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PUBLIC REPORT

CHILDREN & YOUNG PEOPLE SCRUTINY PANEL

31 January 2019

SPECIALIST CHILD AND ADOLESCENT MENTAL HEALTH SERVICES UPDATE

Report of the Leicestershire Partnership NHS Trust, Families, Young People and Childrens Directorate

Strategic Aim:	Provision of local mental health services for children and young people	
Exempt Information	No	
Cabinet Member(s) Responsible:	Mr A Walters, Portfolio Holder for Safeguarding – Adults, Public Health, Health Commissioning, Community Safety & Road Safety	
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Ward Councillors	All	

DECISION RECOMMENDATIONS

That the Panel :

1. Notes the comprehensive service offer available to local children and young people.
2. Notes the challenges faced in providing timely access to some areas of CAMHS Service and schedule a further progress report.
3. Notes the progress made through the CAMHS Improvement Programme and further actions planned.
4. Notes the progress towards the commissioning of a new CAMHS Inpatient Unit.

1 PURPOSE OF THE REPORT

1.1 This report details the current waiting times for children and young people living in Rutland to access Leicestershire Partnership NHS Trusts Child and Adolescent Mental Health Service (CAMHS). It also describes the work by the organisation to improve the timeliness of access to services and to manage the risks to children and young people whilst they are waiting. Finally, the report provides an update on progress to commission a new CAMHS inpatient unit.

2 BACKGROUND AND MAIN CONSIDERATIONS

2.1 Leicestershire Partnership NHS Trust (LPT) provides a wide range of public health, physical health and mental health services for children and young people. These services are closely integrated with each other within the Families Young People and Childrens Directorate (FYPC). The Child and Adolescent Mental Health Services (CAMHS) teams therefore plan and collaborate closely with the 0-19 public health nursing service (Heathy Together), speech and language therapy, occupational therapy and physiotherapy services, community paediatric services and the Diana nursing team. The Directorate and the teams work with colleagues in adult mental health services to address the impact of parental mental health on the wellbeing of children and young people and to support young people's transitions to adult services. The FYPC leadership team are key contributors to partnership work across Leicester, Leicestershire and Rutland.

2.2 CAMHS is more accurately referred to as Specialist CAMHS and is one of a growing number of mental health and emotional wellbeing services delivered by an increasingly diverse range of local providers. Specialist 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. They provide a range of services including initial assessments, therapy, group work, emergency assessments and in-patient care.

2.3 LPT's Specialist CAMHS service is organised in the following teams:

The (Generic) Leicester City and Leicestershire and Rutland Counties CAMHS outpatient teams (City – 21 staff, Counties – 43 staff) assess and treat children and young people according to their needs; 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. Further detail of their work is set out in section 4 below. The team is made up of doctors, nurses and therapists who specialise in child mental health. The outpatient teams work closely with six specialist teams that provide care focused in particular areas as set out below.

The CAMHS Crisis Resolution and Home Treatment team (19 staff) provides rapid assessment and treatment at home for children and young people in mental health crisis and support for their families, providing no physical medical intervention is required. Once a referral is received, the team aims to make telephone contact with a family within two hours and to assess the child or young person within 24 hours. The service is operational from 8am until 10pm. Outside of these times, support is provided by the adult crisis team.

The Primary Mental Health Team (11 staff) works between primary care - for example GPs and public health (school) nurses - and specialist CAMHS outpatient teams. The team treats young people having difficulties with their mental health or emotional wellbeing, and who may be at risk of developing a mental health disorder. The team also provides support, advice and education for staff from other agencies to improve early intervention to avoid further escalation of need. Together with other CAMHS teams they have contributed significantly to the development of our public health service websites; Health for Teens and Health for Kids.

The Young Peoples Team (12 staff) works particularly with vulnerable young people in care and those who are involved with the youth offending service.

The CAMHS Learning Disability Team (21 staff) provides services for children with a moderate to profound learning disability that is within very specific clinically defined parameters, who are presenting with mental health and or associated behavioural problems.

The CAMHS Eating Disorders Team (18 staff) offers specialist outpatient assessment and treatment to young people and their parents affected by eating disorders, and manage around 150 new referrals each year. Treatment usually lasts between 12 and 18 months, though early intervention is crucial to recovery.

The Paediatric Psychology Team (15 staff) offers specialist psychological assessment and treatment to children, young people and their families who are psychologically affected by living with physical health conditions or disabilities. Referrals are from Consultant Paediatricians only

2.4 All of these services work with other local health, social care and voluntary sector children's services to offer a multi-agency approach. All clinical records are securely held on SystmOne and this system is shared with the majority of local GP practices and all other LPT children's health services. Work is underway to expand the use of SystmOne to adult mental health services across LPT. Information sharing is either based on relevant safeguarding legislation or on the consent of the child or young person (when competent) or the consent of the parent or legal guardian. Information sharing agreements are in place to support these processes and further work is underway with colleagues in Rutland's Early Help team to further improve the flow of information between the agencies.

2.5 CAMHS services are commissioned to provide services to children and young people registered with the Clinical Commissioning Group's GP practices. When a child or young person registers with a GP outside of Leicester, Leicestershire and Rutland on a permanent basis whilst under the care of the CAMHS service their care is transferred to the new CAMHS team and GP practice through the co-ordination of the lead professional and support of the administrative staff. When a young person needs to transition into adult mental services senior administrative staff (Care Navigators) support a smooth transition and co-ordination between clinicians by following the agreed process between CAMHS and Adult Mental Health Services.

2.6 Across CAMHS outcome data is collected during treatment programmes. Arrangements to record this in easily reportable ways within SystmOne that can be used to inform decisions on service design are developing further. This information is combined already with feedback from engagement work with children and young

people and their parents and carers, and feedback from Friends and Family Tests, complaints, compliments and concerns to inform service delivery. Central to ensuring that care is responsive to the needs of each child or young person is the creation of an individualised care plan which is completed in collaboration with each child and young person and is then shared where agreed with other services working with the young person. The care planning process has been designed with young people who use the service and has also been reviewed again recently.

2.7 To enable effective delivery and co-ordination of services the CAMHS team employ the Thrive model **(**https://www.annafreud.org/media/3214/thrive-elaborated-2nd-edition29042016.pdf**)** and are working with commissioners and other agencies to further develop this approach locally. Thrive has recently featured in the NHS Long Term Plan **(**https://www.longtermplan.nhs.uk/) and is seen as a framework through which a paradigm shift in the delivery of mental health service for children and young people can realised. The commissioning of local CAMHS services continues to evolve. In August 2016 £190,000 was provided to LPT to provide an enhanced access service to increase capacity for assessment of new referrals. LPT has been given notice that this enhanced service offer will be decommissioned later this year to enable the procurement of a Triage and Navigation Service which will triage and direct all referrals regarding emotional health and well-being of children and young people to the appropriate agency in the health and social care system. This service will also accept self-referral.

2.8 The NHS Benchmarking Service reported on CAMHS services in October 2018. Key findings for the LPT services were;

- LPT receive an average number of referrals in comparison to other areas nationally but accept approximately 300 more per 100,000 of the population.

- The national average waiting time for CAMHS first appointment is 9 weeks and for LPT it is 8 weeks.

- Nationally waiting times have gone up with an increased percentage failing referral times target (RTT) from 19- 22% (measured at 18 weeks) – not LLR local 13 weeks. Due to our higher standard local targets we had the 3rd highest number of children being seen within 6 weeks and in the bottom 10 for over 18 weeks.

- LPT have more than double the number of children per 100,000 on their caseload compared to the national average and is in the top 5 of the country.

- The number of discharges per 100,000 was above average in LPT with 63 more children being discharged than accepted. This was against the national trend which was less discharges to accepted referrals.

- The number of children seen by CAMHS was significantly higher in LPT with over 50% more than national average per 100,000 of the population.

- LPT workforce has a lower whole time equivalent (WTE) of workforce compared to national average; LPT has 65 and national average is 75.

- Per WTE LPT were significantly higher for numbers on caseload (second highest nationally) with average 31 compared to 84 for LPT.

- The numbers of contacts per clinical WTE was slightly above average.
- LPT nursing profile for bands was comparable to national average as was our discipline mix.
- LPT finance profile is in the lowest 25%, with 20% less finance than the national average.
- LPT cost per contact is low at £209 with the average at £284.
- LPT bank and agency spend was 3% more than average.

3 ACCESS TO SPECIALIST CAMHS SERVICES

3.1 Set out in this section is information about the waiting times for Rutland children and young people to access Specialist CAMHS Services provided by LPT. Access to many of the teams set out in section 2 above has been consistently good despite the increasing demand on them. However, the waiting times to access the (Generic) CAMHS Outpatient Team is much longer than the CAMHS practitioners, service leaders and LPT executive team would like it to be; a comprehensive programme of improvement is therefore in place and this is set out in section 4 below.

RTT Performance (CAMHS Specialist Teams)	Apr	May	Aug	Jul	Jun	Sep	Oct	Nov	Dec
CAMHS Learning Disabilities									
Pass	0	0	0	0	0	0	1	0	1
Fail	0	0	0	0	0	0	0	0	0
CAMHS Paediatric Psychology									
Pass	0	1	0	0	0	0	0	0	2
Fail	1	0	0	0	0	0	0	0	0
CAMHS Young People's Team									
Pass	0	0	0	0	0	0	0	0	2
Fail	0	0	0	0	0	0	0	0	0

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3.2 CAMHS Eating Disorder Performance (Face to face Performance)

Month	Pass	Fail
Dec	0	0
Nov	2	0
Oct	0	0
Sep	2	2*

One patient moved out of area and we were unable to see them. The other case was incorrectly recorded twice.

3.3 **CAMHS Crisis Performance**

The service aims to contact the patient/proxy via telephone within 2 hours of receiving a referral. If this initial contact is unsuccessful, a message is left and a second attempt is made multiple times to contact the patient/proxy. If the service is still unable to initiate contact, the team will attempt to make a home visit and if this is unsuccessful a card is left asking the patient to contact the service as soon as possible.

Month	Pass	Fail*
Dec	0	0
Nov	3	2
Oct	6	6
Sep	8	1

Fails are related to delays in contacting patients and patient choice. Some fails relate to patient/parent availability (e.g. patient is out of area on holiday).

3.4 **Access to Specialist CAMHS Outpatient Service**

The number of referrals of Rutland children and young people to the 'Generic' Outpatient CAMHS team is set out in the table below. The waiting list and performance of the service in response to this demand is addressed in section 4

Urgency	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Routine	9	7	6	10	2	7	4	5	5
Urgent	0	0	1	0	0	2	2	2	1

4 THE SPECIALIST CAMHS IMPROVEMENT PROGRAMME

4.1 This section sets out the steps involved in assessment and treatment of children and young people in the Specialist CAMHS 'Generic' Outpatient teams, the waiting times at each stage, and introduces the improvement work being undertaken by the service leads and clinicians.

4.2 In November 2017 the Specialist CAMHS Improvement Board was established to create and steer a broad improvement programme, and to provide opportunity for the co-ordination of the service's improvement work with local 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 has also ensured co-ordination with those leading the re-development of the CAMHS in-patient facility.

4.3 The Specialist CAMHS Improvement Programme aims to achieve the highest standards of quality and responsiveness possible for local children and young people within the budget allocated to the service. The programme builds on the good work undertaken by the service in response to the Care Quality Commission's (CQC) inspection in 2016. Whilst the resources under direct control of the Specialist CAMHS Improvement Board are limited to those allocated to CAMHS within Leicestershire Partnership NHS Trust (LPT) this multiagency board also seeks to

ensure that LPT services are coordinated with the local statutory and voluntary sector partners to best effect and maximise outcomes for children and young people; avoiding unnecessary referral to the service, ensuring timely referral when required, maximising support and risk reduction whilst waiting for and undergoing assessment and treatment, and supporting effective and timely discharge from the service.

4.4 The improvement programme will run until the 31st March 2019 and has been supported by a project manager from the Families, Young People and Childrens Directorate throughout 2018. The project manager coordinates work by a large number of clinical, managerial and operational support staff to ensure progress on a wide range of objectives. This work includes actions in response to the Care Quality Commissions re-inspection of the service in 2017. The programme will merge with the LPT All-Age Transformation Programme for mental health services on the 1st April 2019. The programme has adopted the Thrive model for the delivery of emotional and mental health services for children and young people. From the 1st April 2019 the 2019/20 CAMHS Improvement Plan will be governed by the LPT All-age Transformation Programme; maximising the opportunity for a smooth transition for young people to adult mental health services. Supplementing this scrutiny the local commissioning teams have established a new forum; the CAMHS Quality and Performance Meeting.

4.5 The CAMHS improvement programme focuses support and improvement work on LPT's Leicester City and Leicestershire and Rutland County CAMHS Outpatient Teams where most challenges in meeting the demands on the service are experienced. The work is best summarised in five interdependent areas; establishing a sustainable service model, establishing new quality standards, making the best use of our resources, enabling staff to achieve their best, and providing suitable environments for care.

4.6 The outpatient teams are made up of c.56 whole time equivalent staff (c. 64 individuals), including Psychiatrists, Psychologists, Psychiatric Nurses, Occupational Therapists and Psychotherapists.

4.7 Referrals received by the service are assessed as part of the CAMHS Access process by clinicians from the outpatient teams. The assessment process begins with an initial telephone or face to face contact with the family (and where appropriate the young person) either within 4 weeks if referred urgently, or within 13 weeks if referred routinely. When measuring completed Access pathways for Quarter 3, 2018/19, the service achieved 100% compliance for routine referrals for Rutland children and young people. However, there are a number of children and young people who have not yet completed the Access pathway (i.e. they have not had an initial assessment), some of whom will fail to meet the required timescales. These numbers are highlighted in section 4.10.

2018/19 (Q3)	Pass	Fail
Routine		
Oct	5	0
Nov	3	0
Dec	5	0

4.8 During the first three quarters of 2018/19 in Rutland, this access work resulted in 23% of referrals being redirected to other agencies (20% were redirected to the Early Intervention Service) and no referrals being initially returned to the referrer for more information or reconsideration.

4.9 The process includes a full assessment as to whether a child or young person would benefit from treatment or further specialist assessment (e.g. specialised neuro-developmental assessments) by the Specialist CAMHS Service, and if so what type of treatment they need. This may require more than one telephone or face to face contact.

4.10 There are currently 20 (19 Routine, 1 Urgent) children and young people from Rutland waiting for assessment to be completed and the maximum waiting time is 44 weeks. The current average wait is 23 weeks, with 12 children and young people waiting over 13 weeks. The current urgent case has been waiting for 3 weeks and they have an appointment scheduled.

4.11 Once it has been determined that a child or young person would benefit from treatment or further specialist assessment by Specialist CAMHS they are formally accepted into CAMHS and their GP and referrer are informed. Children may then be placed on one or more waiting lists for treatment and / or further specialist assessment. Waiting lists include; Neurodevelopmental assessment, further Psychiatric opinion, Psychodynamic Psychotherapy and Psychological therapies.

4.12 As children and young people may be waiting for another treatment whilst also being in treatment (e.g. has been commenced on medication and is waiting for psychological therapy), careful analysis of the waiting lists is required to determine how many are being actively cared for. This analysis has identified that 39 Rutland children and young people are on waiting lists for treatment or further specialist assessment. Because some children are on more than one waiting list, this equates to 47 total waits.

Category	Count
ADOS	1
Assessment	3
Assessment & Treatment	4
Behaviour	2
General Group	1
Neurodevelopmental	19
Psychiatric Opinion	7
School Observation	1
Treatment	9
Grand Total	**47**

4.13 Of these:

- Of the 39 children and young people, 15 have a future booked appointment which indicates that they are already receiving treatment or have a start date for treatment.

- Of the 24 who don't have future appointment, 11 have been seen in the past 60 days.

- The longest a Rutland child or young person is waiting without a scheduled appointment for treatment is 58 weeks (neurodevelopmental assessment and treatment pathway)

4.14 During any of these treatment processes further interventions may be required and care is co-ordinated between each of the treatments.

4.15 Goals for treatment are agreed collaboratively with children and young people and their families and expected time frames for discharge are discussed early in the process and reviewed regularly throughout. When a child or young person's care is coming to an end, arrangements for discharge or transition to other services (e.g. Adult mental health) begin. This includes a review of the work undertaken with CAMHS and goals achieved, any outstanding risks and risk management plan, arrangements for on-going prescribing and monitoring of medication (if applicable) and ensuring that children and young people and families know how to access support and / or mental health services if required. Discharge letters include a summary of the work completed by CAMHS and are sent to the referrer, GP and to the child or young person and family.

4.16 As a short term measure, additional clinical capacity has been introduced in the outpatient teams. Bi-weekly patient tracking meetings continue to manage demand and direct resources. Additional administrative support has been allocated to senior clinicians to increase their available clinical time. Furthermore, a programme of centralised clinic scheduling has been implemented.

4.17 A case complexity tool and caseload review tool have been embedded into the electronic patient record. Use of these tools in clinical practice supports appropriate allocation of cases within CAMHS, timely case review, and planning for safe discharge. The system also enables future reporting and audit against their use.

4.18 In order to further understand demand and capacity within CAMHS, the following actions have also now been completed;

- Detailed analysis of the current and future demand in Access and the capacity required to meet this
- Analysis of the current clinical capacity available in the outpatient teams.
- Analysis of the administrative capacity required to facilitate the current clinical workload
- Finalisation and signing off of care pathways, which are aligned to 'Thrive' methodology
- Alignment of the care pathways within the CAMHS care plan on the electronic patient record
- Clinical pathways that employ the Thrive methodology have been agreed
- A capacity and demand model has been constructed and is being tested

4.19 The treatment pathways that children and young people are aligned to have formed the basis of work to analyse demand on the outpatient teams. As this process is developed a greater level of confidence in understanding the demand on the service

will develop, as well as an increased ability to predict and plan for future demand.

4.20 Improvement work over the next 6 months will include:

- Continuation of bi-weekly patient tracking list meetings to manage demand and direct resources.
- Further work to use a competency based approach to assess the interventions and demand required on each treatment pathway to inform the workforce model.
- Completion of demand analysis work and subsequent agreement on the optimum workforce model. This will include describing and communicating the implications of these insights on capacity and in turn commissioning.
- Ensuring all clinical contacts are centrally scheduled and that high quality suitable estate is secured to support care delivery.
- Increasing the specificity of care pathways and aligning them to the LPT All Age Mental Health Transformation (AAT) Programme. This will include developing digital solutions where appropriate and in line with clinical guidance (NICE) across the treatment pathways and aligning treatment pathways with waiting list reporting from the electronic patient record.
- Co-ordination of work with the AAT team to improve transition co-ordination.
- Reviewing the clinical operational leadership arrangements to maximise their impact on treatment pathway progress and compliance.
- Alignment of the Specialist CAMHS system with the Triage and Navigation Hub as this develops.
- Review of the CAMHS outpatient teams' leadership structure and roles to ensure robust sustained governance of performance.

Use of non-recurrent funding allocated on the 15th January 2018 by NHS England for use in the financial year 2018/19 to reduce waiting times for treatment through the employment of more locum clinicians.

4.21 A key factor in the management of the Specialist CAMHS Outpatient Teams is ensuring that practitioners' caseloads are small enough and demands on their time to deal with risks related to other children and young people who are waiting for treatment are minimised, so that their work with children and young people can remain effective. This requires the rate of discharge from the team to be balanced against the rate of additions to their caseload and for the rate of addition of cases to the waiting list for treatment. In the last two years the number of children and young people added to the waiting lists for treatment has resulted in such increases in demand for risk management work within the service that it has impacted significantly on treatment capacity.

5 SUPPORTING CHILDREN AND YOUNG PEOPLE WHO ARE WAITING AND KEEPING THEM SAFE

5.1 Children and young people referred to the LPT Specialist CAMHS Services could experience harm as a consequence of their emotional and mental health before, during or following treatment. This section of the paper sets out the manner in which the Specialist CAMHS team works to avoid harm occurring at each stage of the processes set out above, how the Improvement Programme will contribute to improvement in this work, and how the service currently determines whether harm has occurred through the information available.

5.2 Risks to CYP include:

- Risk to self (self-harm, suicide, impulsivity leading to risk taking behaviour).
- Risk to others (e.g. aggression, sexualised/sexually abusive behaviour, offending).
- Risk from others (e.g. neglect, abuse, victimisation, Child Sexual Exploitation)
- Risk of deterioration of mental health condition impacting on functioning- such that it may impact on school attendance and attainment, impact on protective relationships and the development of adaptive coping strategies.
- Risk of delay in diagnosis which may impact on the young person's ability to access other appropriate support (e.g. within education).
- Risk of disengagement from services.

5.3 Mitigating or reducing the risk of harm associated with the delivery of healthcare is a service priority. While the risk of harm can be reduced in some instances (i.e. avoidable), what constitutes avoidable harm remains unclear, and there is currently no clear definition of avoidable harm within mental health settings. It is important to note that there is no evidence that mental health intervention can completely remove all risk of harm and indeed there are significant complexities which require a level of tolerated risks (e.g. self-harm as a maladaptive coping strategy which can reduce the risk of suicide).

5.4 In addressing this agenda locally, avoidable harm is defined as "the presence of an identifiable modifiable cause". The key elements of this definition are;

- Is there evidence that suggests it can be reasonably assumed that a reduction in waiting times for assessment or treatment would have prevented the incidence of harm and/or reduced the risk
- Is there evidence that a reasonable adaptation to a process will prevent future recurrence
- Is there evidence of lack of adherence to guidelines that implies preventability
- Does historical comparison suggest the event is preventable – events with declining incidence over time are considered to be preventable in current practice

5.5 Set out below are the current measures to mitigate the potential for harm to occur within the key stages of the CAMHS system; whilst waiting for assessment or whilst waiting for assessment to be completed; whilst waiting for treatment; whilst undergoing treatment.

5.6 Identifying valid indicators of harm is complex and challenging. Our data analysis is

currently focussed on children and young people referred to CAMHS Crisis or attending Accident and Emergency (A&E) as a known or suspected consequence of their mental health condition. In future, the CAMHS team will be able to add to this analysis changes to the risk rating applied to children and young people within the CAMHS system as this system of risk management has been recently integrated into the electronic patient record.

5.7 The CAMHS Crisis Team is alerted to any children and young people attending A&E as a consequence or suspected consequence of their mental health. The Crisis team follow up these children and young people within 7 days of the A&E attendance.

5.8 Following receipt of a referral to specialist CAMHS the referral is acknowledged in writing. This communication is sent to the referrer, the GP and to the family/young person. The letter details contact details for the service should there be any concerns. The following online resources are advised in the receipt of assessment letter.

- http://www.healthforteens.co.uk/
- Centre for Clinical Interventions (handouts and guided self-help modules) http://www.cci.health.wa.gov.au/resources/consumers.cfm
- https://www.getselfhelp.co.uk/
- http://youth.anxietybc.com/
- https://kooth.com/

5.9 These resources provide support and advice as well as self-help tools to manage symptoms such as distress and distressing thoughts, negative automatic thinking, overwhelming feelings such as anger.

5.10 The specialist teams within CAMHS are responsible for some of the most vulnerable young people within Leicester, Leicestershire and Rutland which ensures a dedicated service provision to these young people, e.g. young people with a moderate to severe Learning Disability and young people with an Eating Disorder. These referrals by-pass the outpatient team's access process and are directed immediately to the specialist teams. The Young People's Team (YPT) is the specialist team who are responsible for Looked After and Adopted Children as well as young offenders, homeless children and unaccompanied children. The majority of referrals received by YPT come directly from social care.

5.11 Within YPT, referrals are assessed daily by the Duty Clinician to see if an immediate response is required. Referrals are discussed at a weekly MDT referral meeting and allocated to an appropriate professional(s) to offer an initial assessment. The assessment process includes an initial face to face contact with the young person, and their parent/carer (and social worker when appropriate) either within 4 weeks if referred urgently, or within 13 weeks if referred routinely. The service consistently achieves 100% compliance with both these standards. YPT receives 28 referrals on average per month.

5.12 For all Specialist CAMHS services, the initial assessment process includes; a comprehensive core mental health assessment which includes an assessment of capacity to consent; a comprehensive, standardised risk assessment; standardised outcome measure (HONOSCA); a collaborative care plan which includes a risk management contingency plan. A collaborative safety plan may also be developed

with the young person/family at this stage if required.

5.13 Following assessment an initial assessment letter is written to the GP and referrer and a copy sent to the family/young person. A care plan is written to the young person/family.

5.14 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 reviews of children and young people waiting for treatment using a prioritisation system based on clinical risk The face to face and telephone contact offered as part of the Duty system includes treatment elements from specialist supportive clinical management, including symptom review, problem solving, goal setting, clinical advice and family support.

5.15 The prioritisation system model (see appendix 1) categorises children and young people within CAMHS according to risk in a traffic light system approach. Children and young people identified at high risk (RED cases) are allocated a named Lead Professional to ensure specialist supportive clinical management and risk management treatment begins without delay.

5.16 At all points whilst children and young people are waiting for a treatment to start, they will be managed in the Duty System unless they are RAG rated RED, in which case they will be assigned a Lead Professional.

5.17 Children and young people are allocated a Lead Professional who will undertake the treatment and liaise with other members of the multi-disciplinary team within CAMHS as appropriate, as well as liaise with the family and other parts of the health and social care system as required (e.g. school nursing, Early Help). The Lead Professional is responsible for keeping the treatment care plan and risk assessment up to date. The risk assessment and care plan are contained on the electronic patient record. The care plan includes; the specific risks and actions to be taken by the children and young people and parents to mitigate these, contact details of the named Lead Professional and advice that they can be contacted in the event of a crisis and advice to contact the emergency GP service out of hours for further assessment and referral to the CAMHS Crisis service if appropriate.

5.18 Analysis of data about children and young people engaged with CAMHS presents important insights. If we consider the number of children and young people attending A&E or referred to CAMHS Crisis, not known to CAMHS at the time, as a baseline figure for comparison, we can make the following observations;

- More children and young people attend A&E who are waiting for or are being assessed, but fewer are referred to CAMHS Crisis.
- Fewer children and young people attend A&E or are referred to CAMHS Crisis from Duty.
- More children and young people attend A&E who are in treatment, but fewer are referred to CAMHS Crisis.
- Children and young people attending A&E as a consequence or suspected consequence of their mental health often present with significant self-harm or suicidal behaviour such as cutting or overdosing

5.19 These observations should be interpreted with caution due to the number and complexity of variables which have differing severity and impact on behaviour of children and young people with mental health conditions. These include, life events, developmental milestones, response to treatment, trauma, therapeutic alliance and family dynamics. However, the following interpretations should be considered

- Children and young people entering the CAMHS service are likely to be experiencing the significant onset of their mental health condition. The distressing nature and impact on social functioning at this time may elevate the risk of self-harm or suicidal behaviour. This may explain the higher attendance at A&E for children and young people waiting for or being assessed than the general population.

- Children and young people within the Duty system are RAG rated as Amber or Green, therefore are the children and young people assessed as presenting with low or medium risk factors. This may explain the low number of A&E attenders and Crisis referrals in this group.

- The underlying mental health conditions associated with self-harm and suicidal behaviour are often slow to respond to treatment and the presenting behaviours frequently persist throughout treatment and in some cases beyond. This may explain the relatively high attendance at A&E for children and young people in treatment compared to the general population.

5.20 To further reduce avoidable harm the improvement programme is:

- Increasing efficiency in the system through clinic scheduling and implementation of Treatment Pathways. This will reduce inefficiencies as far as possible within the available resources.

- Embedding the use of the caseload complexity and caseload review tools in clinical supervision arrangements to ensure treatment is progressed and reviewed in a timely manner.

- Continuing to prioritise a sustainable Duty system and develop ways to report changes in risk profiles.

- Working with partner agencies to more fully understand ‘at risk groups’, particularly those known to other agencies, in particular Early Help teams, and realise opportunities to improve the support to children and young people. This work includes strengthening communication with partners to ensure better understanding the level of support offered by each agency.

- Providing an educational resource for other services, in order to build capacity in others to keep children and young people safe and to improve understanding about the specific contribution of Specialist CAMHS to the emotional health and wellbeing of children and young people across LLR

- Collaborating with partner agencies to ensure children and young people receive the right help at the right time. This will focus on our interface with the proposed Triage and Navigation Service and future proposals for Mental Health Support Teams within Education as outlined in the current thinking outlined in the ‘Transforming children and young people’s mental health provision: a green

paper' produced by the Department of Health

6 IN PATIENT UNIT DEVELOPMENT

6.1 Our 10 bed in-patient mental health service for children and young people was temporarily relocated to Coalville Community Hospital in 2015. 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.

6.2 The Five Year Forward View for Mental Health states that inappropriate placements to inpatient beds for children and young people will be eliminated, including both placements to inappropriate settings and to inappropriate locations far from the family home (out of area placements) by March 2021.

6.3 The bid confirmed that it has major benefits for patients/carers and will also have patient and public support. It confirmed that the unit would be constructed on the Glenfield Hospital site, using our P22 contractor (Interserve Construction Limited) and would come into service in 2019/20.

6.4 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.

6.5 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.

6.6 This new unit will introduce for the first time in the local area the provision of specialist in-patient services for young people with eating disorders. 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.

6.7 Mobilisation has commenced and Leicestershire Partnership NHS Trust has invested £807,000 at risk to get the project to full business case. The timeline for this work has been/is**:**

- Finalisation of mental health and eating disorder service model and stress testing - February 2018
- Building design, planning permission and contract agreed with Interserve - August 2018
- Full business case approval from LPT Trust Board – September 2018
- Awaiting sign off from Department of Health - **January 2019**

- Construction and commissioning - **February 2020**

- Service relocation - **March 2020**

6.8 The Leicester, Leicestershire and Rutland Sustainability and Transformation Partnerships Children's Work stream, NHS England Specialist Commissioning and Leicester City Council (Education & Children's Services) team who provide the hospital school service are all members of the project board.

6.9 Work undertaken during the early part of 2018 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.

6.10 The creation of this new unit will substantially improve the quality and sustainability of the local CAMHS in-patient service for Rutland children and young people. The service will be provided in a location that is closer to children's homes and improves recruitment and retention of skilled staff. Additionally the unit will offer highly specialist in-patient care for children and young people with eating disorders in Leicester, Leicestershire and Rutland for the first time**.**

7 CONCLUSION AND SUMMARY OF REASONS FOR THE RECOMMENDATIONS

7.1 The Families Young People and Childrens Services Directorate within Leicestershire Partnership NHS Trust is leading the CAMHS outpatient team through a series of improvements to increase the efficacy and efficiency of the service to children and young people. Whilst waiting times to access assessment and treatment in many areas of the service are good waiting times for treatment within the two outpatient teams remain much higher than acceptable.

7.2 The number of Rutland children and young people on a waiting list for treatment has increased in the last year from 29 to 39.

7.3 A comprehensive system is in place to reduce the risk of avoidable harm to children and young people who are waiting for treatment.

7.4 The new build in-patient CAMHS unit is currently scheduled to open on the Glenfield Hospital site and will substantially improve local access to in-patient mental health care for children and young people and provide access to specialist inpatient care for children and young people with eating disorders for the first time in Leicester, Leicestershire and Rutland.

8 BACKGROUND PAPERS

8.1 There are no additional background papers.

9 APPENDICES

9.1 The Specialist CAMHS Risk Management and Duty System.

A Large Print or Braille Version of this Report is available upon request – Contact 01572 722577.