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Specialist CAMHS Service Overview

The Child and Adolescent Mental Health Service (CAMHS), within Leicestershire Partnership NHS Trust (LPT)’s Families Young People and Children’s directorate (FYPC), provides specialist mental health services for all children and young people up to the age of 18 years who are experiencing moderate to severe mental ill health, providing they reside and are registered with a GP in Leicester, Leicestershire and Rutland.
What Does Our Service Do?

The Child and Adolescent Mental Health Service (CAMHS) helps children and young people who have been referred by another healthcare professional. Referrals are made if it’s thought the child or young person has emotional and/or behavioural difficulties at a level which requires specialist support. We provide a range of services including initial assessments, therapy, group work, emergency assessments and in-patient care.
How Does Our Service Work?

CAMHS sees young people from across Leicester, Leicestershire and Rutland. The service also links with other children’s services to offer a multi-agency approach. The team is made up of doctors, nurses, psychologists and therapists who specialise in child mental health. The support we provide varies according to need, from a one-off appointment to a programme of on-going care which lasts until the child or young person feels better and is felt to be safe.
Service Criteria (a)

Severe or life-threatening conditions
Psychosis
Risk of suicide or severe self harm
Severe depressive episode
Anorexia Nervosa

LLR CRHT / Specialist ED response
Service Criteria (b)
Severe Obsessive-Compulsive Disorder (OCD)
Severe anxiety / phobic / panic disorders
Bulimia Nervosa
ADHD where there is significant psychiatric co-morbidity
Autistic Spectrum disorders
Tourette’s syndrome
School refusal where mental health disorder plays a significant role
Gender identity disorders
Current Performance Context

Number of patients in assessment/treatment: 4000
Number of referrals to CAMHS within 2016/17: 5351
Increase in referrals 2016/17: 19% increase in demand

CAMHS Community Performance Measures - 13 week (routine) – 97.8%
CAMHS Community Performance Measure - 4 weeks (urgent) 80.4%

CAMHS CRHT Referral – 280 (June- August)
CAMHS CRHT Team – contact within 2 hours of referral – 98%
CAMHS CRHT Team F2F conversion – 68.8%

CAMHS Inpatient Performance – average length of stay: 49 days
CAMHS Inpatient Performance – bed occupancy: 92% (2016/17)
Rutland Specific Data

Current CAMHS patients from Rutland and their age:

<table>
<thead>
<tr>
<th>Age</th>
<th>8</th>
<th>9</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>14</th>
<th>15</th>
<th>16</th>
<th>17</th>
<th>18</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>2</td>
<td>4</td>
<td>15</td>
<td>8</td>
<td>18</td>
<td>14</td>
<td>10</td>
<td>4</td>
<td>86</td>
</tr>
</tbody>
</table>

- 2/86 patients currently on external access waiting list (under 13 weeks)
- 4/86 patients currently ‘in assessment’ with CAMHS access team
- 21/86 awaiting specialist treatment allocation
- 59/86 patients ‘in treatment’ with community CAMHS

From the above patients, who are also SEND:

<table>
<thead>
<tr>
<th>Age</th>
<th>10</th>
<th>11</th>
<th>12</th>
<th>13</th>
<th>15</th>
<th>16</th>
<th>17</th>
<th>Grand Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patients</td>
<td>4</td>
<td>1</td>
<td>1</td>
<td>5</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>17</td>
</tr>
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</table>
Rutland Patients ‘in access/treatment’

Team Referred To

- County East: 26
- Eating Disorders: 1
- LD: 6
- County Access: 6
- Pediatric Psychology: 4
- Family Therapy: 4
- YFT: 2
- PMHT: 2
- AGW: 1
- Inpatient Service: 1
<table>
<thead>
<tr>
<th>CQC Requirement Action</th>
<th>CQC Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Action 1</td>
<td>Risk assessments and care plans were not always in place or up dated whilst young people were waiting for treatment.</td>
</tr>
<tr>
<td>Action 2</td>
<td>The blood pressure machines at all three locations were out of date for calibration. Therefore, staff could not ensure an accurate measure of blood pressure was being recorded.</td>
</tr>
<tr>
<td>Action 3</td>
<td>The trust had a large number of young people awaiting treatment and waits for certain treatments were up to 108 weeks.</td>
</tr>
<tr>
<td>Action 4</td>
<td>At the Valentine Centre, in the waiting area, a cupboard containing cleaning products was unlocked, which posed a risk to the young people.</td>
</tr>
</tbody>
</table>
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
CAMHS improvement journey

P1
• Recovery
  • (March 17 – September 17)

P2
• Improvement
  • (September 17 – Feb 18)

P3
• Transformation
  • (Feb 17 – September 18)
Care Planning and Risk Assessment

- Operational System review in March 2017, 1100 & 900 missing RA/CP’s respectively
- Data quality reporting weekly via Recovery Team
- Those with out of date Care Plan and Risk assessment now under 200 with completion deadline 30th September 2017
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.

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.
Internal Waiting List Management

Waiting List Summary

<table>
<thead>
<tr>
<th>Duration</th>
<th>26/04/2017</th>
<th>25/08/2017</th>
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</thead>
<tbody>
<tr>
<td>Under 30 Days</td>
<td>466</td>
<td>434</td>
</tr>
<tr>
<td>31-60 Days</td>
<td>419</td>
<td>321</td>
</tr>
<tr>
<td>61-90 Days</td>
<td>262</td>
<td>247</td>
</tr>
<tr>
<td>91-180 Days</td>
<td>488</td>
<td>405</td>
</tr>
<tr>
<td>181-365 Days</td>
<td>275</td>
<td>150</td>
</tr>
<tr>
<td>1-2 Year</td>
<td>109</td>
<td>10</td>
</tr>
<tr>
<td>Over 2 Year</td>
<td>10</td>
<td>0</td>
</tr>
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Improvement Milestones (September–February)

- Standard Operating Guidance for CAMHS Community Services released
- New Supervision Structure launched
- Caseload Complexity tool roll out
- Core Care Pathways launched (standardised packages of care)
- EPR Review & Refine
- Access ‘Fixed Team’ established
- Community Training Programme launch
Transformation Milestones (February – September)

• ‘Thrive’ Implementation
• All age LEAN programme focus for CAMHS services
• Full booking system automation
• Integration & system leadership