

Report Title:	Review of Lewisham CAMHS Appendix to saving proposal Q7	
Key decision:	Yes	Item No:
Ward:	All	
Contributors:	Executive Director (Children & Young People) Head of Targeted Services & Joint Commissioning (Children & Young People)	
Class:	Part 1	Date: 28 September 2016

1. SUMMARY

- 1.1. Child and adolescent mental health services (CAMHS) in Lewisham are commissioned by the CYP Joint Commissioning team on behalf of both the NHS Lewisham Clinical Commissioning Group (CCG) and Lewisham Council. The specialist community teams provide generic and more specialised clinical support to young people across the borough, including looked after children and those involved with the criminal justice system. The total funding for CAMHS is £4.286m, of which £3.783m is funded by the local authority and CCG (who contribute £1.008m and £2.775m respectively).
- 1.2. CAMHS provision is one element of a broader range of support available to meet the emotional and mental health needs of children and young people – other provision includes schools-based counselling and mental health & wellbeing services delivered by local voluntary and community organisations. In addition, officers are currently planning how the remaining funding for the HeadStart programme can be used to sustain its legacy, focusing on four key strands – digital technology, peer support for young people and parents and workforce development.
- 1.3. This report describes the key issues which have driven the development of the CAMHS savings proposals, such as the increasing complexity of need, inconsistent performance across the service and the lack of clear, well-established pathways. However, there are a number of opportunities relating to the provision of mental health services for children and young people, including the availability of CAMHS transformation funding and the ability to deliver the local vision and priorities outlined in Lewisham's Mental Health & Emotional Wellbeing Strategy.
- 1.4. There are two specific savings proposals presented in the report, which focus on improving the access pathway for child and adolescent mental health services and further integrating mental health services for looked after children. It is anticipated that these proposals will deliver savings of £244k over three years (2017/18 to 2019/20), which represents a 19.2% reduction in the local authority contribution to the CAMHS block (and a 4.5% decrease in the overall funding for CAMHS).

2. PURPOSE

- 2.1. The purpose of this report is to present savings proposals for Lewisham CAMHS and outline the wider operational, strategic and policy context in which these proposals were developed.

3. RECOMMENDATIONS

- 3.1. Mayor & Cabinet are recommended to:

- ~~Note the current issues, opportunities for change and strategic drivers which~~ have informed the development of the CAMHS savings proposals (outlined in section 6)
- Note the detail of the savings proposals presented in sections 8 and 9 (including potential impacts, risks and mitigating actions)
- Agree to the implementation of the savings proposals

4. POLICY CONTEXT

National policy context

- 4.1. In March 2015, NHS England (NHSE) published 'Future in Mind' as part of a national drive to improve capacity and capability in the delivery of mental health services for children. This report provides a broad set of recommendations across five key themes:
- Promoting resilience, prevention and early intervention
 - Improving access to effective support – a system without tiers
 - Care for the most vulnerable
 - Accountability and transparency
 - Developing the workforce

Statutory framework

- 4.2. Commissioned services for children and young people operate within the legislative frameworks of the Children Act 2004 and the Mental Health Act 1983, as amended by the Mental Health Act 2007.

- 4.3. Clinical provision should be informed by evidence based practice including National Institute for Health and Care Excellence (NICE) and other best practice guidelines.

Local policy context

- 4.4. The recommendations in this report are consistent with the Council's strategic priorities, in particular:

- **Young People's Achievement and Involvement** – raising educational attainment and improving facilities for young people through partnership working
- **Protection of Children** – better safeguarding and joined up services for children at risk
- **Community Leadership and Empowerment** – developing opportunities for the active participation and engagement of people in the life of the community
- **Inspiring Efficiency, Effectiveness and Equity** – ensuring efficiency, effectiveness and equity in the delivery of excellent services to meet the needs of the community

4.5. It is also in line with the strategic priorities outlined in Lewisham's Sustainable Community Strategy 2008-2020, specifically:

- **Ambitious and achieving** – inspire our young people to achieve their full potential by removing barriers to learning

4.6. In addition, Lewisham's Children and Young People Plan (CYPP) 2015-18 establishes how partner agencies will continue to work together to improve those outcomes that will make significant improvements to the life-chances of our children and young people. It identifies four priority areas:

- **Build resilience** – we want our children and young people to be resilient, knowing when and where to go for help and support when faced with challenges and adversities as they arise. We also want our parents and workforce to be equipped to identify and respond to presenting needs amongst children and young people, intervening early and preventing escalation wherever possible
- **Be healthy and active** – we want our children, young people and their families to be healthy and active, confident and able to make healthy lifestyle choices and to have an understanding of how this can improve their development and wellbeing
- **Raise achievement and attainment** – we want our children and young people to achieve highly, supported by the best education, employment and training opportunities
- **Stay safe** – as a partnership we will support the right of every child to live in a safe and secure environment, free from abuse, neglect and harm

4.7. Lewisham's Mental Health & Emotional Wellbeing Strategy sets out the vision and priorities for young people's mental health provision across the borough, aligned to the national policy context:

- Create better, clearer and more responsive care pathways to enable improved access to appropriate services
- Invest in evidence-based training and practice to ensure earlier identification and improved support
- Embed resilient practice in community settings, where we will create a young person population that is better able to cope when faced with adversity
- Increase awareness of mental health and emotional wellbeing and provide guidance regarding where to go for support

5. OVERVIEW OF CURRENT PROVISION

Service configuration

- 5.1. CAMHS in Lewisham is divided into specialist community and tertiary inpatient/outpatient services. The specialist community service is provided by eight teams, which are grouped thematically below:

Generic 'front door'

- *West Clinic Team/East Clinic Team* – generic teams covering the whole borough which support young people up to the age of 18 who have significant mental health problems (providing a 'front door' for the wider CAMHS service)

Children and young people involved with the Youth Offending Service (YOS)

- *Adolescent Resource & Therapy Service (ARTS)* – supporting young people up to the age of 18 who have offended or are at risk of offending and have mental health problems
- *Functional Family Therapy (FFT) Team* – an evidence-based family therapy intervention targeted at families who have a young person engaging in persistent anti-social behaviour, youth offending and/or substance misuse

Children and young people who are looked after (LAC)

- *Symbol Team* – supporting young people up to the age of 21 who have been in care or will remain in care for the foreseeable future
- *Virtual School for CAMHS* – The Lewisham Virtual School (LVS) has collaborated with CAMHS to design an integrated mental health outreach service to support Lewisham looked after children to improve their readiness to learn

Children and young people with disabilities

- *Neurodevelopmental Team* – supporting young people up to the age of 18 with a diagnosed moderate to severe learning disability and/or a complex neuro-developmental disorder e.g. autistic spectrum disorders

Children and young people with severe and enduring mental health issues

- *Lewisham Young People's Service (LYPS)* – supporting young people up to the age of 18 with severe mental illness or acute problems, including psychosis, repeated self-harm, personality disorder and acute depression

- 5.2. The savings proposals presented in this report focus on those teams providing generic support to young people and specific support to looked after children.

Commissioning

- 5.3. Lewisham CAMHS (excluding inpatient and some outpatient services) is commissioned by the CYP Joint Commissioning team on behalf of both NHS Lewisham Clinical Commissioning Group (CCG) and Lewisham Council.

Services are delivered by South London & Maudsley (SLAM) NHS Foundation Trust.

Provision

- 5.4. CAMHS services are limited and can only be accessed by young people who exceed certain thresholds for risk and need. However, CAMHS provision is one element of a broader range of support available to meet the emotional and mental health needs of children and young people – other provision includes schools-based counselling and mental health & wellbeing services delivered by local voluntary and community organisations (see section 6).

Funding

- 5.5. The total funding for CAMHS services in Lewisham is £4.286m, broken down as follows:

Funding Stream	Block Grant		University Hospital Lewisham (UHL)	Department Of Health (DoH)	Ministry Of Justice (MoJ)	DSG/Pupil Premium Grant	TOTAL
	LA Contribution	CCG Contribution					
Specialist Community Services	£1.008m	£2.775m	£52k	£45k	£170k	£236k	£4.286m

- 5.6. It should be noted that the CAMHS savings proposals represent a reduction in the local authority contribution to the block grant only (£1.008m) – the CCG contribution is not affected.
- 5.7. The table below outlines how local authority contributions to the CAMHS block grant differ across boroughs:

Local Authority	LA Contribution	CCG Contribution	Total Block Grant	LA Contribution As % Of Total Block Grant
Bexley	£329k	£1.636m	£1.965m	17%
Greenwich	£1.084m	£3.185m	£4.269m	25%
Lambeth	£926k	£2.741m	£3.667m	25%
Lewisham	£1.008m	£2.775m	£3.783m	27%
Newham	£1.379m	£2.331m	£3.710m	37%
Southwark	£738k	£3.763m	£4.501m	16%

- 5.8. Lewisham currently has a higher proportion of local authority funding than the other boroughs (except for Newham), although these figures should be treated as indicative only (given that CAMHS services are not directly comparable).

6. DRIVERS FOR CHANGE

Issues

- 6.1. There are a range of issues which have driven the development of the CAMHS savings proposals:

Funding

- 6.2. Lewisham needs to identify £45m of savings to be delivered by 2019/20, in addition to the savings of over £120m already achieved since 2010. Over this period, no savings have been taken from the c.£1m local authority contribution to CAMHS. However, the continued reduction in central government funding requires the Council to make difficult decisions about how services (including those provided to vulnerable adults and children) are delivered in future.
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Need and demand

- 6.3. 10% of school age children in Lewisham suffer from a diagnosable mental health illness, with the most common problems being conduct disorders, attention deficit hyperactivity disorder (ADHD), emotional disorders (anxiety and depression) and autism spectrum disorders (ASD).¹ Approximately 2% of young people in Lewisham are currently on the CAMHS caseload.
- 6.4. Although the number of referrals to CAMHS have not increased significantly over the past three years, clinicians (particularly those within the two generic teams) have reported that presenting need is increasing in terms of severity, meaning that capacity is stretched across the current service (see Appendix A for an overview of referral data).

Performance

- 6.5. There are high levels of rejected referrals across the service (40%) and waiting times for assessment are approximately 13 weeks. In addition, the average length of intervention is currently nine appointments over 54 weeks whilst 'Did Not Attend' (DNA) rates across the service are 12% (see Appendix B for a breakdown of performance data).

Pathways

- 6.6. Pathways are not always consistent across local community provision and CAMHS clinical services, plus thresholds between the two are not well understood (a high number of rejected referrals are inappropriate and, in many cases, children and families are being signposted to other services who are not equipped to deal with this level of need).
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Opportunities

- 6.7. Alongside the issues identified above, there are a number of opportunities relating to the provision of mental health services for children and young people:

¹ Lewisham Child & Teenage Health Profile 2015

CAMHS transformation funding

- 6.8. The CCG has been awarded annual CAMHS transformation funding over four years (until 2019/20) to transform the way in which child and adolescent mental health services are delivered locally. There is a particular focus on crisis care, eating disorders and reshaping services in line with the national 'Future in Mind' recommendations. This funding will enable the Council to take an 'invest to save' approach in relation to CAMHS, rather than simply reducing provision (as reflected in the savings proposals presented in this report).
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Delivering the local vision

- 6.9. These savings proposals should be regarded as an opportunity for positive change, enabling the Council to reshape part of the current CAMHS service in line with the local vision and priorities for young people's mental health provision (as described in section 4.6). The proposals will deliver a more integrated and streamlined clinical function where service users can step-up and step-down between universal, targeted and specialist provision according to their needs. Resources will be refocused from crisis intervention to prevention, with resilient practice embedded in community settings in order to meet the needs of children and young people more effectively.

Wider support for mental health needs

- 6.10. The HeadStart programme is funded by the Big Lottery and aims to build the emotional resilience of young people in the key 10-16 age group, before issues develop into more serious mental health problems in later life.
- 6.11. The HeadStart Lewisham partnership is led by the Council and includes NHS services, young people, voluntary and community organisations and schools. Its activity is underpinned by three key principles:
- **Asset, not deficit based** – starting with what is good and building on that as a way to work through adversity
 - **Resilience focused** – empowering children, young people and families to respond proactively and take ownership of the things that are troubling them
 - **Ecological** – drawing in all the places and people who can be sources of support to create a network which speaks a common language with common goals
- 6.12. Although the partnership was not successful in securing funding for a third phase of work, officers are currently planning how the remaining funding can be used to sustain the legacy of the programme across four key strands:
- **Digital technology** – developing a blended online/face-to-face triage and clinical support model embedded within the CAMHS pathway (utilising Kooth.com and Work It Out Lewisham)

- **Peer support for young people** – establishing a network of peer mentors to guide young people to ‘self-help’ digital tools or universal services (delivered by Youth First digital support and peer mentoring schemes, Kooth Ambassadors and schools-based peer mentors)
- **Peer support for parents** – establishing a network of parent peer supporters to guide parents and carers to ‘self-help’ digital tools or universal services (delivered by Young Minds Peer Support and Perinatal Peer Supporters)
- **Workforce development** – ensuring that the workforce is adequately trained to identify signs of difficulty and has the confidence to support and guide young people to other services as appropriate (embedding Mental Health First Aid and the Academic Resilience Approach in schools)

6.13. The digital technology strand will build on the existing Kooth.com platform, which currently provides confidential online counselling (delivered by British Association for Counselling & Psychotherapy accredited counsellors) and 24/7 peer support for Lewisham young people aged 10 to 18. Between January and March 2016, there were 336 young people using Kooth, who participated in nearly 120 chat sessions and sent over 800 messages. The average user score for the platform during this period (based on the likelihood of users continuing to access support from Kooth and recommending it to friends) was 4.5 out of 5.

7. DEVELOPMENT OF CAMHS SAVINGS PROPOSALS

- 7.1. As part of the development process for these savings proposals, a detailed review of the current CAMHS offer was undertaken, involving:
- Analysis of current finances across the service, including a comprehensive breakdown of workforce capacity and skill mix
 - Process and customer journey mapping
 - Review of best practice from other areas
- 7.2. Officers have worked closely with CAMHS staff and managers to develop and refine the proposals as well as ensure that their potential impact on the service and its users are fully understood.

8. PROPOSAL 1 – IMPROVE THE ACCESS PATHWAY FOR CHILD & ADOLESCENT MENTAL HEALTH SERVICES

Focus of proposal

- 8.1. This proposal will be delivered in two phases:
- The first phase will enable greater alignment of the two generic teams which provide a route into CAMHS by merging operational management. Alongside this, the crisis care team will be integrated within the generic function, providing additional resources to assess all emergency presentations via A&E, assess all urgent presentations via schools, police, children’s social care & GPs and undertake seven day follow-ups

- In the second phase, the Choice & Partnership Approach (CAPA) will be implemented across the service. The CAPA model was developed specifically for CAMHS services and, based on its implementation in other areas (including Greenwich), it is expected to significantly improve the flow of cases, reduce the overall treatment time and increase the speed from referral to treatment. This will be supported by technical and process redesign across the generic teams, plus a reduction in non-core functions
- 8.2. As part of wider redesign activity supported by CAMHS transformation funding, the access pathway for children and young people will be further enhanced through the development of a blended online/face-to-face triage and clinical support model (see section 6) and by establishing CAMHS outreach support in the community, which will combine consultation training and short term interventions.

Delivery of savings

- 8.3. Savings of £44k are proposed for 2017/18 through the merger of operational management. However, given the existing demand and capacity issues within the two generic teams, making further savings in this phase would present a potential clinical risk.
- 8.4. The implementation of the CAPA model will take place during 2017/18 (using CAMHS transformation funding to support programme and change management). The expected reduction in demand as a result of improvements to the access pathway as well as increased capacity following the CAPA implementation (plus wider redesign activity) and integration of the crisis care team should deliver savings of £150k during 2018/19 and 2019/20 (see Appendix C for detailed modelling).
- 8.5. The local authority contribution to the generic CAMHS teams is £224k, so delivering savings of c.£194k would effectively mean that Lewisham no longer funded this part of the service. Savings to the CCG contribution are not being proposed at this stage as there would be a significant impact on the sustainability of the service (as well as increased pressure on adult mental health services) if these savings were delivered over the same period. Given that the CCG contribution in this area has increased as a result of CAMHS transformation funding and the new access pathway should improve capacity and demand management, officers will consider whether any further savings are viable after 2019/20.

Impact

- 8.6. The proposed model offers a more coherent and consistent pathway for children and young people accessing mental health services, ensuring that there is better integration between community provision and CAMHS clinical services

- 8.7. Although there will be a reduction in clinical staff within the generic function, the CAPA approach will enable the service to manage demand and capacity more effectively and respond flexibly to clinical pressures

Risks

- 8.8. The key risks and potential mitigating activities for this proposal are outlined below:

- *The complexity of cases within the generic function continues to rapidly increase over the next few years*—although it is difficult to accurately predict demand, the proposed redesign of the access pathway (including the development of a blended online/face-to-face triage model) and the implementation of CAPA should ensure that the service is better equipped to manage such pressures in the longer-term. These new approaches will be regularly reviewed in order to inform future practice
- *Implementation of the CAPA model takes longer than anticipated* – evidence from other areas suggests that an implementation timeframe of a year (to develop and deliver the new way of working) is realistic, but this will require effective programme and change management as well as buy-in from the service (who are keen to implement the CAPA model). Additional resources will also be allocated to CAMHS in order to eliminate waiting lists prior to the CAPA implementation (to enable a quicker transition process)
- *Implementation of the CAPA model does not release sufficient capacity to deliver the proposed savings* – further modelling will be undertaken with the service to ensure that the figures identified are robust, but the core focus of the implementation will need to be achieving cashable savings (alongside process efficiencies)
- *CAMHS transformation funding ends in 2020/21* – funding is not confirmed beyond this point, so clear transition and contingency measures will need to be in place
- *Cost Improvement Programme (CIP) savings set by the NHS affect the ability of the service to deliver this proposal* – to date, CIP savings have resulted in a year-on-year budget reduction for Lewisham CAMHS (averaging 3.9% between 2011/12 and 2016/17). In order to minimise their impact, any further savings required will need to be aligned to the proposals set out in this report and developed in conjunction with commissioners

9. PROPOSAL 2 – FURTHER INTEGRATION OF MENTAL HEALTH SERVICES FOR LOOKED AFTER CHILDREN

Focus of proposal

- 9.1. The Lewisham Virtual School has collaborated with CAMHS to pilot an integrated mental health outreach service (funded via the Pupil Premium Grant) which supports Lewisham looked after children and improves their readiness to learn. Given the success of this new approach, it is intended to integrate the outreach service with the CAMHS SYMBOL service (which provides more traditional, clinic-based support for looked after children),

blending outreach and clinic-based support within a graduated model. This will increase the speed of response for the most vulnerable children and young people whilst ensuring that we maximise opportunities to see them in the most appropriate environment

Delivery of savings

- 9.2. Officers will work closely with CAMHS and the Lewisham Virtual School to develop and implement a new model at a lower cost by April 2017 (releasing savings of £50k). To support the implementation of the new delivery model (particularly the outreach element), a CAMHS Practitioner post will be funded via the Pupil Premium Grant

Impact

- 9.3. The outreach approach will enable better promotion of resilience, prevention and early intervention whilst the blended model will deliver a more tailored intervention based on individual need

Risks

- 9.4. The key risks and potential mitigating activities for this proposal are outlined below:
- *The needs of high risk children and young people are not met* – the proposed model will continue to provide clinic-based support where required, based on an assessment of individual need
 - *The proposed model will be less efficient as fewer children and young people can be seen via an outreach approach* – the outreach approach is not intended to simply replicate clinic-based appointments in a local setting, but to provide more tailored support through a number of different routes, including more collaborative working with other services (such as schools & community organisations) and alternative ways of engaging children and young people (e.g. online provision)
 - *Funding from the Pupil Premium Grant is not available beyond 2017/18* – we will need to develop a clear business case for future funding (including how it supports the new service model and delivery of improved outcomes for vulnerable young people)

10. SUMMARY OF CAMHS SAVINGS PROPOSALS

10.1. The table below provides an overview of the savings proposals:

Saving Proposed	2017/18	2018/19	2019/20	Total
Improve the access pathway for child and adolescent mental health services	£44k	£50k	£100k	£194k
Further integration of mental health services for	£50k	£0k	£0k	£50k

looked after children				
Total	£94k	£50k	£100k	£244k

10.2. It should be noted that the £50k savings proposed for 2018/19 will be offset by funding from the Pupil Premium Grant. The total reduction in the local authority contribution to the CAMHS block grant is therefore £194k over three years, which represents a 19.2% decrease (and a 4.5% decrease in the overall funding for CAMHS).

11. NEXT STEPS

11.1. ~~The table below outlines the high-level next steps:~~

Oct – Dec 2016	Refine proposals for sign-off
Jan – Mar 2017	Scoping and programme planning for CAPA implementation Develop new service delivery model for looked after children (LAC)

11.2. A detailed plan of activity regarding the delivery of savings for 2018/19 and 2019/20 is currently being developed.

12. FINANCIAL IMPLICATIONS

Revenue Financial Implications

12.1. The revenue financial implications of the savings proposals for Lewisham CAMHS are dealt with in the main body of the report.

Capital Financial Implications

12.2. There are no capital financial implications associated with these proposals.

13. LEGAL IMPLICATIONS

TBC – Mia Agnew

14. EQUALITIES IMPLICATIONS

14.1. A full EAA (see Appendix A) was undertaken to determine whether the savings proposals for Lewisham CAMHS were likely to have a positive, neutral or negative impact on different protected characteristics within the local community and to identify mitigating actions to address any disproportionately negative outcomes.

14.2. The overall assessment of available data and research, plus the findings from the consultation activity, found that the proposed changes did not discriminate, although certain groups (such as males, looked after children, those aged under 13 and those from a black or minority ethnic background) may be disproportionately less likely to access support from mental health services

which will need to be addressed in the detailed design and implementation of the proposals. As a result, no major amendments are required at this stage.

- 14.3. The EAA, including the Action Plan, will be reviewed regularly (every three months from April 2017) to ensure that equalities issues continue to be positively reflected in service delivery.

15. ENVIRONMENTAL IMPLICATIONS

- 15.1. There are no specific environmental implications arising from this report.

16. CRIME AND DISORDER IMPLICATIONS

- 16.1. There are no specific crime and disorder implications arising from this report.

17. CONCLUSION

- 17.1. Although part of the wider savings agenda, these proposals should be regarded as an opportunity for positive change, enabling the Council to reshape part of the current CAMHS service in order to deliver a more integrated, streamlined clinical function and refocus resources from crisis intervention to prevention, with resilient practice embedded in community settings
- 17.2. If there are any queries about this report, please contact Warwick Tomsett (Head of Targeted Services & Joint Commissioning) on extension 48362 or at warwick.tomsett@lewisham.gov.uk.

APPENDIX A – OVERVIEW OF REFERRAL DATA

Total CAMHS referrals

2013/14	Q1	Q2	Q3	Q4	Total
Total Referrals	351	333	385	327	1396
Accepted Referrals	267	242	299	244	1052
% Accepted	76%	73%	78%	75%	75%

2014/15	Q1	Q2	Q3	Q4	Total
Total Referrals	346	355	317	297	1315
Accepted Referrals	230	249	193	180	852
% Accepted	66%	70%	61%	61%	65%

2015/16	Q1	Q2	Q3	Q4	Total
Total Referrals	345	307	364	298	1314
Accepted Referrals	219	188	236	179	822
% Accepted	63%	61.2%	64.8%	60.1%	62.6%

Referrals by team – West Clinic & East Clinic Teams (generic)

2015/16	Q1	Q2	Q3	Q4	Total
Total Referrals	223	217	233	183	856
Accepted Referrals	122	111	116	76	425
% Accepted	54.7%	51.2%	49.8%	41.5%	49.6%

Referrals by team – SYMBOL Team

2015/16	Q1	Q2	Q3	Q4	Total
Total Referrals	36	14	30	28	108
Accepted Referrals	25	12	28	26	91
% Accepted	69.4%	85.7%	93.3%	92.9%	84%

APPENDIX B – OVERVIEW OF PERFORMANCE DATA

N.B. Data for the West Clinic and East Clinic teams has been combined to give an overall figure for the generic function

Waiting times (reporting categories changed in Q3 so some measures are not available for previous quarters)

Total CAMHS

2015/16	Q1	Q2	Q3	Q4	Total*
Number Assessed	n/a	118	174	136	428
Average Waiting Time (Weeks)	n/a	n/a	14.5	13.29	13.9
Total Number Awaiting Assessment	n/a	357	270	410	1037

* Of available data

West Clinic & East Clinic Teams (generic)

2015/16	Q1	Q2	Q3	Q4	Total*
Number Assessed	n/a	77	93	37	207
Average Waiting Time (Weeks)	n/a	n/a	11.6	10.46	11
Total Number Awaiting Assessment	n/a	191	156	268	615

* Of available data

SYMBOL Team

2015/16	Q1	Q2	Q3	Q4	Total*
Number Assessed	n/a	8	20	18	46
Average Waiting Time (Weeks)	n/a	n/a	13.1	7.82	10.46
Total Number Awaiting Assessment	n/a	32	24	37	93

* Of available data

Appointments

Total CAMHS

2015/16	Q1	Q2	Q3	Q4	Total
Appointments Offered	3532	3133	3646	3837	14,148
% DNA	13%	15%	13%	12%	13%

West Clinic & East Clinic Teams (generic)

2015/16	Q1	Q2	Q3	Q4	Total
Appointments Offered	1839	1576	1866	1878	7159
% DNA	16%	15%	13%	12%	14%

SYMBOL Team

2015/16	Q1	Q2	Q3	Q4	Total
Appointments Offered	333	370	365	421	1489
% DNA	14%	17%	20%	16%	17%

Intervention length

Total CAMHS

2015/16	Q1	Q2	Q3	Q4	Total
Average Number Of Sessions	10	11	9	9	9.8
Average Treatment Length (Weeks)	60	89	52	54	63.8

West Clinic & East Clinic Teams (generic)

2015/16	Q1	Q2	Q3	Q4	Total
Average Number Of Sessions	7	10.5	8.5	8	8.5
Average Treatment Length (Weeks)	50	80.5	53	51	58.6

SYMBOL Team

2015/16	Q1	Q2	Q3	Q4	Total
Average Number Of Sessions	28	18	17	11	18.5
Average Treatment Length (Weeks)	72	94	79	65	77.5

APPENDIX C – DETAILED MODELLING (PROPOSAL 1)

- The information below provides an overview of the work undertaken to identify savings for the second phase of Proposal 1:

Staffing numbers and costs (generic teams)

Team	FTE (Filled)	FTE (Vacant)	Total FTE
West Clinic Team	6.4	1	7.4
East Clinic Team	6.5	1	7.5
Total	12.9	2	14.9

- Although there are currently 14.9 FTEs across the two generic teams, the actual clinical capacity figure is lower as it excludes the ADHD specialist nurse (1 FTE) and non-clinical responsibilities held by the safeguarding lead (0.75 FTE) and three clinical leads (0.6 FTE overall)
- The total figure above also includes 0.5 FTE clinical time from each team manager. If operational management is merged (as proposed), then clinical capacity within the new role is likely to be reduced – the total staffing numbers across both teams prior to CAPA implementation would therefore be **12.55 FTE**

Staff	Basic Salary & On-Costs
Band 6 Clinician	£46k
Band 7 Clinician	£54k
Average	£50k

Modelling assumptions

- Individual caseload capacity following CAPA implementation (based on CAPA implementation by Greenwich CAMHS):
 - Minimum figure – 32 cases per clinician
 - Maximum figure – 36 cases per clinician
- In 2015/16, the total number of accepted referrals was 425 (based on an average acceptance rate of 49.6%)

Savings proposal

Proposal Outcome	Savings	Clinical Staff Available	Capacity For Accepted Referrals			Difference From Total Figure (2015/16)
			Minimum Caseload (32)	Maximum Caseload (36)	Average	
Release capacity equivalent to 1 FTE	£50k	11.55 FTE	370	415	393	-32
Release capacity equivalent to 2 FTEs	£100k	10.55 FTE	338	380	359	-66
Release capacity equivalent to 3 FTEs	£150k	9.55 FTE	306	344	325	-100

- The proposal to deliver savings of £150k (equivalent to a decrease of 3 FTEs over a two-year period) means that the generic teams will only have the capacity to manage approximately 325 accepted referrals per year, which represents a reduction of 100 referrals at 2015/16 rates (although this projected figure does not reflect the impact of a more streamlined service model as a result of the CAPA implementation and wider process/technical redesign, which should partially offset any reduction in capacity)
- However, initial work has been undertaken with Xenzone (who provide the Kooth.com platform) to develop a blended online/face-to-face triage and clinical support model. It is intended that this model will routinely work with young people sitting at the interface of targeted and specialist CAMHS and those who have more complex specialist needs as part of an integrated support approach embedded within the CAMHS pathway
- Indicative modelling suggests that an average of 185 referrals currently received by Lewisham CAMHS (equivalent to 92 accepted referrals based on 2015/16 rates) could be appropriately offered support and intervention via the blended model. This would mean that demand at least equivalent to current levels (which have remained similar for the past three years) could still be managed within the wider CAMHS access pathway