

HEALTH OVERVIEW AND SCRUTINY COMMITTEE:
28 FEBRUARY 2018

REPORT OF LEICESTERSHIRE PARTNERSHIP NHS TRUST

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES UPDATE

Purpose of the report

1. This paper provides an update on work to establish an in-patient unit for Specialist Child and Adolescent Mental Health Services (CAMHS) in Leicester, and improvements to Leicestershire Partnership NHS Trust's Specialist CAMHS out-patient services following receipt of a Care Quality Commission inspection report published in February 2017 and a re-inspection report received in January 2018.

In-Patient Developments

2. Our in-patient CAMHS unit was temporarily relocated to Coalville in March 2015. It was previously located at Oakham House in the grounds of the former Towers Hospital. The sale of Oakham House was authorised by Leicestershire Partnership NHS Trust (LPT) to Redrow developers in 2010, as part of the overall site sale. A business case was completed in 2013/14 for the relocation of the CAMHS inpatient service from Oakham House into the new build facilities on a green field site at the Glenfield Hospital, as the service needed to be co-located with other acute provision. The costs for the scheme however escalated significantly and were considered unaffordable to progress.
3. In 2017 the Trust submitted a bid for £8.0 million of central Sustainability Transformation Partnership (STP) funding for a 15-bed inpatient CAMHS Unit, including provision of Specialist CAMHS Eating Disorder beds, to replace and expand the temporary 10-bed accommodation at Coalville Community Hospital. This expansion was on the basis that 46% of Leicester, Leicestershire and Rutland's young people were being placed out of area for inpatient care and a combined mental health and eating disorder facility would have the biggest impact locally.
4. The Five Year Forward View for Mental Health states that inappropriate placements to inpatient beds for children and young people will be eliminated by March 2021, i.e. placements to inappropriate settings and to inappropriate locations far from the family home (out of area placements).
5. The bid proposed major benefits for patients/carers and anticipated strong patient and public support. It confirmed that the unit would be constructed on

the Glenfield Hospital site, close to but not adjoining the Bradgate Mental Health Unit and would come into service in 2019/20.

6. In July 2017, NHS England announced that the Leicester Leicestershire and Rutland sustainability and transformation programme had Category 2 (Advanced) status, which is a pre-condition for capital funding. NHS England also announced that the Trust's CAMHS in-patient capital bid had been successful.
7. In August 2017, NHS Improvement confirmed the £8.0 million capital allocation to the Trust and confirmed the terms and conditions that will apply. These conditions include their approval of the Full Business Case, a value for money assessment and commitment to post-project evaluation. The Full Business Case cannot be submitted until the local Sustainability and Transformation Partnership provides a robust estates and capital strategy.
8. This new unit at the Glenfield Hospital site will introduce for the first time in the local area the provision of specialist in-patient Eating Disorder services for young people. It is therefore noteworthy that the Families Young People and Children's Directorate team already has responsibility for the regional Adult Eating Disorders services team who have recent experience of developing a large new combined in-patient, day patient and out-patient facility on the Glenfield Hospital site.
9. Mobilisation has commenced and Leicestershire Partnership NHS Trust is investing £807,000 at risk to get the project to full business case. The indicative timeline for this work is:
 - Finalisation of mental health and eating disorder service model – Stress testing underway
 - Building design, planning permission and contract agreed with Interserve – August 2018
 - Full business case approval – October 2018
 - Construction and commissioning – February 2020
 - Service relocation – March 2020
10. The Leicester, Leicestershire and Rutland Sustainability and Transformation Partnerships Children's Workstream, NHS England Specialist Commissioning and Leicester City Council (Education & Children's Services) team who provide the hospital school service have been invited to join the project board.
11. Work undertaken during the early part of 2018 has included further refinement and testing of the proposed clinical model. This has informed the work also undertaken during this period to agree the general design of the building. This design work has included input from the major stakeholders involved in the project, including service users and clinical and education staff working at the current temporary unit.

Out-patient Specialist CAMHS response to the Care Quality Commission's findings

12. In November 2016 Leicestershire Partnership NHS Trust was inspected by the Care Quality Commission (CQC), and the CQC findings were published on 8th February 2017. CAMHS Inpatients and CAMHS Community Learning Disabilities services were rated 'Good' overall. However, the Community CAMHS services were rated Inadequate in both the safety and responsiveness domains.
13. The CQC re-inspected the Community CAMHS service in October 2017 and published their findings in January 2018. The overall ratings and movement from the previous inspection are shown below.

Table1: Community CAMHS October 2017 CQC Ratings

	Safe	Effective	Caring	Responsive	Well-Led	Overall
Specialist community mental health services for children and young people	Requires improvement ↑ Oct 2017	Requires improvement →← Oct 2017	Good →← Oct 2017	Requires improvement ↑ Oct 2017	Requires improvement →← Oct 2017	Requires improvement ↑ Oct 2017

14. The CQC identified four areas for action in their report published in January 2018. These are for the Trust to;

Action 1	ensure care plans are personalised and holistic and patients are involved in care planning.
Action 2	ensure that caseloads of individual staff are manageable.
Action 3	ensure sites where services for children and young people are delivered are safe, clean and meet the needs of the patients. (see para. 28 below)
Action 4	ensure work continues to reduce the number waiting for assessment and work to reduce those waiting for treatment within the service.

Approach to Improvement Work

15. Immediately following publication of the CQC's first report in February 2017 a team was established to drive forward improvement work primarily focused on ensuring all children and young people engaged with the service had an up to date risk assessment and care plan in place and that the maximum length of time children and young people were waiting for treatment was reduced.
16. In November 2017 the Specialist CAMHS Improvement Board was established to create and steer a broader improvement programme, and to provide more opportunity for the co-ordination of the service's improvement work with commissioning plans for emotional health and wellbeing services for children and young people. This clinically led LPT group includes representatives from Leicester's, Leicestershire's and Rutland's local authority children and young

peoples' Early Help services as well as children's services commissioners from our local Clinical Commissioning Groups. The group will also ensure co-ordination with those leading the re-development of the CAMHS in-patient facility. A governance diagram is attached at appendix 1.

17. A comprehensive worklist has been established which encompasses the actions from the CQC inspection published in January 2018. Progress on these CQC requirement actions is set out below.

Action 1: ensure care plans are personalised and holistic and patients are involved in care planning

18. Work has continued to ensure the sustainability of the recovery work undertaken during 2017 so that service users have risk assessments and care plans in place as required by the CQC in 2017. This work involved the design of a new care plan template which allows for greater personalisation, is user focused and clearly identifies service user's strengths, needs and goals. This template is being used for all new patients as they engage with Community CAMHS services. A robust programme of case note audits will monitor the quality of these. As care plans for children and young people already engaged with the service are reviewed, they will be updated onto the new template.
19. Rapid improvement work required in 2017 focused on the use of the new care plan and new risk assessment template and weekly reporting is in place to ensure ongoing compliance. Monitoring processes in 2018 will become more sophisticated to ensure that the tolerance levels for both requirements are refined.

Actions 2 and 4: ensure that caseloads of individual staff are manageable and, ensure work continues to reduce the number waiting for assessment and work to reduce those waiting for treatment within the service

20. For the purpose of this report these two actions are addressed together; the demand and capacity of the service impacting directly on the caseloads of practitioners.
21. In order to limit the caseload size of individual clinicians and to ensure safety of children and young people on treatment waiting lists, a daily duty clinician system was established in 2017. The duty clinician's work includes undertaking a review of all children and young people waiting for treatment every three months using a prioritisation system. A focus of the improvement programme in 2018 will be to agree and implement a caseload review system that provides effective assessment of both the size and complexity of caseloads and enables proactive management of the demands on practitioners.
22. Addressing the number of children and young people waiting for treatment is a key priority for both Leicestershire Partnership NHS Trust and local health

commissioners. This work includes actions to reduce the number of unnecessary referrals to Specialist CAMHS services; the commissioning of a new preventative programme to be delivered through schools, the commissioning of a new early intervention service through local voluntary and community sector colleagues and work to establish a Triage and Navigation centre to most effectively direct all referrals for additional emotional and mental health support for children and young people to the appropriate local services. The FYPC leadership team is actively engaged with commissioning colleagues, newly commissioned local CAMHS providers and Local Authority partners through the Specialist CAMHS Improvement Board and other forums to design a new multi-agency Triage and Navigation Service. These developments are particularly important because the referral rate to Specialist CAMHS increased by c.20% from 2015/16 to 2016/17 and remains consistently high through 2017/18.

Table 2: Referrals to Specialist CAMHS

Service	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
CAMHS – Access	244	280	306	255	193	241	287	339	273	2418
CAMHS - Crisis Team	62	86	80	42	46	65	80	85	76	622
CAMHS - Eating Disorders	8	22	11	12	17	13	16	29	12	140
CAMHS - Learning Disability Service	8	16	13	13	17	26	19	23	18	153
CAMHS - Paediatric Psychology	36	30	28	29	23	31	17	29	22	245
CAMHS - Primary Mental Health Contract	29	26	21	9	10	11	16	13	21	156
CAMHS – YPT	22	34	36	24	21	23	23	25	27	235
Total New Referrals To CAMHS	409	494	495	384	327	410	458	543	449	3969

23. Within the Specialist CAMHS service an initial appraisal of each newly referred child or young person's needs is undertaken by a clinician. This is often followed by a wait for an appointment or series of appointments for their condition to be fully assessed. After assessment is complete children and young people wait for appointments for specific treatment/s. Whilst there are clinical subtleties within this process that result in assessment and treatment overlapping, the fundamental sequence of this process is important to recognise as it requires the service to dynamically allocate staff time between assessment and treatment to manage waiting times.
24. In 2017 a decision was made to prioritise the assessment of children and young people. This was successful in reducing the number waiting for assessment and the maximum waiting time for assessment (see table 3) but resulted in an increase in the number of children and young people waiting for treatment (see table 4).

Table 3: CAMHS Access Only Waiting List

WL Cat	02/07/2017	04/08/2017	01/09/2017	02/10/2017	01/11/2017	06/12/2017	03/01/2018	22/01/2018
Under 30 Days	206	205	125	163	187	224	183	127
31-60 Days	151	142	110	54	106	127	150	176
61-90 Days	97	74	69	90	34	81	94	115
91-180 Days	162	191	111	52	16	12	57	88
181-365 Days	175	125	45	16	6	1	0	0
1-2 Year	0	0	0	0	0	1	0	0
Grand Total	791	737	460	375	349	446	484	506

Table 4: Specialist CAMHS Treatment Waiting List (excluding Access)

WL Cat	02/07/2017	04/08/2017	01/09/2017	02/10/2017	01/11/2017	06/12/2017	03/01/2018	22/01/2018
Under 30 Days	264	300	315	342	308	350	272	185
31-60 Days	225	233	230	304	387	319	334	293
61-90 Days	155	148	164	174	252	334	288	271
91-180 Days	275	250	282	256	287	408	629	654
181-365 Days	136	93	92	94	86	81	127	148
1-2 Year	52	25	14	0	0	0	0	0
Over 2 Year	4	0	0	0	0	0	0	0
Grand Total	1111	1049	1097	1170	1320	1492	1650	1551

25. Despite the sustained demand for the service the team has managed to reduce the number of the children and young people waiting over 6 months for assessment appointments and over a year for treatment. However, as the service tried to increase capacity for treatment appointments from November 2017 the number of children waiting for assessment has risen quickly and the number of children waiting for treatment has stayed high.
26. Additionally, as the number of children waiting for assessment or treatment, and in active treatment increases, more clinical resource is being directed to assessing risks to individuals through the three monthly review work described above.
27. Specific actions are being undertaken to reduce the number of children and young people waiting;
- Capacity of the service; senior medical staff within the Trust are actively seeking more locum psychiatrists in the UK and abroad. Vacant posts are currently being covered by locums at a premium cost.
 - Efficiency of the service; clinical leaders are being supported to redesign clinical pathways and to introduce new roles within the team to maximise the impact of clinicians' time. A high priority has been given to analysing the current system's capacity, its potential once redesigned and to take actions to improve efficiency as they are identified through this process. A caseload review tool is being robustly applied by senior clinicians to ensure effective discharge from out-patient treatment pathways.

- Referral avoidance; following assessment up to 30% of the children and young people referred to Specialist CAMHS do not require treatment by the team. The team is therefore actively supporting the development of the Triage and Navigation Service described above. Following agreement earlier this month on the direction of this development and the lead role of the new early intervention provider in it, a plan has been formulated to test the service through February and March. This work will focus on capturing learning, developing operating guidance and overcoming obstacles, and will contribute to commissioners de/commissioning plans and service specifications.
- Maintaining a focus on assessment; this has proved challenging as resources are being balanced between assessment and treatment. Renewed focus is being placed on ensuring assessment capacity matches the referral rate. It is therefore essential that other improvement actions are quickly delivered to avoid further increases in the number of children waiting for treatment.
- Improvement capacity: responsibility for holding new systems in place and monitoring waiting times has been given to the CAMHS operational leadership teams and weekly patient tracking meetings. Alongside the newly allocated project management resources this will enable the Specialist CAMHS Improvement Board and the Improvement Team that reports to it to sustain the pace and focus of improvement work.
- System Leadership: LPT leads are actively engaging the Specialist CAMHS team and multi-agency colleagues in understanding the Thrive model that is supported in the national Future in Mind Strategy for children and young people's mental health and emotional wellbeing. Thrive provides a framework for all partners across health, social care, education and the voluntary and community sector to co-ordinate their contributions. The model is particularly valuable as it encompasses both a social and clinical/medical approach to meeting the needs of young people, emphasises partnership with young people in their care and promotes action on health improvement.

Action 3: ensure sites where services for children and young people are delivered are safe, clean and meet the needs of the patients.

28. The CQC report highlighted that not all sites where the Community CAMHS were provided from were well designed, visibly clean, well maintained and met the needs of the patient. They noted that whilst some staff had personal attack alarms this was not universally the case and most buildings did not have panic alarms fitted. They also identified poor soundproofing on some clinic rooms at one site, that the environment was not visibly clean (marked paintwork and carpets) and that family therapy interview rooms did not have vision panels to keep patients safe.
29. The age of the estate used by the teams at Westcotes House and the Valentine's Centre is a significant contributory factor in these findings and therefore longer term strategic estates plans will be required. An initial risk

assessment and action plan for improvements to the safety and cleanliness of care environments across the Community CAMHS services will be prioritised and integrated into the CAMHS Improvement Programme before the end of March 2018.

Background papers

CQC Report into LPT CAMHS January 2018:

http://www.cqc.org.uk/sites/default/files/new_reports/AAAH0872.pdf

Circulation under the Local Issues Alert Procedure

LLR wide service

Officer to Contact

Mark Roberts, Assistant Director, Families Young People and Children's Directorate (FYPC) Leicestershire Partnership NHS Trust

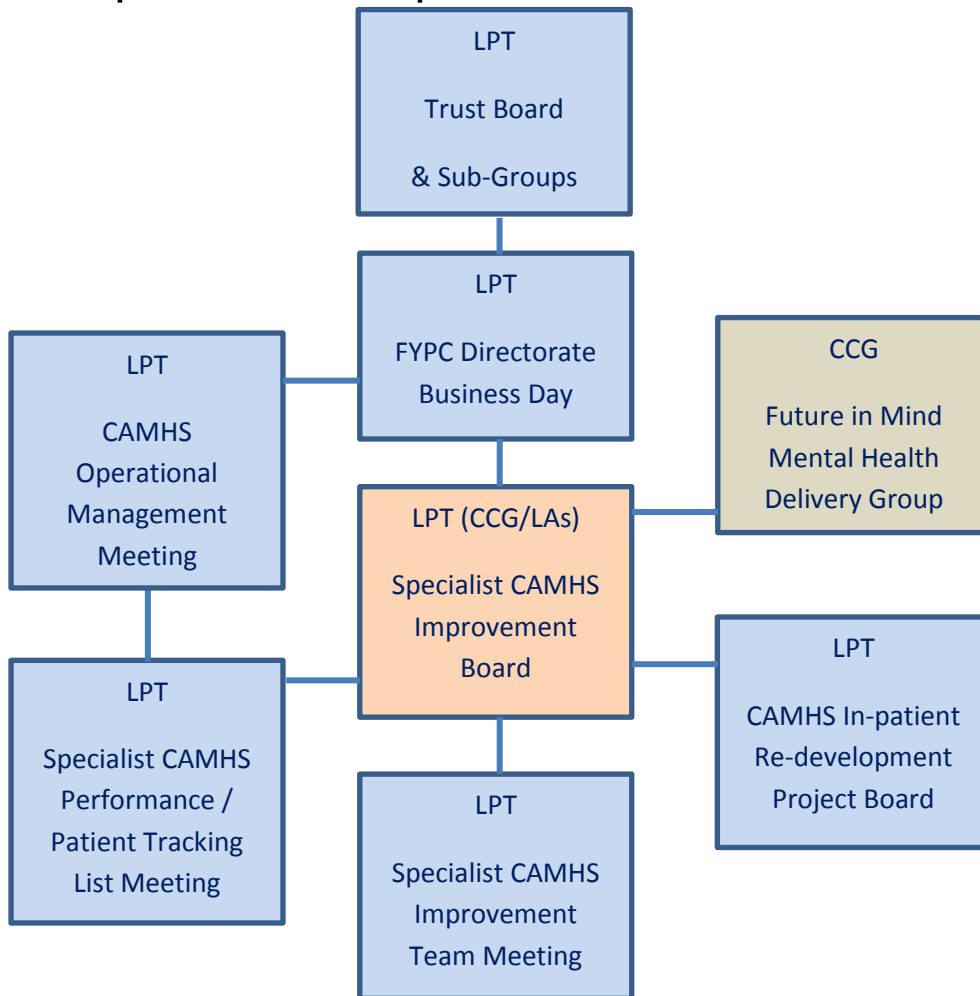
Email: Mark.Roberts@leics.gov.uk

Tel: 07786171429

Appendices

Appendix 1 – Specialist CAMHS Improvement Governance

Appendix 1: Specialist CAMHS Improvement Governance



This page is intentionally left blank