

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

5 March 2020

Patient focused,
providing quality,
improving outcomes

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

March 2020 Health and Overview Scrutiny committee

Summary

This paper provides commissioner and health trust provider update regarding the North East London NHS Foundation Trust (NELFT) Children's and Young People's Mental Health (CYPMHS) services in Kent. The briefing provides information on the current position, challenges and opportunities to meet the ambition of sustained transformation in Kent for children and young people in the context of 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.

Introduction

This paper provides commissioner and health trust provider update regarding the NELFT Children's and Young People's Mental Health (CYPMHS) services in Kent. The briefing provides information on the current position, challenges and opportunities to meet the ambition of sustained transformation in Kent for children and young people in the context of increased demand for services. This report also provides an update on the needs, referral, discharge, waiting times and challenges for NELFT CYPMHS services in Kent.

Referral to Treatment (RTT) standard

All routine locality team referrals are due to meet the 18 week standard by Q3 2020. Currently all emergency and urgent referrals are seen within RTT standards.

The CCGs in Kent and Medway recognise that the time children and young people are waiting to access mental health services generally is not good enough and we are committed to working with Kent County Council (KCC) and NELFT to achieve national standards.

All referrals to the CYPMHS are managed through a single point of access (SPA).

The introduction of the SPA in September 2017 has meant that CYPMHS are much more accessible and this has led to a doubling of demand for assessments, largely driven by:

- Self-referrals – this was not possible previously
- Current system pathways particularly in the school environment leading to health becoming the first point of access for schools and parents.

The increase in demand comes at a time when there is a national workforce shortage where NELFT are struggling to recruit a full complement of permanent staff and are highly reliant of agency and locum staff.

To meet this increased demand, the CCGs are investing an extra £2.0m (13 per cent of the total contract value) per annum for each of the next three years.

We are also working with KCC to design a new neurodevelopmental pathway to increase the range of early help available so that schools and parents have less need to refer to health. This will be the key factor in reducing demand.

Contract Performance Management

NHS West Kent CCG, as coordinating commissioner, has a NHS Standard Contract with NELFT to provide CYPMHS/ emotional health and wellbeing (EHWB) services across the Kent clinical commissioning areas. The contract is a five year contract, with an option to extend by a further two years. The contract commenced in September 2017, with a total value over the five year term of £82m. The contract has an Expected Annual Contract Value which is paid in 1/12 payments. As well as seven CCG localities being associates to the contract, KCC also make a financial contribution via a Section 76 agreement.

The scope of services provided under the contract is set out in the service specification and includes but is not limited to three main services within the required operating model:

1. The Single Point of Access (SPA) - provision of guidance, signposting, support, care and treatment advice.
2. Targeted services – Giving children improved emotional resilience and better mental health and where necessary, receive early support and treatment to prevent problems getting worse

3. Specialist services – there are five core elements, within which a number of specific care and treatment pathways may exist:
 - a. General, applicable to all specialist services
 - b. Neurodevelopment
 - c. First Episode in Psychosis
 - d. Crisis Care
 - e. Intensive Support
 - f. Place of Safety.

A monthly contract performance and quality meeting reviews:

Activity – Performance reports cover monthly referral, assessment, treatment pathway and caseload data. In addition, the reports include the numbers of those experiencing first episodes in psychosis, crisis and neurodevelopment needs. Monthly, year to date data and trend analysis is monitored.

Key Performance Indicators – Much work has been done to refine the Key Performance Indicators (KPIs) in the contract. The current list of KPIs measure:

- Access, looking at the timeliness of initial response, assessment and treatment, with a focus on vulnerable groups like Looked After Children (LAC).
- Crisis and Urgent needs, prioritising those young people in urgent need.
- Outcomes, seeking feedback from the young person as to whether they have found the service offered worthwhile.

Each KPI performance rating is based on an associated target and achievement against target is reviewed monthly alongside any exception reporting prior to any agreed remedial actions being set.

Quality – The Provider submits a quality report which includes: service and operational reports on complaints, serious issues, service user feedback and workforce.

Any under or over performance is monitored with the required rectification being implemented. The parties are keen to take forward the contract under the alliance model, with providers sharing risks and holding collective responsibility for the performance of all.

Single Point of Access (SPA)

All referrals to the CYPMHS are managed through a SPA. The introduction of the SPA in in September 2017 has meant that CYPMHS is much more accessible and this has led to a doubling of demand for assessments largely driven by:

- Self-referrals – this was not possible previously
- Current system pathways particularly in the school environment leading to health becoming the first point of access for schools and parents
- An increase in referrals to facilitate Educational Health Care Plans (EHCPs) for children with special educational needs.

Autistic Spectrum Disorder (ASD)

On the specific area of Autistic Spectrum Disorder (ASD) that has been highlighted, we reported at the March 2019 Health Overview Scrutiny Committee (HOSC) that ASD waits were down from four years to two years and we can now confirm that this improvement trajectory continues. Currently, 75 per cent of referrals are seen in less than two years which will help to improve the outcomes of children by putting support in place earlier. However, as with all CYPMHS services, if demand were to continue to rise then the rate of improvement would unfortunately be expected to slow.

The recent Kent County Council (KCC) Special Educational Needs and Disabilities (SEND) joint Care Quality Commission (CQC)/Office for Standards in Education, Children's Services and Skills (Ofsted) inspection highlighted the issue of increasing demand in ASD referrals and enabled the system to understand the reasons. The two key issues are a large increase in Education, Health and Care Plan (EHCP) requests and the current open referral system offered by North East London NHS Foundation Trust's (NELFT) SPA. This is now being tackled in the 'neurodevelopmental pathway development' action within the SEND improvement plan which is monitored through KCC and the SEND Improvement Board.

Under this action there are a number of work streams being developed at pace, including clinical pathway redesign, pre and post assessment support offer for families including the roll-out of the Canterbury pilot and a programme to reduce the length of time children and families are waiting for assessment.

The outcome is likely to mean an improved pathway with more support in schools and the assessment process. Clinical Commissioning Groups (CCGs) and NELFT are working with

and listening to families across Kent who are supporting the redesign of the diagnosis process for the future which includes children and young people being able to access the right support while they wait for a diagnosis.

Kent's CCGs recognise that the time children and young people are waiting to access mental health services generally is not good enough and we are committed to working with KCC and NELFT to achieve national standards.

National workforce shortage

The increase in demand comes at a time when there is a national workforce shortage, where NELFT are struggling to recruit a full complement of permanent staff and are highly reliant on agency and locum staff.

To meet this increased demand, the CCGs are investing an extra £2.1 m (13 per cent of the total contract value) per annum for each of the next three years. NELFT have been actively trying to recruit staff and have won a number of centrally-funded workforce development training opportunities for existing staff, as well as training places for new staff.

Kent CCGs joined the London and South East Children and Young People's Improving Access to Psychological Therapies (CYP-IAPT) Collaborative in 2016 alongside Addaction (a voluntary provider commissioned to deliver the Mind and Body Programme) and Sussex Partnership NHS Foundation Trust, our previous Child and Adolescent Mental Health Services (CAMHS) provider. North East London NHS Foundation Trust, our current CAMHS provider, joined the Collaborative in 2017 once awarded the contract.

A number of the existing Kent children and young people's mental health workforce has benefitted from the training opportunities available. Seven senior clinical and operational leaders have been trained in CYP-IAPT Leadership and Management. Nineteen senior clinicians have been trained in CYP-IAPT clinical supervision. Sixteen Cognitive Behaviour Therapists have been trained (one specialising in autism spectrum disorder and learning difficulties) as have seven systemic family practice clinicians and three interpersonal therapy for depression clinicians.

NELFT have been able to recruit and train 14 Children's Wellbeing Practitioners and 16 Education Mental Health Practitioners which are all new posts. These posts have been created to help reduce the workforce issues seen nationally, and particularly in Kent.

Education Mental Health Practitioners in particular are a real achievement, as they are being used to staff Mental Health Support Teams (MHST) in education settings; a flagship priority for children's mental health within the NHS Long Term Plan. North Kent CCGs were successful in a bid to be a Trailblazer site, with each CCG being awarded one team. NHS Canterbury and Coastal CCG and NHS West Kent CCG were successful in a bid to become Wave 2 sites, with each CCG being awarded one team. NELFT are leading the work around MHST development and implementation, working closely with CCG commissioners and other partners.

The large numbers of staff now receiving training is the result of a collaborative approach taken by Addaction, NELFT and CCGs which has included joint applications for training places and a recruitment panel featuring representatives from all three organisations. In 2020 we will be working closely to agree a shared vision around our approach to the bidding of any further Children's Wellbeing Practitioners and MHSTs in Kent.

Mental Health Support Team (MHST) initiative in schools

Finally, NELFT were successful in bids submitted in partnership with NHS Canterbury and Coastal CCG, NHS West Kent CCG and HeadStart Kent to be part of the second wave of the Mental Health Support Team (MHST) initiative in schools. This follows the success of the Trailblazer wave sites in North Kent (NHS Dartford, Gravesham and Swanley and NHS Swale CCGs).

Backed and funded by the NHS, the MHST programme will explore ways of delivering care and advice for young people's mental health, in the familiar environment of their school or college. Each MHST will support several education settings, covering a population of around 8,000 children and young people.

Each MHST will contain four new Education Mental Health Practitioners (EMHPs) who will work with education settings to provide early intervention on mild to moderate mental health issues and provide help to staff in schools and colleges. Teams will also act as a link with local children and young people's mental health services and will be supervised by senior NELFT staff. This programme is being delivered jointly with the Department for Education (DE).

EMHPs are new members of Kent’s workforce and will work alongside other professionals who provide emotional wellbeing and mental health support to students including: teachers, school nurses, educational psychologists, school counsellors, voluntary and community services and social workers.

NHS England estimates each MHST will deliver 500 evidence-based interventions per year. This work builds on the NHS local transformation programme already underway and means children who may be struggling with issues like anxiety about friendships or family pressures can be supported, alongside friends and family members, thereby helping to build their understanding of mental health and how to manage their wellbeing.

We are maintaining strong strategic and clinical links with leaders at the Anna Freud Centre, University College London and King’s College London who are the Higher Education Institution (HEI) providers for our new EMHP workforce

NELFT activity update

This is an update on NELFT’s services progress with requested waiting time data, broken down by locality for children and young people awaiting assessment and treatment across Kent and will include Quarter 3 (Q3) data (October to December 2019) and performance updates with supporting narrative.

[NELFT CYPMHS Performance data – October 2019 to December 2019 \(Q3\)](#)

Appendix 1 includes the full detailed breakdown of all the undernoted data by CCG area.

Activity table 1 is a Kent wide summarised position within the seven CCG localities; Activity Table 2 and Table 3 provide a further breakdown of the east and west Kent neurodevelopmental and learning disability services (NLDS).

Activity Table 1 – Locality

Kent Locality-wide Activity					
Oct 18 - Dec 19					
	Q3	Q4	Q1	Q2	Q3
	2018/19	2018/19	2019/20	2019/20	2019/20
Caseload - CYPMHS (inc Neuro)	11,554	12,668	12,993	12,495	12,428
Caseload - Looked After Children (LAC)	479	666	573	747	932
Referrals received	4,311	4,034	4,447	3,733	4,404
Number waiting for first assessment	464	630	1,161	643	594
Number waiting for routine treatment	1,483	1,546	2,114	1,487	1,614

- Overall caseload showing slight decrease in this quarter reflective of the intense management and monitoring of waiting times and service throughput.
- Referrals have increased as this is a high referral period for schools.
- Reduction in waiting times for first assessment has an adverse impact on waiting times for treatment this is due to the service utilising the same staffing resource.

Table 2 - East Kent commissioned NLDS service for 0-18 years old

Neurodevelopment & Learning Disability Service (NLDS)					
East Kent					
Oct 18 - Dec 19					
	Q3	Q4	Q1	Q2	Q3
	2018/19	2018/19	2019/20	2019/20	2019/20
Caseload	5,866	6,406	6,936	6,924	6,656
Referrals	754	353	428	246	237
CYP Waiting for First Assessment (start of treatment)	4,190	4,034	4,261	3,069	2,882

Table 3 - West Kent commissioned NLDS service for 12-18 years old (the 0-11 service in west Kent is provided by Kent Community Health NHS Foundation Trust)

Neurodevelopment & Learning Disability Service (NLDS)					
West Kent					
July 2019 to September 2019					
	Q3	Q4	Q1	Q2	Q3
	2018/19	2018/19	2019/20	2019/20	2019/20
Caseload	1,715	1,821	2,094	2,118	1,985
Referrals	314	171	209	143	118
CYP Waiting for First Assessment (start of treatment)	1,050	1,214	1,202	913	825

- Overall increase in caseload year on year. The service continue to manage waiting times and caseload closely and have recently secured highly skilled psychologists (employed on a temporary basis) to complete a significant number of ASC assessments over the coming months.
- In addition, due to the lack of shared care arrangements in East Kent, a number of children and young people continue to remain on caseload where 3 monthly reviews are required due to medication.
- Decrease in referrals due to improved and streamlined processes embedded within the front door function SPA. This includes a number of NLDS clinical and admin staff re-located within the SPA to complete clinical triage and screening of all NLDS referrals for

appropriateness. Although the process is relatively new (commenced in November 2019), early successes include; timeliness of screening resulting in early signposting where referrals do not meet service criteria and improved communication. Staff are able to contact referrers at this early stage to determine interventions previously been undertaken prior to referral and requesting further information from schools. Once additional information is received, screening is completed to determine if the child or young person referred meets the threshold for ASC/ADHD assessment.

- Assessment waiting times continue to improve as the team work hard on managing caseloads, reviewing waiting times and working within set trajectories service wide.

Locality Team key indicators as at 31 December 2019:

	East Kent: Referral to Assessment (RTA)			
	Under 18 weeks	Over 18 weeks	Over 52 weeks	Total
Q3 (Oct 18 to Dec 18)	82	203	12	297
Q4 (Jan 19 to Mar 19)	189	159	10	358
Q1 (Apr 19 to Jun 19)	536	102	6	644
Q2 (Jul 19 to Sep 19)	317	32	2	351
Q3 (Oct 19 - Dec 19)	181	49	4	234

	West Kent: Referral to Assessment (RTA)			
	Under 18 weeks	Over 18 weeks	Over 52 weeks	Total
Q3 (Oct 18 to Dec 18)	66	95	6	167
Q4 (Jan 19 to Mar 19)	202	64	6	272
Q1 (Apr 19 to Jun 19)	487	64	3	554
Q2 (Jul 19 to Sep 19)	296	58	2	356
Q3 (Oct 19 - Dec 19)	457	33	0	490

	East Kent: Referral to Treatment (RTT)			
	Under 18 weeks	Over 18 weeks	Over 52 weeks	Total
Q3 (Oct 18 to Dec 18)	244	463	49	756
Q4 (Jan 19 to Mar 19)	385	303	41	729
Q1 (Apr 19 to Jun 19)	753	188	33	974
Q2 (Jul 19 to Sep 19)	618	112	16	746
Q3 (Oct 19 - Dec 19)	547	133	17	697

	West Kent: Referral to Treatment (RTT)			
	Under 18 weeks	Over 18 weeks	Over 52 weeks	Total
Q3 (Oct 18 to Dec 18)	254	414	59	727
Q4 (Jan 19 to Mar 19)	474	300	43	817
Q1 (Apr 19 to Jun 19)	709	209	49	967
Q2 (Jul 19 to Sep 19)	524	197	20	741
Q3 (Oct 19 - Dec 19)	751	144	22	917

Neurodevelopmental and Learning Disability Service (NLDS) key indicators as at 31 December 2019:

	East Kent: Referral to First Assessment (Start of Treatment)			
	Under 18 weeks	Over 18 weeks	Over 52 weeks	Total
Q3 (Oct 18 to Dec 18)	1163	2072	955	4190
Q4 (Jan 19 to Mar 19)	920	2073	1600	4593
Q1 (Apr 19 to Jun 19)	776	1693	1792	4261
Q2 (Jul 19 to Sep 19)	326	1126	1617	3069
Q3 (Oct 19 - Dec 19)	309	720	1853	2882

	West Kent: Referral to First Assessment (Start of Treatment)			
	Under 18 weeks	Over 18 weeks	Over 52 weeks	Total
Q3 (Oct 18 to Dec 18)	470	463	117	1050
Q4 (Jan 19 to Mar 19)	383	615	216	1214
Q1 (Apr 19 to Jun 19)	337	579	286	1202
Q2 (Jul 19 to Sep 19)	170	416	327	913
Q3 (Oct 19 - Dec 19)	112	294	419	825

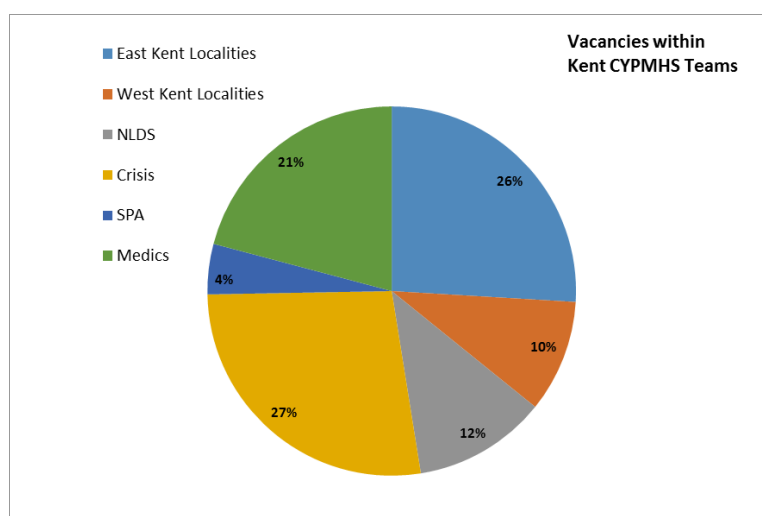
- The services note the improved position for number of CYP waiting under 52 weeks.
- The distribution of waiters within length of wait categories has shifted in line with operational practices of seeing longest waiters and most clinically urgent first, i.e., under 18 week category has reduced due to the fore mentioned changes in SPA and over 18 weeks have decreased due to the move of waiters within this cohort into the 52 week category.
- Additional funding has recently being secured for some targeted work to increase number of ASC assessments completed for NLDS waiters, however, this is a short term solution.

Looked after Children (LAC)

- Looked after Children (LAC) caseload continues to increase, the service has recently completed a joint review of cases with Kent County Council (KCC) to ensure accuracy. In addition, management teams have ensured that services continue to have a good focus on vulnerable groups ensuring that these are prioritised for early assessment.
- Volume from the out of area LAC remains high, most notably within London boroughs for placements in Kent. This had had an impact on the service and the need to see all LAC children within in the 10 working days.

Recruitment

All teams have a rolling recruitment programme but recruitment remains a challenge particularly for NLDS due to its high caseload of those waiting for assessment. We continue to use a high number of agency nurses to support the teams. In addition, NELFT recently approved a recruitment incentive at board level to allow operational leads the opportunity to incentivise hard to recruit posts.



We are making great progress with Trailblazers in Kent work, the North Kent Wave 1 – Mental Health Support Teams (MHST) Trailblazer is 9 months into the training year and will go-live in December 2019. Quarterly assurance returns are being submitted for the North Kent Wave 1 MHST.

West Kent and east Kent have both been successful in Wave 3- MHST bids, and the new teams will be established in Maidstone and in Canterbury in January 2020. We are maintaining strong strategic and clinical links with leaders at the Anna Freud Centre, University College London and Kings College London.

Inpatient mental health beds

NELFT has recently been awarded the contract for Kent Tier 4 inpatient mental health beds for children and young people (11 inpatient beds plus 3 intensively managed within the community and a Section 136 suite to be situated within the unit).

The standalone Unit situated at Woodland House in Staplehurst Kent is currently run by South London and Maudsley NHS Foundation Trust (SLaM) and will transfer to NELFT on 1 April 2020. This is a great opportunity, enabling the complete management of a mental health pathway for children and young people in Kent.

Mobilisation of this service is progressing well with weekly meetings and development of a detailed plan for service handover on 1 April 2020.

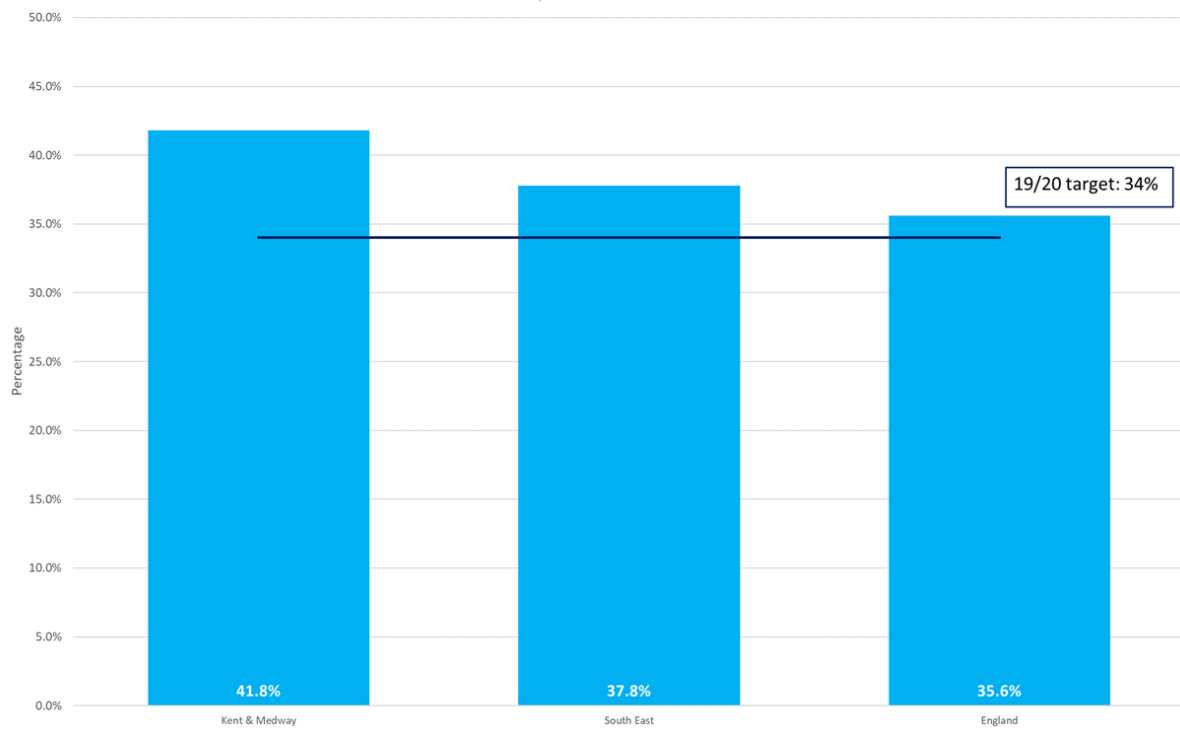
National Targets/Ambitions for Children and young people's mental health services in Kent and Medway

Local Transformation Plan Access Target

The Local Transformation Plan is part of a Five Year Forward View (5YFV) national programme which requires CCGs to deliver an improved emotional wellbeing and mental health system for children and young people. The Kent Local Transformation Plan is coordinated collaboratively with partners, providers and families. The success of the programme is measured through the *Access Target*. In 2014/15 the national access rate of children with a diagnosable mental health condition accessing two or more sessions of treatment was at 17 per cent. Each year since 2014/15, NHS England has increased the target in line with the requirement outlined in 5YFV. This year, 2019/20 the national target is 34 per cent.

Based on data from April to October 2019, Kent is predicted to exceed the national children and young people mental health access target (34 per cent), enabling 41.8 per cent of children young people to access evidence based treatment.

Forecast end of year access rate: Percentage of CYP with a diagnosable MH condition who are able to access treatment, based on April to October 2019 data



Recommendations

Members of the Kent Health and Overview Committee are asked to

- (i) NOTE the contents of this report.

Contact:

Dave Holman
Associate Director
Children's . maternity
and mental health
NHS West Kent CCG
Dave.holman@nhs.net

Appendix 1

The table below shows the 2018/19 access rate, the number of CYP accessing services and the estimated number of CYP with a diagnosable MH condition by CCG area.

CCG	CYP accessing services in 2018/19	CYP with a diagnosable MH condition	Access rate (%)
Ashford CCG	1700	2583	65.8
Canterbury and Coastal CCG	1725	3492	49.4
Dartford, Gravesham and Swanley CCG	2730	5397	50.6
Medway CCG	2020	6067	33.3
South Kent Coast CCG	2055	3887	52.9
Swale CCG	1425	2530	56.3
Thanet CCG	1890	2964	63.8
West Kent CCG	3555	8936	39.8
Kent	15070	29789	50.6
Kent and Medway	17090	35856	47.7
South East	66505	152411	43.6
England	377866	1046246	36.1

Source: NHS Digital, NHS England