tiers of CAMHS provision. The priority need groups are:

- Looked after children with mental health problems
- Children with disabilities and mental health problems
- Young offenders with mental health problems
- Excluded children with mental health problems
- Children with mild to moderate learning difficulties and mental health co-morbidity
- Pre and post adopted children

2.21 The PCT data collection does not discriminate between looked after children or other priority needs groups and their peers. It is difficult to assess contract performance without this data. However there are local managerial systems in place that would in the event highlight difficulties if a priority need young person had difficulty accessing appropriate care. Should this occur the matter would be escalated, and if necessary, resolved at the PCT Contract Monitoring Board.

2.22 Issues facing the partnership

- 2.23 There are two significant issues facing the partnership. These are mental health services for children with severe learning disabilities and local access to tier 4 services.
- 2.24 Children with mild to moderate learning disability have good access to mental health services. However there is an issue for those young people who have very severe learning disabilities who may also have challenging behaviour with co-morbid conditions. The local CAMHS service has never been commissioned to provide this service. In addition they are not suitably trained to be able to assess the needs this group to inform a treatment plans. The PCT current responds to this gap by spot purchasing services. In the event that the young person requires hospital care the nearest provider is Prudhow in the Durham area.
- 2.25 Tier 4 access is an issue for young people who challenge, who are at high risk of self harm or harming others and have complex mental health needs. This is because the local tier 4 provider estate is not secure. The limits of the building mean that some young people can not be safely managed there. The PCT spot purchases tier 4 provisions in the event that a young person is unable to be accommodated locally.
- 2.26 The Work Programme
- 2.27 There are a number of work areas that need to be taken forward to inform the future commissioning requirements for the partnership.
- 2.28 The CAMHS needs assessment requires refreshing to ensure that future commissioning intentions are clearly targeted toward those young people who are most at risk, and services are being provided by the right kind of service and where they are most needed.
- 2.29 There is a need to take a stock take of joint investment and the services provided against this investment. This work will provide commissioner quality assurance on whether commissioned services are correctly mapped to deliver against the priorities of the partnership. In addition it will provide an opportunity for providers and commissioners to have clarity on investment and services in the event that these transfer to a future new organisational home.
- 2.30 There is a need to benchmark current performance in relation to access to mainstream CAMHS services for young people with learning disabilities. It has been proposed that the "Green Light tool" be adapted. The purpose of this to assist commissioners in gaining a shared understanding of the current position and also map any areas of ill met or unmet need.
- 2.31 Following the national CAMHS review the partnership needs to ensure that current provision and arrangements for CAMHS are within the range of the standards in the recommendations. The partnership is giving

consideration to how best progress this work so that assurance can be given.

George Lee
Senior Commissioning Manager
CAMHS/Youth Offending/Adult Mental Health/Alcohol
NHS North Yorkshire and York

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