

## Child and Adolescent Mental Health Services (CAMHS) Update

Health Overview and Scrutiny Committee

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11 April 2014

Patient focused  
Providing quality,  
improving outcomes

# KENT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

FRIDAY 11 APRIL 2014

## CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS) UPDATE

### **SUMMARY**

This report provides an update on progress on the actions taken across the system to improve performance of CAMHS in Kent.

### **RECOMMENDATIONS**

The committee is asked to:

Note the report and comment

## **1. Background**

- Child and Adolescent Mental Health Services (CAMHS) are commissioned at four levels:
  - Tier 1 – support delivered within universal settings
  - Tier 2 – targeted support
  - Tier 3 – specialist support
  - Tier 4 – Specialist mental health services
- It is important to understand the pathway of care for children's mental health and emotional wellbeing services. Although this paper focuses on Sussex Partnership NHS Foundation Trust (SPFT) which delivers Tier 2 and 3 provision, it is important that the committee recognises the wider context of CAMHS provision.
- Kent County Council commissions Tier 1 (emotional wellbeing services) from Healthy Young Minds.
- In 2011/12 the Kent cluster primary care trusts, in partnership with Kent County Council (KCC) retendered Tier 2 (targeted) and Tier 3 (specialist) services, following dissatisfaction with the previous service.
- As a result of this procurement, Sussex Partnership NHS Foundation Trust (SPFT) took over provision of Tier 2 and Tier 3 services from September 2012.

- These services are now commissioned by clinical commissioning groups (CCGs). NHS West Clinical Commissioning Group is the co-ordinating commissioner, on behalf of all the CCGs in Kent and Medway.
  - These services were previously provided by seven separate providers with different pathways and processes.
- Tier 4 (specialist mental health) services were retendered the year before (2010/2011) and are commissioned by NHS England specialist services team. The current provider is South London and Maudsley NHS Foundation Trust (SLaM).

## **2. Current national picture**

- There is a growing recognition of the national problem with high demand, limited capacity and disjointed commissioning care pathway arrangements in children's mental health and emotional wellbeing services, including CAMHS.
- There is a wider understanding of the current disparity in resource allocation for children's mental health services compared to adult mental health, when the high percentage of mental health diagnoses in teenage years is taken into account.
- We anticipate that the current Health Select Committee inquiry into children's mental health and emotional wellbeing services, including CAMHS, and the NHS England review of Tier 4 beds will provide a clearer steer on future service developments and capacity.

## **3. Sussex Partnership Foundation Trust (SPFT) contract performance**

- When SPFT took over the Tier 2 and 3 services, it rapidly became clear that there were significantly more children waiting for assessment and treatment than had been anticipated through the tender process. This led to considerable delays for assessment and treatment and failure to meet contract KPIs.
- SPFT rapidly undertook a review of the team structure it had taken over and restructured into a more appropriate workforce model. This led to high levels of vacancies in some teams which compounded the problems clearing waiting lists.
- Demand for the service has also been rising since the new service was introduced, this reflects the national picture. In Kent, this is exacerbated by the care pathway issues with universal services. Young Healthy Minds is responsible for CAF.

- SPFT has moved to a single information system from the previous multiple systems. In a number of instances, this has meant introducing computerised systems where previously only manual systems existed. This led to initial teething problems with the flow of electronic performance information which is now improving.
- SPFT has been a low reporter of clinical performance issues due to the need to develop Kent specific reporting systems.
- Recently, there has been a rise in the number of complaints from parents and MPs, together with interest from local media.

#### **4. Section 136 issues and interaction with South London and Maudsley NHS Foundation Trust (SLaM)**

- There is currently no identified section 136 suite available for young people under 18 in Kent.
- Soon after NHS West Kent Clinical Commissioning Group took over the lead for the SPFT contract, it became clear that the arrangements for caring for children picked up by the police under section 136 were not working, with a number of children waiting for far too long in A&E, and very occasionally, where the risk was too great, police cells, for an inpatient admission (placement by the Tier 4 service).
- SPFT teams are appropriately prioritising, assessing promptly and supporting young people in A&E, police custody and at home. The trust has recently established a home treatment team which is able to offer intensive support at home seven days a week.
- Nationally, the demand for Tier 4 CAMHS beds is significantly outstripping capacity and has led to the current position of beds only being available on a “one in, one out” basis. This is causing pressure across the entire system and leading to waits of days for young people requiring an inpatient bed. This is particularly problematic for those young people picked up by the police on a section 136.
- NHS West Kent CCG has been working with SPFT, SLaM and the police to understand the issues and take action to resolve them. It has become clear that there is a commissioning gap: the Tier 4 contract requires SLaM to place children needing a Tier 4 inpatient bed, but SLaM is not required to either provide a place of safety or look after them while they wait. The Tier 3 contract with SPFT requires them to respond and assess children for a Tier 4 service,

with the expectation a bed will be made available within hours. This leaves a critical gap in commissioned service.

- There is a temporary agreement with SLaM to use their section 136 suite at the Bethlem Royal Hospital in London and we are currently developing a local solution.
- There are also significant problems with SLaM finding placements when required. A number of children have either been placed a long way out of county or have had to wait in our acute hospitals or at home for a bed to become available. SPFT has incurred costs looking after children while a placement is sought. The shortage of Tier 4 beds is a national problem experienced across England.

## **5. Progress to date**

- SPFT has re-aligned management to the Kent service which is giving a greater focus to improving delivery.
- SPFT has cleared the backlog from 1/4/13 and has prioritised assessing children to enable them to be treated in clinical order. Although this led to an improvement of waiting times for assessment, it has led to an increase in waiting times for treatment.
- SPFT has ensured all urgent referrals are treated within the 24 hour timeframe required.
- SPFT has completed the team restructuring and a number of rounds of recruitment to fill vacancies. Although vacancies still exist, the number of vacancies has been reduced to the point where these can be safely filled by agency staff. Teams are thus able to operate at close to full capacity.
- A performance notice has been served on SPFT by NHS West Kent CCG as the co-ordinating commissioner. This requires the trust to produce a recovery plan and deliver rapid improvements to ensure compliance with contract standards for waiting times for routine referrals (4-6 weeks from referral to assessment and 8-10 weeks from referral to commencement of treatment). The plan has been received and reviewed by the CCG. Performance is now being regularly monitored to ensure compliance. The plan will see full achievement of contract key performance indicators by the end of August 2014.
- Dr Steve Beaumont, NHS West Kent CCG's Chief Nurse, has met with SPFT to agree a quality dashboard and a process for reporting serious incidents.

- To resolve the immediate section 136 problems, NHS West Kent CCG has agreed to commission a place for safety for children held under section 136 and is close to concluding an agreement for this service. This service will be in Kent and will provide a short term fix to the issue. This proposal has been welcomed by Kent Police through the Strategic Police Partnership Board.
- NHS West Kent CCG has agreed with KCC and the Health and Wellbeing Board to jointly review commissioning arrangements for CAMHS with a view to bringing the commissioning of Tier 1 to 4 services into an integrated approach. This will help resolve some of the problems created by the current fragmented commissioning process. This review will also consider issues of transition and the interface with education and other agencies.
- NHS West Kent CCG and SPFT have written to NHS England which is responsible for commissioning Tier 4 beds to express shared dissatisfaction with the level of current provision and concern that young people are being put at risk as a result of delays in finding inpatient beds.
- Steve Duckworth (NHS England), who manages the Mental Health Strategic Clinical Network, has agreed to review Tier 4 services for Kent and also identify a number of providers elsewhere in the country who provide good Child and Adolescent Mental Health Services, which we can use to benchmark and support local services. This was requested by HOSC in Jan 2014.

## 6. Current position

- In February, the service entered a contractual performance regime. Commencing on Monday 10 February, activity targets have been set for all teams which are being reported on a weekly basis. Weekly performance monitoring and feeding the information back to the frontline teams has helped to establish process, structure and workforce data capture that previously caused concern and impacted on the trust's ability to keep partners informed.
- The impact of the additional focus can be seen clearly in the February report with a significant increase in contacts recorded and appointments offered.

### Headlines February Performance Report

↑	6071 contacts recorded, up from 4735 January [increase 1336]
↑	6859 appointments offered, up from 5373 in January [increase 1486]
↑	112 Emergency referrals of which 79 presented out of hours, this is a slight reduction on January but still significantly above plan. 100 per cent were assessed

within 24 hours. [Note: tender standard anticipated number of young people assessed out of hours to be 10 per month, 120 per annum.]

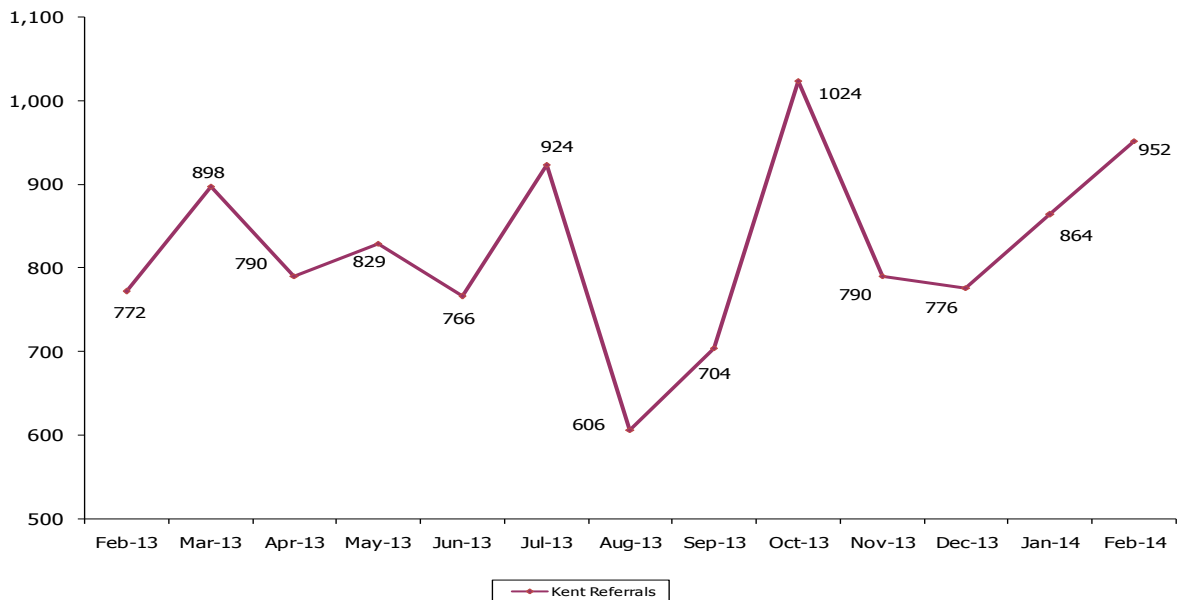
Apr-13	May-13	Jun-13	July-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14
110	92	73	90	65	93	87	91	61	124	112

↑	Total referrals 952 [monthly average 737]
↓	1148 external waiting-list to assessment, down from 1230 in January [decrease 82]
↓	1009 treatment waiting-list, down from 1087 in January [decrease 78]
↑	9,763 caseload from 9,472 in December [291 increase in month, 703 discharged in month]

The overall picture is as follows:-

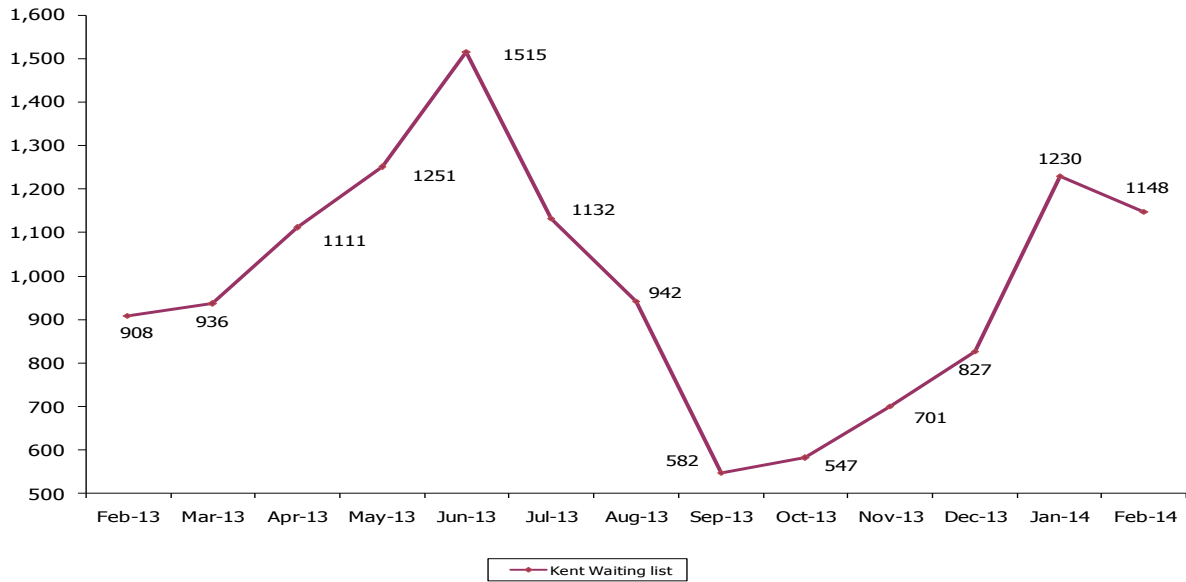
Number of referrals – February 2014

Month	Quarter	YTD
952	1,816	9,025



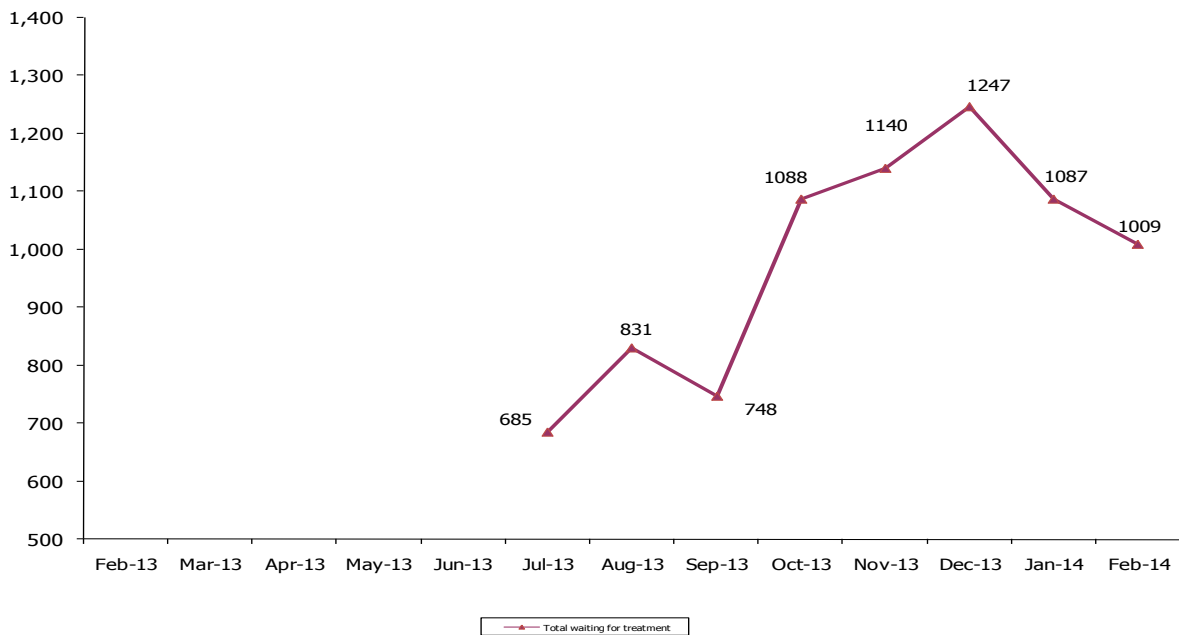
### Number waiting for assessment – February 2014

Month end
1,148 for routine assessment



### Numbers waiting for treatment – February 2014

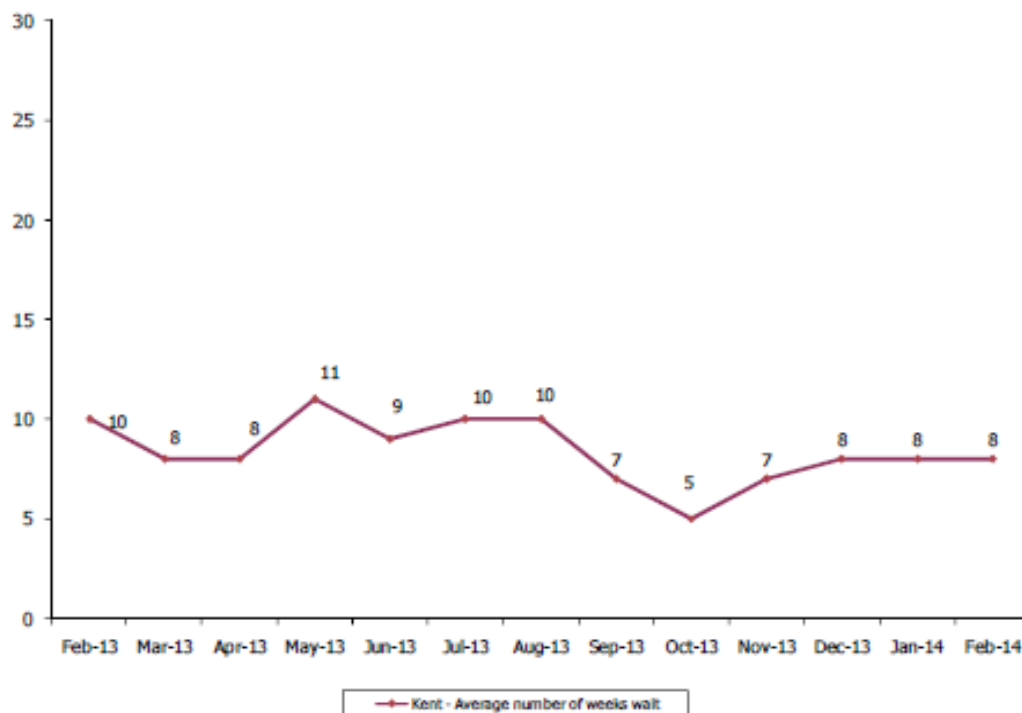
Month end
1,009





## Average weeks waiting for routine assessment from referral – February 2014

For those on manual wait lists
8



- Quality and serious incidents data are beginning to flow from SPFT and the quality committee is reviewing the information. This has provided improved assurance.
- Performance data are being provided from SPFT and are starting to show some indications of improvements to waiting times.
- SPFT has walked the CCG through the recovery plan and the CCG is assured that it is a robust plan.
- SPFT is now producing weekly situation reports for its teams and the CCG, which are helping to galvanise action and provide reassurance that the actions set out in the recovery plan are being delivered.
- Vacancy levels at SPFT continue to fall.

## List of background documents

DH NHS Outcomes Framework

No Health Without Mental Health 2011

Draft Kent and Medway Emotional Wellbeing and CAMHS Strategy 2012

Kent Health and Wellbeing Strategy 2012

Health and Social Care Act. 2012

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