Child and Adolescent Mental Health Services Scrutiny Briefing

Notes of the meeting – 2 March 2020

A briefing session on the redesign of Child and Adolescent Mental Health Services (CAMHS) was provided to members of the Adult Social Care and Health Scrutiny Committee and Children and Young People's Scrutiny Committee due to the cross cutting nature of the subject matter. The aim of the session was to allow a contribution for Scrutiny Members to be reflected through the model and to allow for questions on the proposals. Councillors Hobson (in the Chair), Clapham, Farrell, O'Hara, Hutton, Hunter, Mitchell, D. Scott, Mrs Scott and Wing attended the meeting. There were no declarations of interest.

Ms Sally Nightingale, Programme Lead - All Age Learning Disability and Autism and Children and Young People's Emotional Wellbeing and Mental Health, Transformation and Service Redesign provided an overview on the case for change of CAMHS highlighting the feedback that had been received about service provision including a desire to improve accessibility and create a unified model across the Integrated Care System (ICS).

The 'Thrive' model was highlighted as emerging best practice in the provision of services and was being adopted by a number of ICSs. The model placed the child or young person at the centre of their care and surrounded them with help and support. The specifics of the model had been co-produced with providers, the voluntary and community sector and young people and their families asked to contribute and design the model and the voice of these groups in Blackpool was reflected throughout the model.

The views of the young people had been very clear in regards to their needs and wants and it was highlighted that many young people did not want to have to attend a CAMHS setting in order to access support, they instead would prefer to access help in a setting in which they were comfortable which had the ability to provide continued access to education. Young people had also indicated that they did not like the terms used such as 'crisis' and 'tier 4' and there would be a move away from these terms, those services would still however be provided.

There were concerns raised by Members regarding the new model being standardised across the Integrated Care System and Blackpool, as a small town with specific needs, not having the needs of its children and young people being met through the implementation of an ICS approach. Reassurance was provided by Ms Nightingale that the plans would not be of detriment to residents of Blackpool and that levels of investment and spend across all CCGs in the ICS had been agreed. In Blackpool, many steps had already been taken to implement the Thrive model and it was ahead of most other areas of the ICS. The investment in Blackpool would build on that work and add additional capacity into services. It would also formalise approaches that were already being implemented informally such as the Child and Adolescent Support and Help Enhanced Response Team (CASHER).

Reference was made to how to measure the success of the new model and the national key performance indicators for service wait times amongst others would be a key source of information in determining impact of the changes. In relation to the other models considered and discounted and the progress of the other Integrated Care Systems already implementing the model it was agreed that further information would be provided in writing after the meeting.

The implementation of the model was due to be approved in June 2020 by NHS England after which it would be submitted to the Integrated Care System to put in place. It was hoped that delivery

would commence with the first calls made to the Single Point of Access Triage Phone Service was commenced in Quarter 1 of 2021. A transition and implementation plan would be developed and circulated to Members in due course.

It was agreed:

1. That further information be provided on the investment put in by Blackpool CCG and the spend in Blackpool on CAMHS.
2. That additional information on the CASHER service be provided.
3. That reference to 'Tier 4' on the model be replaced with a service descriptor instead to reflect the wishes of young people who had inputted into the design.
4. That the other models considered and discounted and the progress of the other Integrated Care Systems already implementing the model be received in writing after the meeting.
5. To receive a copy of the transition and implementation plan in due course.
6. That the Adult Social Care and Health Committee monitor the progress of the implementation of the new model in approximately 18 months including the satisfaction of those using the service and other key stakeholders.