



**West Kent
Clinical Commissioning Group**

Child and Adolescent Mental Health Services

SEPTEMBER 2014

Patient focused,
providing quality,
improving outcomes

SEPTEMBER 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 HOSC 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 – Specialised 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).
- Tier 4 (specialised mental health) services were retendered the year before (2010/2011) and are commissioned by NHS England. The main Tier 4 CAMHS provider for Kent is South London and Maudsley NHS Foundation Trust (SLaM), although Kent residents have access any tier 4 bed commissioned by NHS England. The SLaM contract is managed by the London Area Team on behalf of NHS England.

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.
- Following publication of the Health Select Committee inquiry into children's mental health and emotional wellbeing services, including CAMHS, NHS England have commissioned 50 new Tier 4 beds across England. Prior to this exercise in recognition of the bed shortage, providers with immediate capacity were supported to increase bed numbers on a short-term basis, whilst awaiting the findings of the Tier 4 National CAMHS review. In the Kent area, Cygnet opened an additional temporary eight Tier 4 CAMHS beds. The beds can be accessed by all areas in England and are not ring-fenced for use just by individuals from Kent and Medway.

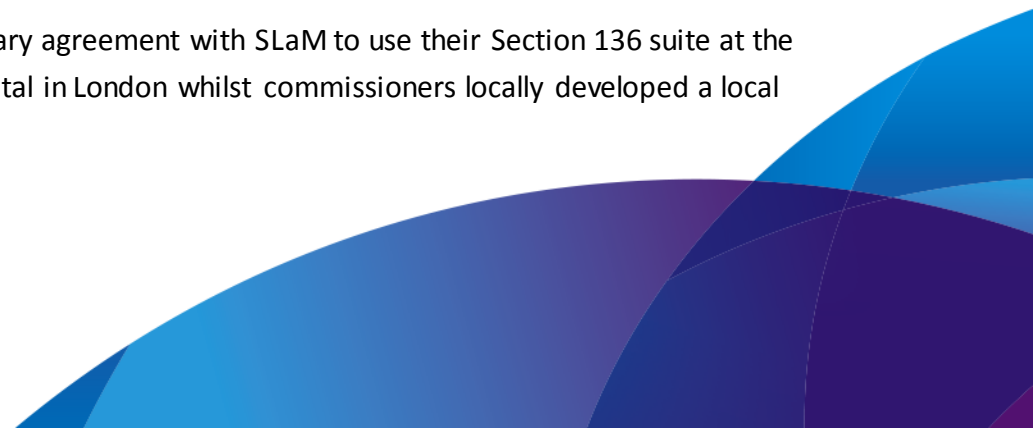
- On 10th July 2014 NHS England published a report on the provision of CAMHS Tier 4 services. In response to the findings, NHS England will urgently:
 - Increase general CAMHS specialised beds for young patients – there will be up to 50 additional permanent beds commissioned;
 - Recruit 10 – 20 new case managers working across the country responsible for ensuring that young people received appropriate levels of care; and
 - Improve the way people move in and out of specialised care, with consistent criteria for admission and discharge, based on best practice.
- A longer term strategic review of Camhs services will now be carried out as part of NHS England's wider work on specialised services.

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 accessible only via 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.
- Historically, SPFT has been a low reporter of clinical performance issues due to the need to develop Kent specific reporting systems.
- Until recently, there had been a rise in the number of complaints from parents and MPs, together with interest from local media. This has reduced.

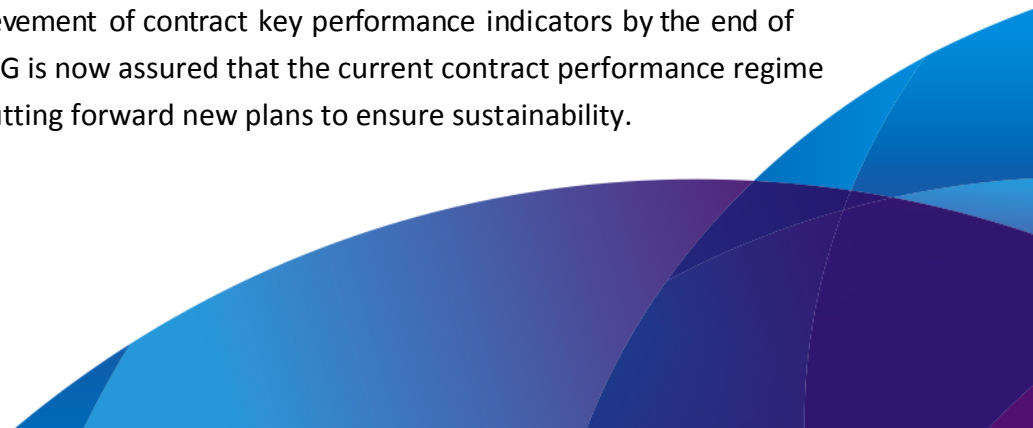
- The Kent Health Overview and Scrutiny Committee have requested two monthly reports on progress and Camhs will be on the October 2014 agenda.

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

- There was 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 working closely with KMPT which is able to offer intensive support at home seven days a week, this has helped meet the pressure in the system.
 - 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 was a temporary agreement with SLaM to use their Section 136 suite at the Bethlem Royal Hospital in London whilst commissioners locally developed a local S136 solution.
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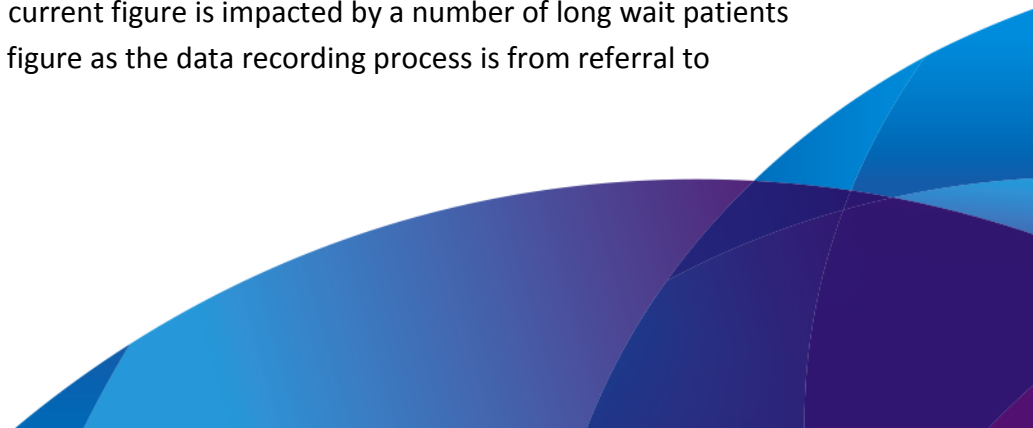
- A Kent 136 place of safety is now in place, based in Dartford. This is a delivered through an agreement between KMPT and SPFT. This solution has been welcomed by Kent Police through the Strategic Police Partnership Board.
- There are also significant problems with SLaM finding placements when required. 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.
 - 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 was served on SPFT by NHS West Kent CCG as the co-ordinating commissioner in February 2015. The trust produced a recovery plan to 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). Since February performance has been regularly monitored on a weekly basis to ensure compliance. The actions have seen full achievement of contract key performance indicators by the end of August 2014. The CCG is now assured that the current contract performance regime can end. SPFT are putting forward new plans to ensure sustainability.
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- 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. This dashboard is now part of the monthly contract performance regime.
- 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. A stakeholder summit in July 2014 launched the strategic review, including plans for the development of a children's emotional health and wellbeing strategy.
- 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.

6. Current position

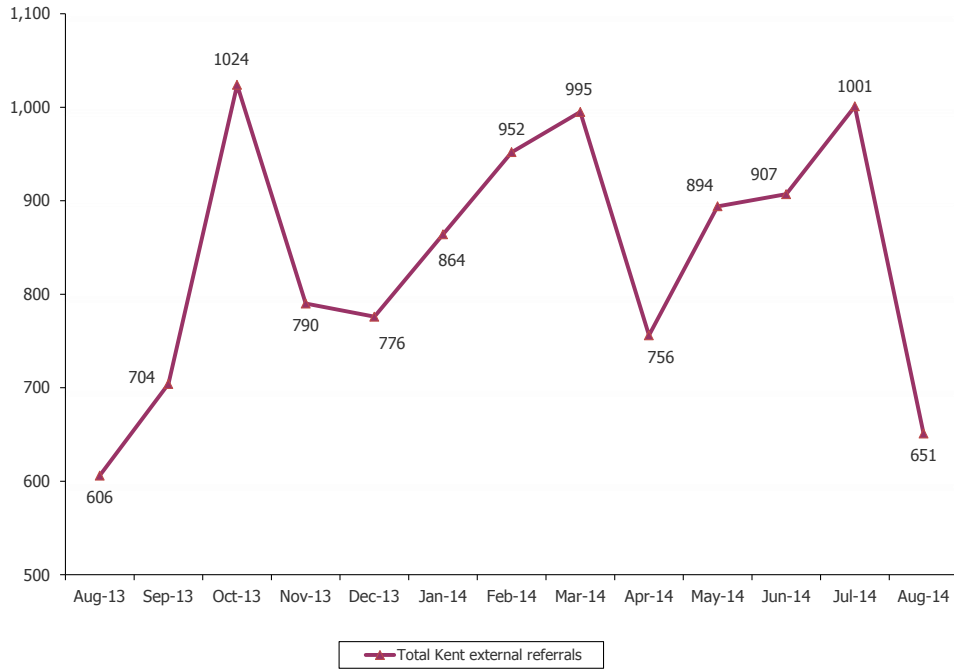
- Weekly performance monitoring and feeding the information back to the frontline teams has helped to establish process, structure and workforce data capture that previously caused concern and impacted on the trust's ability to keep partners informed.
 - The impact of the additional focus since February can be seen clearly in the July trend graphs with a significant decrease waits for assessments and treatments offered, now back to contract targets. However, demand for the service continues to rise.
 - The numbers waiting for treatment has significantly reduced. All new referrals will now be treated within target time, and work continues to clear the long wait backlog. The small remainder of treatment waits will be cleared by December 2014. The target of 8 to 10 weeks wait from referral to treatment has been difficult to achieve for all as the current figure is impacted by a number of long wait patients skewing the average figure as the data recording process is from referral to treatment.
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- A peer review of the performance plan and the current model of service has been undertaken by Oxford Health CAMHS, this was a required action from the Jan 2014 HOSC, findings will be available end of October 2014.
- Quality and serious incidents data is now part of the monthly performance regime. This has provided improved assurance.
- Recent performance data from SPFT is continuing to show clear improvements to waiting times.

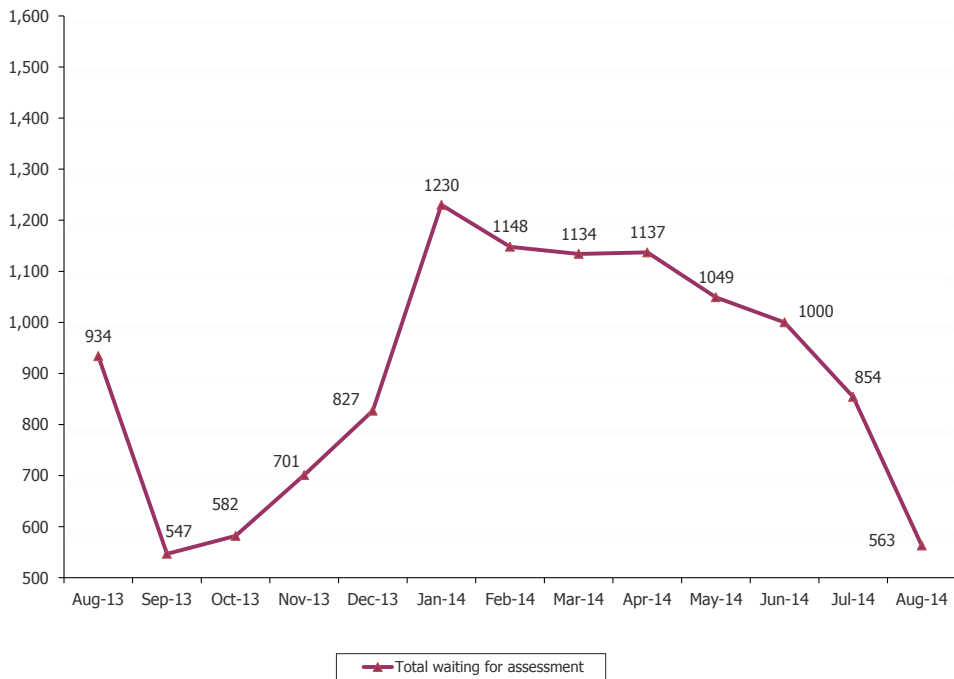
Summary of achievement against business continuity plan

		Plan	Actual (Feb-Aug)	Variance
↑	Referrals received	5100	6153	1053
↑	Sign-posted to other services	1172	1382	210
↑	Emergency referrals	537	610	73
↑	Choice appointments offered	4020	5014	994
↓	Total contacts	42095	39110	(2985)
↑	Total discharges	6001	7246	1245
↓	Total caseload	8408	8314	(94)
↓	Waiting-list to assessment Aug-14	601	563	(38)
↓	Waiting-list to treatment Aug-14	440	323	(117)

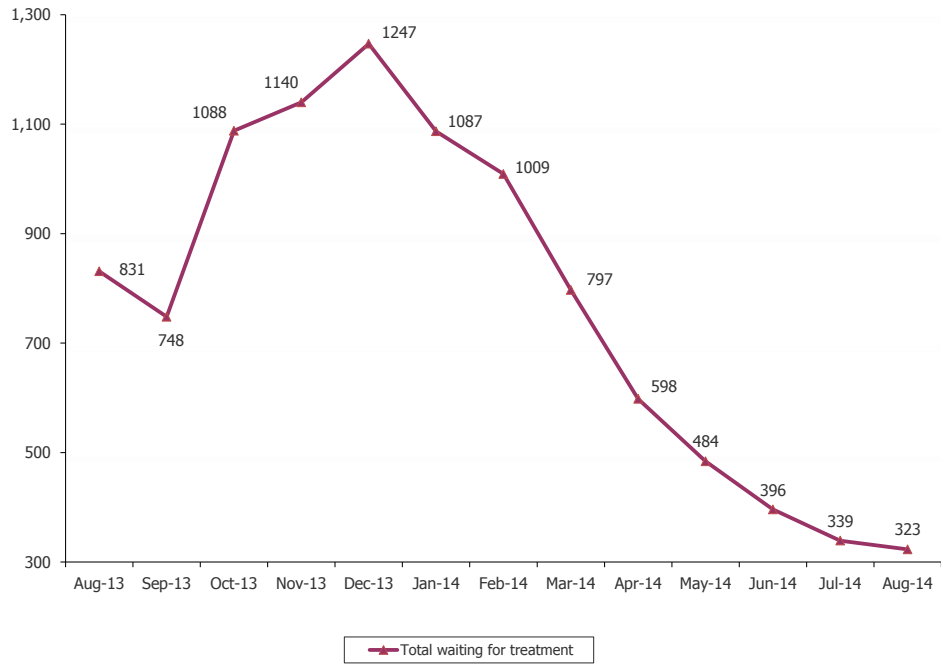
Number of referrals (Kent-wide) July 13 - July 2014 ↓



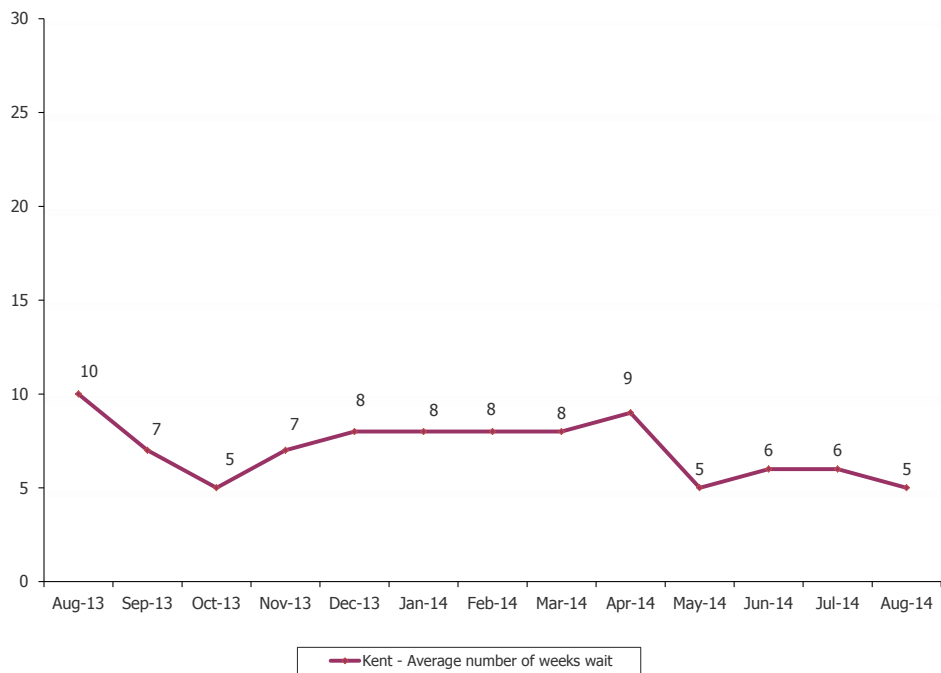
Numbers waiting for Assessment (Kent Wide) July 13-July 14 ↓



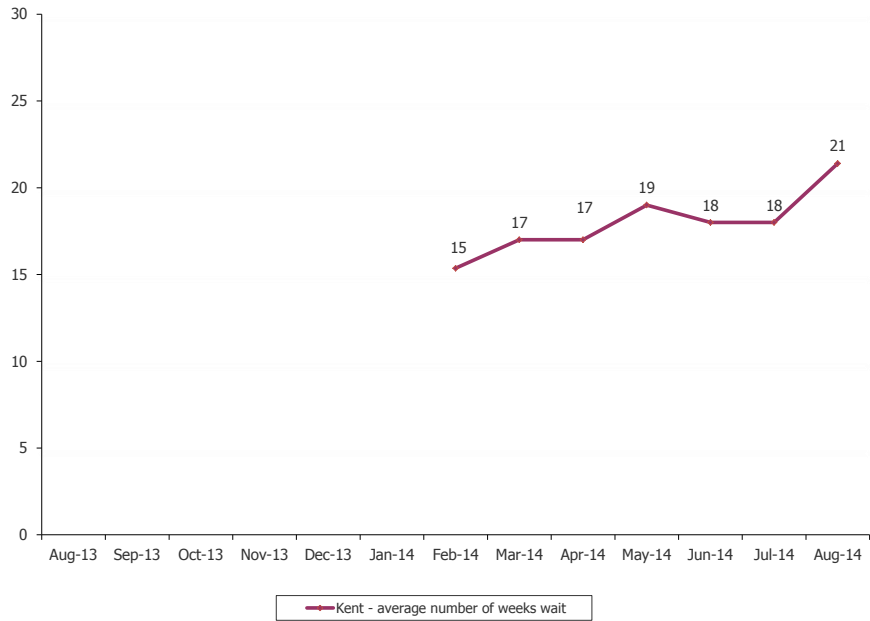
Numbers waiting for treatment Kent-Wide July 13-July 14



Average weeks waiting for routine assessment from referral Kent-Wide July 13-July 14



Average weeks waiting for Treatment from Referral



- SPFT will continue to produce weekly situation reports for its teams and the CCG, which are continue galvanise further action and provide reassurance that the achievements of the recovery plan continue to be progressed.
- A contract refresh for 2014/15 has been completed to capture the required performance improvements, this has included for the first time a contract CQUIN to improve transition arrangements between children's and adult services.
- Vacancy levels at SPFT continue to fall.
- Meetings have been held across the CCG's to examine 'pinch points' in the system and develop action plans to alleviate immediate pressures whilst the strategic review commences.
- The new Section 136 arrangements are progressing, activity has decreased following an early spike when the new service commenced. Further developments and increase in provision are planned linked to the mental health crisis care concordat requirements.
- The July whole system emotional and wellbeing summit and the September Children's Health and Wellbeing Board has agreed to the development of new children and young people's emotional and wellbeing strategy and the development of a new model of service across all tiers of activity by December 2014.
- The new agreed children's and young people emotional and wellbeing model will be embedded in new contract arrangements post Aug 2015, this is when the current SPFT, SLAM and young healthy minds contracts end.

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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