

Update Child and Adolescent Mental Health Services

SUMMARY

Since September 2012 Sussex Partnership Foundation Trust (SPFT) has been providing targeted and specialist community children and young people's services (CHYPs) mental health support across Kent. The lead commissioner is West Kent CCG. This report provides an update of progress to date.

RECOMMENDATIONS

The Committee is asked to:

Note the report and comment on progress

Background

Sussex Partnership NHS Foundation Trust (SPFT) began managing children and young people tier 2 (targeted) and tier 3 (specialist) mental health services from September 2012. We inherited waiting lists for both tier 2 and tier 3 services in west Kent where young people and families were waiting an average of 18 months and as long as 3 years for routine assessments.

SPFT immediately put measures in place so that no young person would wait for an emergency or urgent appointment and there have been no breaches¹ regarding these referrals. An action plan was put in place to address the historic waiting times for routine referrals with a trajectory to reduce the waiting time for all first appointments to a target of 6 weeks by end of September 2013 and this has been a key focus of our work over the last year whilst re-designing the service to introduce a new model.

It has been a year of challenges and change. When we took over the inherited service the legacy was as described a combination of long waiting times and large numbers of young people who had been seeing services for a very long time, often only for an annual review. The staffing resource to deliver the children and young people's services (ChYPs) in Kent, (also inherited), are all committed to the common goal of improving the lives of children. On 1st September 2012, 274 staff transferred into SPFT via TUPE arrangements. Services across Kent were previously provided by 7 different organisations each with a differing culture and varying expectations of

¹ Definition of breach: Emergency referral standard is that young person should be seen within 24 hours and urgent referral within 10 days therefore a breach are those seen beyond these targets.

staff; all delivering different levels of services reflecting historic commissioning decisions and investment levels. A 3 year contract is a challenging time frame to deliver and consolidate whole system change and so from day one we embarked on an ambitious change programme to improve the service, reduce the waiting times and deliver an equitable service offering across Kent, based on the lessons learned from running services in Sussex and Hampshire. The aim is to bring care closer to young people and their families and to ensure services are easily accessible and maximise choice.

Overview of the CAMHs services across Kent and outline of the differences between services at tiers 1 – 4

Universal services (tier 1) includes those services whose primary function is not to provide specialist mental health care, but which have a general role in meeting the emotional well-being and mental health needs of children and young people. This includes services provided through GP's; health visitors and school nurses as well as the early intervention services commissioned through Kent County Council which can be accessed via the Common Assessment Framework (CAF) i.e. the Young Healthy Minds service.

Since September 2012 SPFT has been providing ²targeted and specialist community children and young people's services (CHYPs) for Kent, - lead commissioner West Kent CCG - defined as:

Targeted services (tier 2) are for those young people with emerging emotional difficulties and mental health problems, and are offered when the needs of the referred young person can be met by a single clinician providing a short term intervention. Our Targeted ChYPS service will provide an assessment and intervention (6 to 8 sessions – with the option to review).

Specialist services (tier 3) provide specialist assessment and treatment of moderate to severe mental health difficulties and associated risks in all young people under 18 years. Our Specialist ChYPS is delivered by a multi-disciplinary team. They work together to identify and meet the needs of children and young people with highly complex mental health presentations.

Tier 4 services are the inpatient beds and a small number of highly specialist out-patient services which are provided by the South London & Maudsley NHS foundation Trust (SLAM) for Kent and are commissioned by the London local area team (LAT) of NHS England.

² Note SPFT is not the only provider of targeted (tier 2) services in Kent, both Young Healthy minds and Kent CC provide a mix of tier 1 & tier 2 all of which are accessed via CAF

A young person's journey may involve movement through the tiers / levels of service in a stepped care approach, as their condition is recognised as more complex or as and when conditions are ameliorated. However some children and young people will receive services from more than one of the tiers at the same time.

Referral routes to CAMHs services

The emotional well-being services which are delivered at tier 1 as part of the universal provision can only be accessed via CAF.

The targeted and specialist community services provided by SPFT (tier 2&3) can be directly referred into by GPs, other health professionals (Paediatricians, School Nurses and Health Workers), Social Workers, schools and other professionals who work with young people preferably via the completion of a referral form, although urgent / emergency referrals can be made via telephone.

The tier 4 services are accessed by referral from the specialist community services (tier 3).

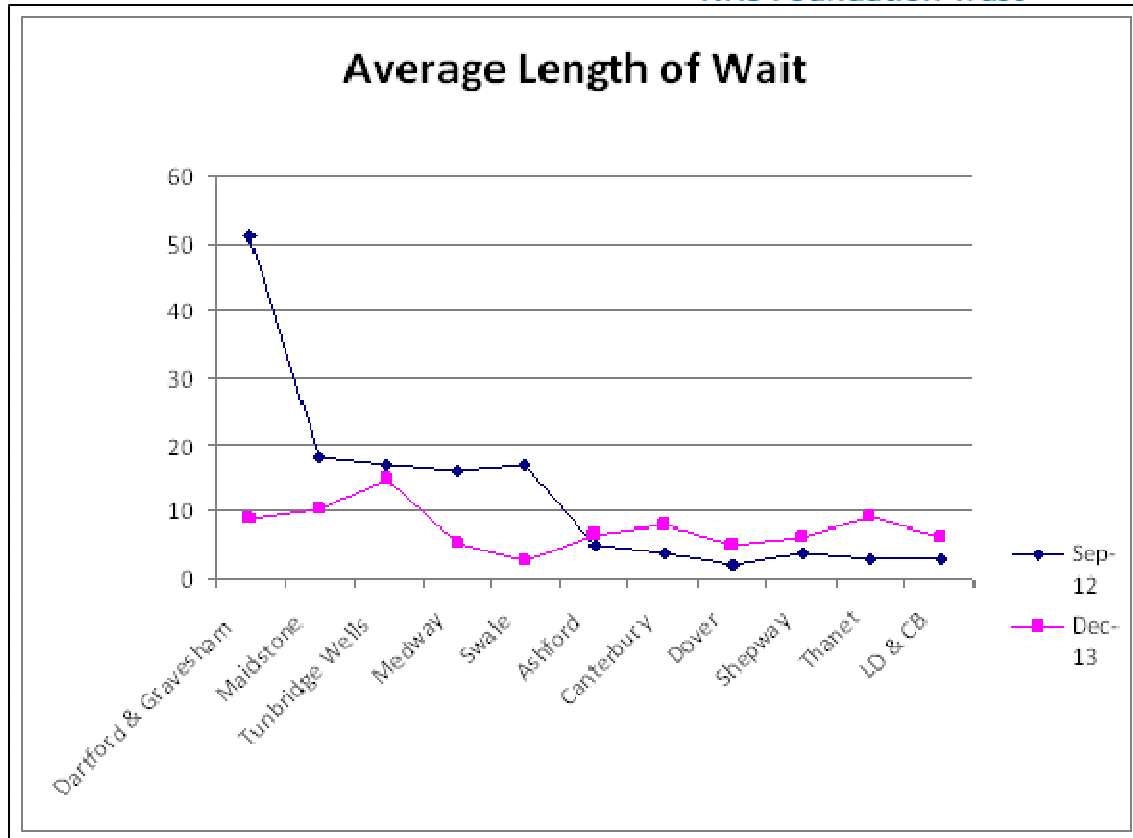
Current position

Performance - Waits

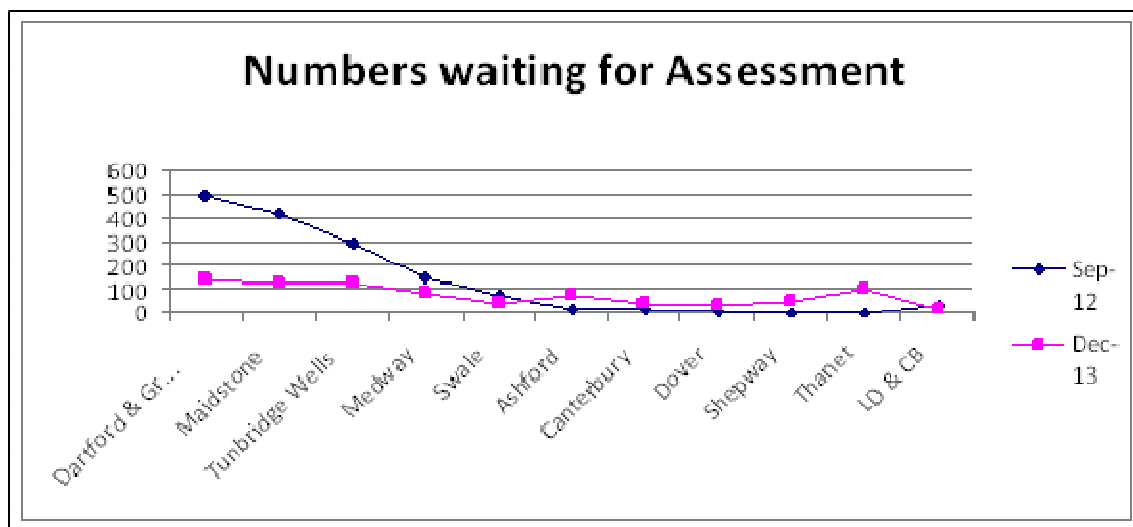
Young people do not wait if they require an emergency or urgent response, we have put in place an equitable out of hours service across the county that not only provides robust assessment regarding young people detained on a section 136, but also supports young people presenting at A&E in crisis and the A&E teams themselves. This means that the service now provides a 24 hour response for those young people presenting in crisis; during the routine working hours of the service (9-5 Monday to Friday) this response is provided by the hub duty teams. There have been no breaches with regards to young people needing a response within 24 hours of presentation and this cohort accounts for approximately 10% of the services activity. The service is also prioritising those young people needing urgent support who are seen within 10 days on average 20% of appropriate referrals are assessed and begin treatment within four weeks of receipt of referral and 36% within 10 weeks.

Routine referrals

As described above we inherited variable performance across the county with the longest waits in the West



In the year since September 2012 services have focused on addressing the large numbers of young people waiting for assessment. Legacy waits have now all been cleared and there are no young people referred before April 2013 still waiting to be seen.



As described above a key priority for services has been the external waiting-list. To tackle the large numbers we instigated a waiting-list initiative in the west of Kent drafting in additional capacity from across our services to ensure that all young

people were assessed; by the end of September 2013 the inherited waiting lists for those families waiting for routine appointments were cleared. The services have been unable to maintain this progress with referrals received since May 2013, because of an increase in demand on the service both in terms of numbers and severity, the impact of increasing numbers of urgent referrals is more young people with serious mental health problems presenting to the service for help this has led to delays on the routine waiting-list.

As a consequence the service has waiting times of beyond 6 weeks in some areas. In addition the waiting-list initiative to target the inherited waiting-list has led to a longer than ideal internal waiting-list for treatment (those who have been assessed), which the service is developing a capacity plan to address. The service has made good progress in their recruitment drive and are now in the process of making arrangements for the new cohort to start in post. We have been successful in recruiting a good calibre of staff and this is evidenced from feedback from teams. Vacancies remain in the specialist children in care team and creative solutions are being sought. In the interim temporary staffing solutions (agency) are being used to support particularly the Dartford area, to begin to address the internal waits.

The current average waiting times for a specialist first assessment appointment (in weeks) at the end of December 2013 were as follows:

Area	Average length of wait (weeks)	
	Sept 2012	Dec 2013
Dartford & Gravesham	51	9
Maidstone	18	10.5
Tunbridge Wells	17	15
Medway	16	5.38
Swale	17	2.8
Ashford	5	6.5
Canterbury	4	8
Dover	2	5
Shepway	4	6.2
Thanet	3	9.2
LD & CB	3	6.2

The contract standard is 4-6 weeks from referral to assessment and 8-10 weeks from referral to the commencement of treatment. As a comparator in Sussex the waiting time for assessment is a maximum of 4 weeks from referral and treatment 18 weeks. In Hampshire 95.8% of young people have started their treatment within 18 weeks of referral.

At the end of December 2013 the numbers of young people assessed and waiting for treatment to begin were as follows:

CCG	Numbers waiting to begin treatment
Dartford Gravesham & Swanley	495
Swale	103
Thanet	14
West Kent	343

The introduction of the Choice and Partnership approach which best manages demand and capacity, is enabling the service to develop a demand and capacity plan. As part of this work the service is conducting a caseload audit to confirm this active caseload. Currently the open caseload stands at 10,077, however this includes a significant number of young people inherited by the service who have been historically held perhaps being reviewed annually. The "Right from the Start" service model which is being implemented is designed to identify and treat the presenting problem and then discharge rather than hold. The service is sharing with the CCG the detail of the capacity plan that is being developed and close scrutiny will be in place regarding delivery and any sustained increase in demand on the service and this will be discussed with CCGs through the monthly performance meetings, which are co-ordinated by the west Kent CCG's on behalf of Kent and Medway CCG's.

As can be seen from the above the internal wait for treatment is mainly an issue for the West hub (including Dartford Gravesham and Swanley). This reflects the historic picture of services.

The service prioritises in accordance to presenting need it is therefore the routine referrals that can have a protracted wait as the service is prioritising in terms of urgency those requiring an immediate response. Review of the Dartford and Gravesham internal waiting-list show that the longest waits are for either a psychiatry appointment or a specific therapeutic intervention such as family therapy.

ADHD/ASD

There are some particular pressures in South Kent in accessing specialist assessments particularly for Attention Deficit Hyperactivity Disorder (ADHD) and Autistic Spectrum Conditions (ASD) and there are a number of young people waiting for these assessments.

With regards to ADHD, CCG's are considering the future commissioning of the ADHD pathway. In the South there is currently a deficit regarding paediatric support.

A similar situation is evident for ASD assessments though this is a more multi-disciplinary assessment that can also require a speech and language input. Further work is being undertaken on the pathway through a clinically led NICE (National Institute of Clinical Excellence) guidance group and CCG's are also reviewing future options for commissioning this pathway.

Commissioning performance framework

At present West Kent CCG is the co-ordinating commissioner on behalf of Kent & Medway CCG's and they are taking a robust approach to managing the performance of our services against the contract requirements. The commissioner has recognised that Improvements have been made, the service is prioritising those young people who need urgent support and there have been no breaches in urgent referrals, waits for treatment (measured from referral to treatment) have improved and are considerably less than the average before we took over the contract however the length of wait between assessment and treatment has increased and this is a concern. The introduction of the Choice and Partnership approach is helping caseload management and a further more detailed demand and capacity plan is being developed. Care pathways and referral routes have improved. A workforce development plan has been implemented and the service has been successfully recruiting a high calibre of staff to reach a full staffing complement - there are on-going concerns in recruitment delays. Some of the difficulty has been the volume of staff needing to be recruited to and the specialist nature of posts. Temporary staffing solutions (agency) are being used to support this area particularly for the Dartford area to address the backlog.

As a consequence of targets that were missed, the CCG initially formally wrote to the Trust outlining its concerns and seeking re-assurance through an action plan to address the shortfall in service delivery. Board to board discussions to further improve performance monitoring data are now in place in order to provide confidence in the performance regime and quality of service delivery. The Trust is aware that contractual levers such as penalties have been considered and if performance does not improve these can be implemented.

The CCGs will continue to monitor and work with the Trust to ensure that the service is working to full capacity and will continue to use all necessary contract levers to ensure this is adhered to. West Kent CCG will continue to co-ordinate monthly performance meeting with us to review progress.

Key Challenges and Development Plans

The common assessment framework (CAF)

The CAF process is currently not cohesive across the whole system and work needs to be undertaken to improve care pathways and referral routes. The current system restricts access to universal services as a result the impact is that referral into our community services is easier than to refer into the appropriate universal (tier 1) support. This creates work for our services as all referrals received are triaged by our Multi-Disciplinary Teams (MDT) and approximately 23% of referrals received are sign-posted to these services. The system recognises the concerns and Kent CC are in the process of reviewing the use of CAF particularly for accessing health services.

Out of hours and inpatient admissions

We are in the process of implementing a crisis resolution/home treatment team to support those complex young people in the community who otherwise may be admitted to hospital. It is planned that following successful recruitment this will begin at the end of January 2014.

The increase described in the performance section above of unscheduled care referrals (emergency and urgents) and the increased severity of those presenting has meant that there has been an increase in the number of Kent young people admitted to inpatient beds over the last 6-9 months, which mirrors a national trend that has seen increased mental health admissions for both young people and adults. This has led to a shortage of beds available and some young people having to be placed in beds significant distances from home. The delays in finding a suitable bed has also meant that on some occasions the acute hospitals in Kent are being asked to admit young people into their beds with support from the community services until a CAMHs bed becomes available. This impacts on the capacity of both the acute trusts and our community services.

CCG's no longer commission inpatient mental health beds for young people as this has been passed to NHS England. A regular meeting has been established between South London and Maudsley NHS Foundation Trust (SLaM), SPFT and NHS England to look at the pathway and issues arising from it.

Alongside this we have established a meeting with the local acute providers to outline the service offer particularly out of hours and the roles and responsibilities of providers in securing an inpatient admission. NHS England are in the process of conducting a national review of inpatient beds.

Transition from children and young peoples services into adult services

Transition from our services into adult services should be a seamless journey, the majority of young people in CHYPs services do not need referral into adult services and therefore their transition is to return to the care of their GP.

Where young people are planned to continue into adult services ideally joint work / planning should start at least 6 months ahead of the young person's 18th birthday - the transfer process should be prepared for and not be adversely affected by Tier 4 admission - so that if the young person is in hospital when they turn 18 there is a seamless transfer to adult in-patients. Currently there is inconsistency in the transition pathway with the main adult provider KMPT.

Commissioners are aware of this issue and making plans to work with all providers to support developing clear transition pathways.

Section 136

Our services are working hard with Kent Police to respond and assess young people who are detained under Section 136 of the mental health act in Kent where possible using A&E. Where there are significant concerns and it is inappropriate to assess someone in A&E currently young people are assessed at SLaM's Bethlem hospital in Beckenham as there is not a place of safety in Kent. The numbers of young people are small but usually this occurs 'out of hours' and there have been some difficulties in terms of communication and co-ordination regarding the pathway.

A Strategic Partnership group has been set up with the police that includes mental health providers and is co-chaired between a senior police officer and the west Kent CCG co-ordinating commissioner to look at strategic and operational issues, including the pathway. The Co-ordinating Commissioner is also liaising with NHS England regarding contract arrangements around the provision of a local dedicated Section 136 place of safety for young people. NHS England now has responsibility for the contract provided by SLaM.

Conclusion

In conclusion our services have made a good start, significant improvements have been seen in the provision of mental health support to the children and young people of Kent through the reduction in waiting times for assessment and the provision of a crisis and out of hours service. Work is well underway to implement the service model which includes the development of a fully complimented staffing establishment of specialist staff with appropriate competencies. Recruitment has been largely successful and new staff are commencing over the next few months. There is further work to do and the Trust is working closely with commissioners on delivery plans. We are aiming, if plans fall into place, in 6 months' time to have addressed the routine treatment wait and for the majority of young people to begin treatment within 10 weeks of referral.

**Jo Scott, Programme Director,
Kent and Medway Children and Young People Services**