



Leicestershire Partnership
NHS Trust

CAMHS Recovery Journey Health and Wellbeing Board

Specialist CAMHS, Leicestershire Partnership NHS Trust



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1
Agenda Item 7

CQC Summary Outcome

- CAMHS Inpatients – **Good**
- CAMHS Learning Disabilities – **Good**
- CAMHS Community Services – **Inadequate**

<i>Safety</i>	<i>Responsiveness</i>
<i>“ Risk assessments and Care plans were not always present and up to date”</i>	<i>“ Children were waiting up to 108 weeks for the commencement of treatment in the community”</i>

CAMHS Recovery, Improvement and Transformation plan designed

P1

- Recovery
- (March 17 – September 17)

P2

- Improvement
- (September 17 – Feb 18)

P3

- Transformation
- (Feb 18 – September 18)



CAMHS Recovery and Improvement Team established (1st March 2017)

- Head of FYPC Group 1 and Adult LD
- Service Group Manager - CAMHS
- Lead Nurse for FYPC
- Lead for Quality and Governance FYPC
- FSM & Ops Team Leads – CAMHS
- AHP Lead FYPC
- Head of Clinical Psychology - CAMHS
- Lead Consultant Psychiatrist - CAMHS

4

Where did we start from?

1. Recovery: CQC Action 1 - Care plans and risk assessments (LLR)

As part of the programme an operational 'deep dive' into all 2432 open cases on community caseloads across the CAMHS service was undertaken and categorised findings as;

- Cases without a care plan on the template
- Cases without a risk assessment on the template
- Cases with an incomplete care plan on the template
- Cases with an incomplete risk assessment on the template

This deep dive outlined serious shortcomings in safety processes resulting in a large number of children and young people not having adequate risk assessments or complete care plans on the electronic patient record system.

Risk Assessment	Deep Dive Findings
No Risk Assessment	1186

Care Plan	Deep Dive Findings
No Care Plan	578

Where are we now: Safe services

Risk Assessment	05/11//17
No Risk Assessment	28

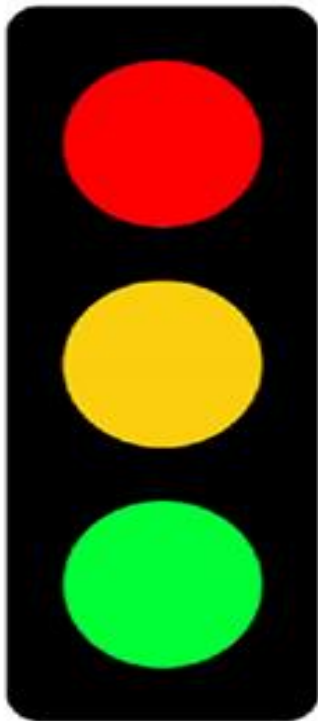
Care Plan	05/11/17
No Care Plan	131

9

- ***Internal clinically agreed tolerance agreed***
- ***Weekly oversight and scrutiny through R&I team***
- ***Individual patient level tracking in place through PTL***

Managing risk for those who wait: Traffic Light System Implementation

LPT Specialist CAMHS Traffic Light System



RED RAG RATING (Acute – High Risk)

- Presence of **suicide attempt** within the *last 3 months*, or **persistent suicidal ideation** with evidence of a **plan and/or actual intent**, and with **limited protective factors**.
- Severe or rapid weight loss** associated with an **eating disorder**, or **Height to Weight percentile < 2nd centile**.
- Presence of **untreated psychotic features** or **suspected bipolar affective disorder**.
- Presence of **significant biological features of severe depression**, including **self-harm (e.g. cutting)**, **suicidal ideation**, or other risks (e.g. **eating disorders with associated weight loss or physical sequelae**).
- Severe risk of harm to others**.

AMBER RAG RATING (High Routine – Medium Risk)

- Presence of **one or two of the following**: **self-harm (e.g. cutting)**, **fleeting suicidal ideation**, **eating disorders with associated weight loss or physical sequelae**, and/or **significant biological features of depression**.
- Presence of **self-harm (e.g. cutting)**, with **no suicidal intent**.
- Presence of **sensory distortions** resulting from **dissociative phenomena**.
- Moderate / severe depression or severe anxiety / OCD or PTSD** when cases have been **waiting for more than 6 months**.
- Awaiting assessment for ADHD / ASD and engaging in dangerous behaviour or behaviour that makes them vulnerable to exploitation or risk-taking**.
- Where **mental health needs impact on daily functioning** to the extent of **restricting regular access to education / social interaction**.
- Looked After Child or on Child Protection Plan Or Child In Need**.
- Severe safeguarding concerns**.

GREEN RAG RATING (Low Routine – Low Risk)

- Routine assessment for ADHD / ASD**.
- Routine assessment / treatment of Tics**.
- Emotional disorders awaiting treatment for less than 6 months**.

Ensuring our services are responsive: Internal Waiting List

- 95% performance on 13 week access wait
- Central clinical and operational oversight of internal waiting lists
- No-one waiting over 12 months (reduction over 100+ patients who were waiting up to 2 years in March)

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Implementing our CAMHS Crisis service

24/7 out of hours response launched 1st April 2017

CAMHS Leicestershire County Crisis data;

	Apr	May	Jun	Jul	Aug	Sep	Grand Total
Crisis (Non A&E Referrals)	40	63	57	30	29	50	269
Accepted	33	46	41	20	21	41	202
Rejected (and redirected)	7	17	16	10	8	9	67

	Apr	May	Jun	Jul	Aug	Sep	Grand Total
Crisis (7 Days A&E Discharge Follow/Up)	14	34	24	17	15	23	127
Accepted	12	26	18	13	11	19	99
Rejected (and redirected)	2	8	6	4	4	4	28

Ensuring our services are well led: Improvement & Transformation

- Launching *Thrive* a new model of CAMHS provision
- Recovery focussed care plans launched on 27th September 2017
- Supervision & Reflective Practice re-established
- CAMHS well-being strategy group launched
- CYP IAPT integration with CAMHS offer
- Working through redesign as part of All Age Mental Health Transformation programme



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