

Kent Children and Young People's Mental Health Service (CYPMHS)

Health and Overview Scrutiny Committee 1 March 2019

Summary

This paper provides an updated written briefing regarding the needs, referral, discharge and waiting times regarding NELFT Children's and Young People's Mental Health (CYPMHS) services in Kent. The briefing also updates on progress to date of the new service, current challenges and governance to meet the ambition of sustained transformation in Kent for children and young people to meet the increased demand for services.

Recommendation

Members of the HOSC are asked to note the contents of this report.

Members are reminded of their statutory duty to declare any conflict and have it properly resolved.

Background to CYPMHS

CYPMHS is a jointly commissioned service by Kent County Council and Kent Clinical Commissioning Groups delivered at eight locality levels. The model was developed alongside the principles and approaches articulated within Future in Mind and includes a Single Point of Access (SPA), and clear, seamless pathways to support children and young people, ranging from Universal 'Early Help' through to highly specialist care with better transition between services.

The Targeted and Specialist Mental Health Services for Children and Young People (CYPMHS) ensures that young people and their families have easy access to high quality mental health services when they need it.

As presented at the September 2018 HOSC the transformation of services required a focussed, holistic and partnership approach. This has resulted in greater emphasis being put on the management of the waiting list targeted/specialist waiting list rather than the early intervention phase.

Kent wide performance against the national access target

The table below shows NHS Digital predicted performance for 2018/19 across all Kent CCGs based on data for April to November 2018. Currently, the four East Kent CCGs are predicted to meet and exceed the 32 per cent access target, as are Kent and Medway STP (32.3 per cent).

Data for this metric are collected via NHS Digital's Mental Health Services Dataset. Nationally and locally, there are substantial limitations with this dataset and consequently the access rate predictions below are an underestimate. It is likely that a one-off submission will be commissioned, as in 2017/18, which will provide a more accurate representation of access rates.

Kent and Medway performance against the NHS England Access target
To enable 32% of CYP with MH condition to access treatment in 2018/19

CCG	Actual number of CYP receiving treatment (YTD)	Total number of CYP with a diagnosable mental health condition	Percentage access rate (forecast) highlighted if meeting the 32% target
NHS Ashford CCG	810	2,583	40.8%
NHS Canterbury and Coastal CCG	1,090	3,492	40.7%
NHS Dartford, Gravesham and Swanley CCG	1,160	5,397	28.0%
NHS Medway CCG	1,290	6,067	27.7%
NHS South Kent Coast CCG	1,120	3,887	37.5%
NHS Swale CCG	615	2,530	31.7%
NHS Thanet CCG	1,075	2,964	47.2%
NHS West Kent CCG	1,735	8,936	25.3%
Kent and Medway	8,885	35,856	32.3%
SOUTH EAST	33,145	152,411	28.3%
ENGLAND	227,613	1,046,246	28.3%

Source: NHS Digital

*Access target for 18/19 is predicted based on MHSDS data for April to November 2018 and adjusted for seasonal variation

Kent needs assessments child and adolescent mental health services

The increasing prevalence of mental health symptoms across the child population in addition to an increase in the child population in Kent means that building resilience at scale, targeting at-risk populations, intervening early and effectively and treating those who will benefit most at specialist level, becomes critical to meeting the aim of the Transformation Plan.

In November 2018, NHS Digital published the results of the 2017 CYPMH prevalence survey, last conducted in 2004¹. Among 5 to 15 year olds, the survey results reported a statistically significant increase in the prevalence of mental ill health, from 10.1 per cent in 2004 to 11.2 per cent in 2017. This increase was largely driven by a rise in the prevalence of emotional disorders.

Certain cohorts of young people were identified as having a particularly high prevalence of mental illness; for example, young women (23.9 per cent) and young people who identify as LGBT (34.9 per cent). Evidence suggested that young people with a mental health disorder more likely to participate in risky behaviours such as smoking, substance misuse, alcohol use, play truant and be excluded from school.

Caseload, Referral and Waiting list data

The National standard that NELFT is currently trying to achieve is that patients should not wait any more than 18 weeks from referral to the time of their first treatment intervention. The demand for services remains high as shown below.

Caseload

At end January 2019 there were approximately 11,700 children and young people on the caseloads of all NELFT Kent teams.

- Combined locality teams held 5,038 open cases and;
- Neurodevelopmental and Learning Disability (NDLD) held 6,675 open cases

Referrals

The service has received over 25,000 referrals since commencement in September 2017. All children and young people referred are triaged by a clinician via our SPA within two working days. The purpose of the triage is to seek clarity on current needs, complete a risk assessment, agree next steps including determining if crisis/urgent/planned intervention is required and agreeing a safety plan as needed. On completion of triage and acceptance, the referral is sent to the appropriate locality where a clinician is allocated to complete an assessment to determine treatment pathway.

Total Referrals Sept 17 - January 19	
NHS ASHFORD CCG	2,796
NHS CANTERBURY AND COASTAL CCG	3,683
NHS DARTFORD, GRAVESHAM AND SWANLEY CCG	3,231
NHS SOUTH KENT COAST CCG	4,606
NHS SWALE CCG	1,860
NHS THANET CCG	3,670
NHS WEST KENT CCG	5,612
Total	25,458

Total number of children waiting for their first full assessment

Locality Teams

CYP waiting for an assessment as 31/01/19	0 -18 Wks	Over 18 Wks	Grand Total
NHS ASHFORD CCG	51		51
NHS CANTERBURY AND COASTAL CCG	132	131	263
NHS SOUTH KENT COAST CCG	176	28	204
NHS THANET CCG	25	5	30
NHS DARTFORD, GRAVESHAM AND SWANLEY CCG	102	14	116
NHS SWALE CCG	21		21
NHS WEST KENT CCG	142	53	195
Grand Total	649	231	880

Neurodevelopmental & Learning Disability (NLDS) Service

CYP waiting for an assessment as 31/01/19	0 -18 Wks	Over 18 Wks	Grand Total
NHS ASHFORD CCG	179	432	611
NHS CANTERBURY AND COASTAL CCG	228	634	862
NHS SOUTH KENT COAST CCG	255	656	911
NHS THANET CCG	273	487	760
NHS DARTFORD, GRAVESHAM AND SWANLEY CCG	72	68	140
NHS SWALE CCG	52	78	130
NHS WEST KENT CCG	129	230	359
Grand Total	1188	2585	3773

Number of children waiting for routine treatment following assessment (RTT)

The number of new referrals to enter the service continues to increase so therefore the number of children waiting may also grow, as the service sees new service users whilst continuing with follow ups to see those CYP who have already started treatment. However, despite the increase in demand a high number of CYP in community teams are now starting treatment within 18

weeks of referral, for example, in West Kent 82.60% of CYP were seen as at the end of January 2019 (up 15 per cent from September 2018).

Referral to Treatment Waiters	18+ Weeks Waiters Community		% CYP seen within 18 weeks Community		18+ Weeks Waiters NLDS		% CYP seen within 18 weeks NLDS		All Activity			
	1	2	3	4	1	2	3	4	5	6	7	8
All Waiters by CCG of the Service User	Waiters Sept 18	Waiters Jan 19	Sep-18	Jan-19	Waiters Sept 18	Waiters Jan 19	Sep-18	Jan-19	Number of Referrals Accepted	Number of Face To Face Appts	Number of Telephone Appts	Number of Total Contacts
NHS ASHFORD CCG	85	165	77.60%	83.10%	288	312	65.50%	76.90%	492	2124	787	2911
NHS CANTERBURY AND COASTAL CCG	231	357	72.40%	72.70%	479	486	36.40%	28.10%	583	3036	964	4000
NHS DARTFORD, GRAVESHAM AND SWANLEY CCG	69	122	95.30%	86.20%	32	50	94.60%	80.00%	581	2685	1212	3897
NHS SOUTH KENT COAST CCG	174	313	68.10%	63.50%	581	606	66.00%	41.70%	817	2379	1155	3534
NHS SWALE CCG	15	30	92.60%	92.30%	36	30	100.00%	66.70%	389	2022	629	2651
NHS THANET CCG	146	140	69.00%	68.80%	433	416	64.70%	62.90%	740	3476	1178	4654
NHS WEST KENT CCG	255	249	67.10%	82.60%	174	193	90.90%	85.20%	983	4852	1996	6848
Total	975	1376			2023	2093			4585	20574	7921	28495

Table Index:

1. Number of CYP waiting 18 weeks and over as at the end of September 18
2. Number of CYP waiting 18 weeks and over as at the end of January 19
3. % of CYP started treatment (Clock Stop) within 18 weeks as at the end of September 18
4. % of CYP started treatment (Clock Stop) within 18 weeks as at the end of January 19 (of those seen/clock stop)
5. Number of referrals accepted into the service between September 18 and January 19
6. Number of face to face appointments by the service with CYP between September 18 and January 19 - this includes first and follow ups
7. Number of telephone appointments by the service with CYP between September 18 and January 19
8. Total of the number of contacts (face to face and telephone) appointments by the service with CYP between September 18 and January 19

Actions taken to reduce waits backlog

As previously shared we acquired additional funding via the Department of Health Future in Mind allocation and the Local Transformation Board in September 2018. Each team's referral time to treatment (RTT) trajectory is routinely monitored to ensure compliance. The intention is that if the referral rate remains consistent month on month, and once the 18 week RTT target is achieved we will retain the additional staff and begin to see a reduction in the waiting times. We are beginning to see some locality teams achieving their 18 week Referral to treatment target excluding NDL.

Neuro developmental provision (NDLD)

The commissioning of NLD services is different across east and west Kent. In east Kent we are commissioned to provide assessment, treatment and ongoing support for all children. In west Kent we are only commissioned to provide assessment and treatment for children 12+ years.

This NDLD team has a very high caseload of 6675 which includes historical waits and referrals received since September 2017. We have made good progress in a number of areas to strengthen the current NDLD offer to children, young people and their families. Key developments include:

- Enhanced management model
- Two new Senior Managers appointed and commencing April 2019 and increased the administration support function to improve customer experience in relation to clinic attendance and telephone queries
- Shared care arrangements planned with General Practice and will be operational from April 2019
- Exploring alternative NDLD models nationally to improve the local offer to families
- Electronic prescribing module purchased - full implementation in Kent May 2019
- Courier service in place to deliver prescriptions to locality clinics
- Pharmacy led prescribing audit in place to look at current use of medication against expected patterns
- Improved telephone system - although still experiencing problems in area, e.g. Canterbury (number of complaints have reduced considerably)

Staffing/vacancies

The service (excluding Medway) currently has an establishment of 277 full time equivalent staff. At the end of January, there were 52 vacancies across the service.

Areas that have been difficult to recruit to include; Crisis, Neurodevelopmental & Learning Disability Service (NLDS) and Medical Consultant posts as outlined in the table below.

Dartford is a fully established team with no vacancies. Swale, Ashford, Canterbury and Thanet have 5 per cent or less vacancies within their teams.

Temporary Staffing has been secured on the Trust Bank and external agencies to ensure continuity of service as services continue to recruit via a rolling recruitment campaign. In addition, the service has run targeted recruitment campaigns within local areas and incentives have been attached to key posts that go out to advert.

At the end of January, the service had 23 posts within the recruitment stage and 21 posts secured and awaiting commencement.

Currently the vacancies that exist are:

Team	Vacancy %
Crisis	34
Neuro	18
Medical	13
Single Point of Access (SPA)	9
West Kent	8
Swale	5
Ashford	5
Canterbury	3
Thanet	4
Dartford	-

Service user satisfaction and feedback

Since service commencement, the service has addressed a number of concerns raised by CYP and their families. These concerns were raised with the service informally, formally and via MP and CCG enquiries. The theme of these concerns included length of time for assessments and treatment, service provision due to capacity issues and communication with CYP and families during waiting times. It is important to note that very few complaints are as a result of poor service quality. In September 2018, the service held 21 open formal complaints. This has reduced over the months and as at the end of January 2019, the service held 8 open formal complaints.

To ensure the service effectively responds and listens to their service users, a number of steps have been taken in managing service user expectations effectively;

- Improved access via SPA (in hours) and Mental Health Direct (after hours) via one access telephone number
- Written communication to inherited waiters following commencement of service

- Robust governance when handling complaints and concerns in line with Trust policy and procedures
- Senior managers meet with CYP and families where there are on-going concerns
- Recruitment initiative drive to increase capacity within the service
- Additional customer service training provided to administrative staff

Further capacity building Interventions in both CYPMHS

In addition to the increase in team capacity we secured additional resources to build capacity within the community to support the partnership approach to achieving service transformation by:

- Increasing online access to Big White Wall for 16-18 year olds.
- Commissioning and delivering a wide range of evidence based treatments, care pathway specific including specialist interventions in a complex pathway e.g. harmful sexual behaviour.
- Enhancing partnership working, e.g. system wide transformation meetings, KCC specific work streams on youth offending and looked after children (LAC), offering training and support to schools.
- Evidencing an improvement in the Early Help work stream and the Health Pupil Referral Units (PRUs).
- Enhancing the NELFT Strategic partnership role by implementing new ways of working/roles Trailblazer, Children and Young People's Improving Access to Psychological Therapies (CYPIAPT), Recruit to Train and Children Wellbeing Practitioner posts (total of 18 roles).
- Increasing the participation of children, young people and their families in service planning and monitoring work stream led Patient Participation worker (will be recruiting to Kent specific role).
- Developing the MindFresh app to resolve the connectivity and electronic patient record (EPR) interoperability.
- Securing with partners the Trailblazer sites in Swale and Dartford, Gravesham and Swanley CCGs (additional early intervention mental health support in school settings).

- Strengthening the Early Help pathways in all areas and forming good working relationships with partners.

NELFT and local commissioners continue to work with NHSE and South London and the Maudsley (NHS provider of Tier 4 in Kent) to meet the vision that children and young people in Kent will be treated as close to home as is possible, supporting children and young people to stay in the community when safe and appropriate.

Key actions to improve services during 2019 include:

Resilience and Reach

- Implement the Trailblazer mental health service provision in Dartford, Gravesham and Swanley and Swale schools.
- Increase the local school liaison with Kent Community staff to develop early help skills.
- Work with partners to develop system wide support for children, young people and families with neurodevelopmental disorders (All Age Autism Pathway in development).

Early Intervention and Prevention

- Implementation of the Shared Care model for Neurodevelopment services (four GP practices in east Kent identified). This will allow specialist services support to be managed in a more efficient way and will permit more children to access NDLD in a more timely manner.
- We will continue to enhance the Early Help pathway working by offering joint training, joint clinical sessions including groups, increased consultations and liaisons to support the Early Help Hubs.
- We will continue to develop the Health Pupil Referral Unit model to assist in supporting children with school placements.
- Youth Offending/Behaviour and Conduct Pathway development in order to provide support at the earliest opportunity.
- Development of new Section 76 contract partnership arrangements to improve performance monitoring of KCC elements of the service delivery.

Specialist Support

- Complete the transformation of the NDLD pathway including the streamlining of assessment process, screening, parental support and training e.g. non-violent restraint, medication reviews/audit and discharge planning. This will require system wide work streams.
- Complete the implementation of the user focused routine outcome measures.
- Continue to enhance the evidence base approach being firmly embedded in the care pathway model.
- Work with partners to develop strategies for current national and local priorities, e.g. gang control, supporting CYP of parents with alcohol or drug dependency, enhancing joint working and joint care planning for complex social care presentations.
- Working in close partnership with commissioners in relation to embedding an effective and efficient Community Education Treatment Review Process for Kent.

Crisis

- Continue to work with NHS England and partners to enhance the acute care pathway and admissions to ensure an integrated robust crisis pathway.
- To enhance communication and joint care planning between community crisis and acute care provision (Paediatric Admissions).
- Deliver training to schools and partner agencies

Conclusion

Despite the increase in referral activity good progress has been achieved during 2018/19 but there is still a long way to go in Kent to fully deliver the transformation programme and to provide a comprehensive service for children and young people.

Collaborative working with partners including education, social care, early help, youth justice, and pupil referral units have improved and is helping us to build knowledge and confidence around emotional wellbeing, resilience and mental health.

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