Plymouth Community Healthcare

Delivering services on behalf of the NHS

NHS

Child and Adolescent Mental Health Services

Waiting Lists

Update Report for Children and Young People Overview and Scrutiny Panel

December 2011

1. Purpose of the report

1.1 In October 2011 the Child and AMHS Plymouth Multi-disciplinary team (PMDT) had a waiting list of 245 children and young people (CYP) with a longest wait 32 weeks. This is a breach of the required referral to treatment time (RTT) of 18 weeks.

1.2 A Children and Young People Overview and Scrutiny Panel (CYPOSP) was held on the 11 and 12 October 2011. One of the recommendations from that panel was for a summit meeting to be held between strategic leads from the CYPOSP, Plymouth City Council (PCC), NHS Plymouth and Plymouth Community Healthcare (PCH).

1.3 The summit meeting took place on the 26 October 2011 and this report is an update on progress that was agreed as an outcome of that meeting.

1.4 The report outlines the steps taken towards achieving the RTT of 18 weeks by the CAMHS Plymouth Multi-disciplinary team (PMDT) and outlines the plans that will help the team to keep it in place.

1.5 The Plymouth Mainstream Child and Adolescent Mental Health Service (CAMHS) is made up of six teams that provide a discreet service to groups of children and young people (CYP) with particular needs. At the CYPOSP on the 12th October, there was insufficient opportunity to provide detail on the performance and strengths of five of those teams. Instead, they have been included as part of this report.

1.6 The report also highlights the learning points from this process both inside CAMHS as well as its function as part of the wider emotional well-being and mental health network.

2. Context of the Service

2.1 The Mainstream CAMHS is provided by Plymouth Community Healthcare to deliver a specialist mental health assessment and intervention service to those CYP aged 0-18th birthday (19 in the case of a child in care) who present with *complex, severe and/or persistent need.*

2.1 Since March 2011 the clinical staff members of PMDT have been working with senior leadership and commissioners to achieve improvements. Progress was judged to be too slow and the CYPOSP placed a requirement upon Plymouth Community Healthcare to speed up on improvement. This is monitored by commissioners from PCC and NHS Plymouth on a weekly basis.

3. Actions to date (children grouped by need)

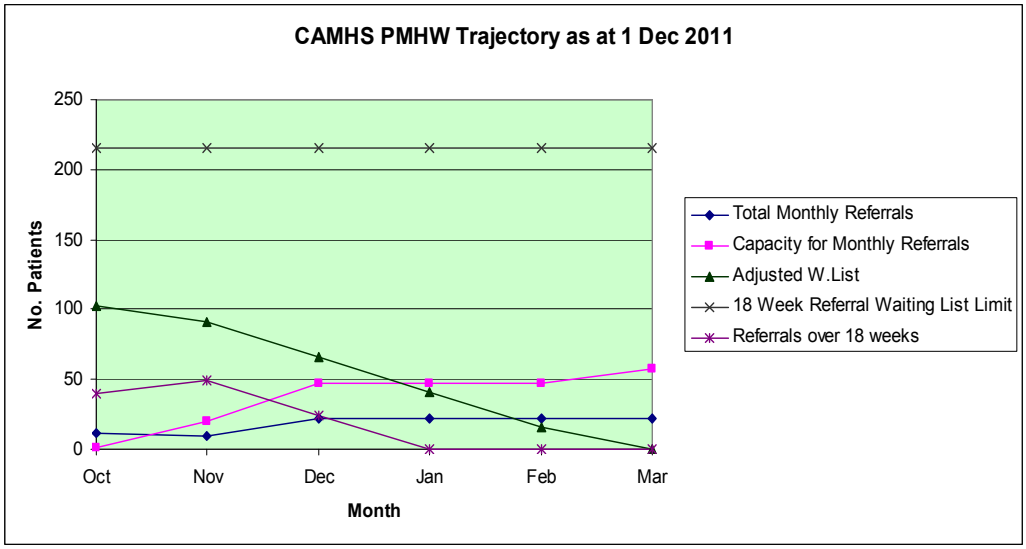
3.1 During April 2011 to August 2011 the PMDT completed a piece of work to try and understand how the service may better be arranged to meet the needs of CYP. The approach was that of clinical systems engineering put simply this means that CAMHS needs to understand its children based on their specific

needs and place appropriately skilled staffing the right place to meet that need. This is known in the NHS as a 'demand stream'.

3.2 The CYP waiting fall into three needs groups. Primary Mental Health Work, Neurodevelopment and Generic. Work has been carried out to understand the numbers of CYP in each needs group and in order to do this, a paper review of each referral upon the PMDT waiting list was completed and the CYP were placed into groups.

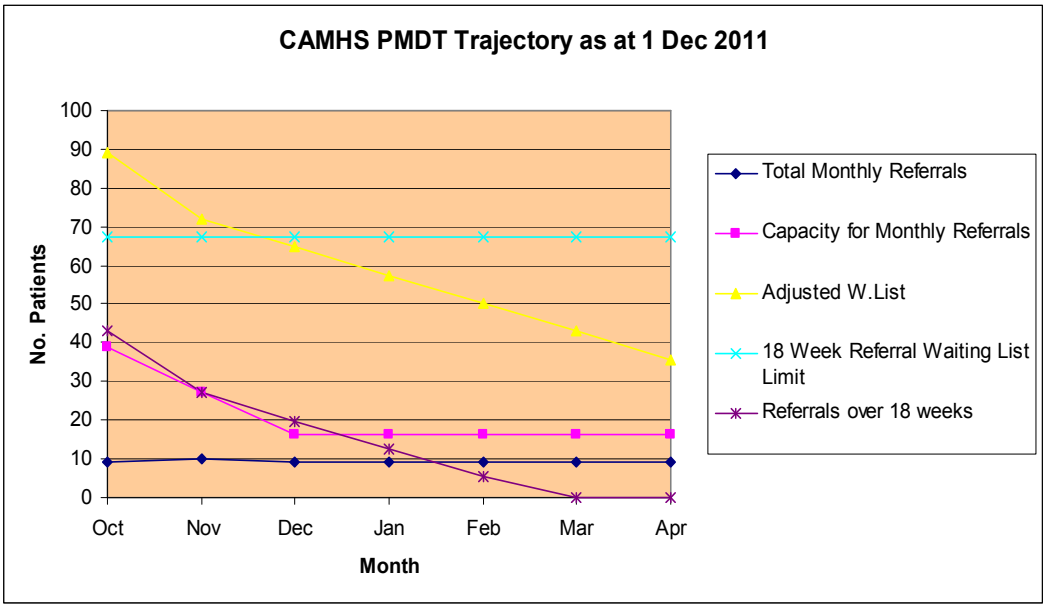
3.3 The group of CYP waiting to see a Primary Mental Health Worker (PMHW) was the first to be properly completed. 91 CYP are waiting for an assessment with a PMHW and 49 of those are breaching the RTT. The capacity of the PMHWs has been mapped against demand and a decision taken to cancel for a three month period, all of the multi-agency training that the 4.6 PMHW's were scheduled to deliver. This increases their capacity by 100% and the trajectory shows that the PMHW team will achieve RTT by the end of January 2012, as illustrated in the trajectory below. It should be noted that should referrals exceed the anticipated 22 per month, the capacity to meet demand will not be in place and the RTT achievement will be delayed.

	ACTUALS		FORECAST			
	Oct	Nov	Dec	Jan	Feb	Mar
Total Monthly Referrals	11	9	22	22	22	22
Capacity for Monthly Referrals	1	20	47	47	47	58
Adjusted W.List	102	91	66	41	16	0
18 Week Referral Waiting List Limit	216	216	216	216	216	216
Monthly Movement(-ve=decrease)	-10	-11	-25	-25	-25	-16
Referrals over 18 weeks	40	49	24	0	0	0
% over 18 weeks	39%	54%	36%	0%	0%	0%



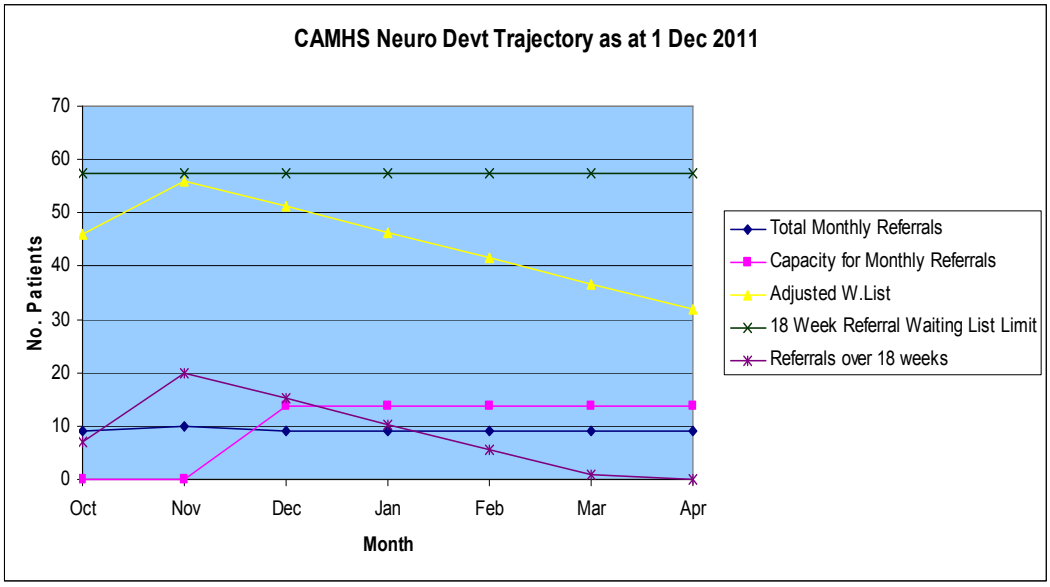
3.4 The remaining CYP waiting have now been split into two streams – PMDT (Generic) and Neurodevelopmental. Currently there are 72 CYP on the PMDT waiting list and 27 of those are breaching 18 weeks. The trajectory for the generic patients (currently PMDT) shows that the team will achieve RTT 18 week target by March 2012. This is illustrated in the trajectory below:

	ACTUALS		FORECAST				
	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Total Monthly Referrals	9	10	9	9	9	9	9
Capacity for Monthly Referrals	39	27	16	16	16	16	16
Adjusted W.List	89	72	65	58	50	43	36
18 Week Referral Waiting List Limit	68	68	68	68	68	68	68
Monthly Movement(-ve=decrease)	-30	-17	-7	-7	-7	-7	-7
Referrals over 18 weeks	43	27	20	13	5	0	0
% over 18 weeks	48%	38%	31%	22%	10%	0%	0%



3.5 The total CYP on the Neurodevelopmental waiting list is 56, 20 of which are breaching 18 weeks. The trajectory for Neurodevelopment shows that the team will achieve RTT 18 week target by March 2012:

	ACTUALS		FORECAST				
	Oct	Nov	Dec	Jan	Feb	Mar	Apr
Total Monthly Referrals	9	10	9	9	9	9	9
Capacity for Monthly Referrals	0	0	14	14	14	14	14
Adjusted W.List	46	56	51	46	42	37	32
18 Week Referral Waiting List I	57	57	57	57	57	57	57
Monthly Movement(-ve=decrea	9	10	-5	-5	-5	-5	-5
Referrals over 18 weeks	7	20	15	10	6	1	0
% over 18 weeks	15%	36%	30%	22%	13%	2%	0%



3.6 This process of robust caseload management has been developed with the clinical staff of PMDT and the trajectory produced at the end of November will mean that we know how many appointments we need to plot against the neurodevelopment and generic needs groups. Staff members have also begun to move their practice into the needs groups such that the PMDT will cease to exist in January 2012 and work will be delivered within focused pathways based upon demand.

3.7 PCH has also reduced the number of clinical and business meetings that the team members attend by 50% so that they are able to see more CYP.

3.8 The neurodevelopment pathway is being supported by a commissioner to ensure that the multi-agency pathway for CYP within this needs group is properly arranged to make sure that CYP stay in the service for the minimum time appropriate..

4. Actions to date (multi-agency review of the CYP waiting for an appointment with the PMDT)

4.1 By the end of October 2011 a multi-agency group of senior staff from across the city had come together with staff from the CAMH Service to review all of the 254 CYP waiting for an appointment with the PMDT.

4.2 The purpose of this was to identify those CYP who could potentially be diverted to other appropriate services and receive appropriate intervention at an earlier point. It was assumed that should a number of CYP meet this category, they would also require the consultation input of a PMHW. Only 8 CYP were able to be immediately diverted to the Integrated Youth Service or Educational Psychology Service and all required a consultation input from a PMHW.

4.3 A further 71 CYP could fall into this category but further work is required to understand whether this is possible and appropriate. This is largely due to their

length of wait and the duty to check out their present situation. A decision for diversion has to be made on current information and not a historical snapshot. For some, this will mean completing an assessment or triangular consultation.

4.4 Once an alternative but appropriate response is identified, the commissioning team from the Local Authority has pledged support to facilitate a multi-agency response that involves any Local Authority commissioned or provided services.

4.5 It is important to note that CYP will only move to a new service if they can see them immediately upon transfer. There is no intention to extend their wait by transferring them out.

4.6 The 71 CYP currently sit within the PMHW needs group in 3.3 above. Any appropriate diversion of CYP to partner agencies will improve this team's ability to achieve the RTT before the scheduled date of early February 2012.

4.7 It must be noted that many of the identified services may also full to capacity and have waiting lists.

5. Action to date (a peer review and a multi-agency review of those CYP who have been on caseload for in excess of 20 contacts).

5.1 Plymouth Community Healthcare is to commission a review in two parts.

5.2 The first is a peer review of the service with an invitation to comment on the move to needs groups and its intended outcome to improve patient experience and speed of response, intervention and discharge.

5.3 The second is a multi-agency review, chaired by an external expert, of those CYP within a specified group that includes in excess of 20 contacts with the service.

5.4 This latter will attempt to answer the question about why the service is blocked and is linked to a narrative about the numbers of CYP in the service with a complex, severe and/or persistent need that requires long term intervention versus an external view that the clinicians are 'holding on' to CYP that could be stepped down into a multi-agency discharge plan. Evidence exists to support neither position at this time and the review seeks to provide that.

5.5 PCH is working to make sure that the staff who will be involved in the review feel that it will be helpful and are fully signed up to it.

6. The Wider Mainstream CAMH Service

6.1 The Infant Mental Health Team (IMHT) is based at TamarFOLK Children's Centre and works with infants aged 0-5 and their families. This is an excellent example of joint commissioning and provision for early intervention. The staff mix is multi-agency in that a Senior Educational Psychologist is based in the team. The team is small with only 3.9 clinicians.

6.2 The IMHT provides face to face assessment and intervention as well as consultation and training to staff working in the Early Years system.

6.3 The IMHT do not breach the RTT, the longest wait being 8 weeks.

6.4 They collaborate with other professionals to deliver early intervention to vulnerable groups e.g. working with a Health Visitor to deliver the Healthy Child Programme and parenting advice sessions to mothers who attend the Racial Equality Council.

6.5 The IMHT deliver 'Safety in Numbers' a group intervention for women experiencing mild to moderate post natal depression. 82 mothers have attended this programme over the past 12 months and clinical outcome measures evidence improvements in mood and anxiety that will have an impact on mothering and attachment.

6.6 The Children in Care CAMHS Team is funded by PCC and is a small team of 4.4 clinicians who work with children who are placed in the care of the local authority. They are based at Midland House and provide face to face assessment and intervention to CYP as well as consultation and training to foster carers and social care staff.

6.7 The team do not breach the RTT. The longest wait at this point is 13 weeks.

6.8 The Children in Care CAMHS Team also work with Band 4 Foster Carers (18 at time of writing) and support their role in caring for complex CYP who would be at significant risk of being placed for out of area residential care.

6.9 The team deliver attachment training on the multi agency LSCB programme.

6.10 The CAMHS Outreach Team was generated by closing an adolescent day programme and 6 beds and instead developing an outreach model. This enables CYP to stay at home and in school. It prevents admission to hospital.

6.11 The team see all of their referrals within 24 hours. These are known as Priority 1 referrals. They also provide a next working day assessment for CYP presenting to Derriford Hospital following an episode of deliberate self harm. Due to the issues in the PMDT the team are also picking up Priority 2 referrals; those CYP who need to be seen within 7 days of referral. The team carry a significant level of risk in a complex group of CYP and most often do this in multi-agency packages of care.

6.12 The CAMHS Team for CYP with a Severe and Profound Learning Disability (SLD Team) are another small team of 2.2 clinical staff who work predominantly with CYP who attend Downham, Mill Ford and Woodlands School. The staff have specialist skills in working with families where there is a child with a severe learning disability; functional analysis of behaviour is only one example.

6.13 The team do not breach the RTT and the longest wait is 13 weeks. They collaborate as a virtual team within the Children's Integrated Disability Service.

6.14 Finally, the Children's Day Programme is a day assessment and intervention programme for CYP aged from 5-12 who have a complicated neurodevelopmental problem that cannot be helped within a community based response. It is delivered with the Alternate Complementary Education Service ensuring that mental health and educational assessments and intervention programmes are delivered together.

6.15 The team assessed 28 children in a six day assessment programme between April and September 2011. 11 of those went into an intervention group and the remainder returned to community care.

6.16 What is clear from the above is that when a team is designed around a demand stream, the appropriate multi-agency relationships and pathways may be developed to support step up and step down and therefore flow. The PMHW team did not breach the RTT when they were a discreet team based in localities and integrated into multi-agency response. Their withdrawal from that to join the staff of the specialist service has resulted in a retraction of the collaborative advantage and we now see a clear breach position albeit with a clear plan to resolve.

6.17 The intention is that a move to needs groups for all CYP and clinicians will reap the same benefit of collaborative advantage. There will of course always be CYP who do not fit neatly to a single demand stream and the pathways will be sufficiently flexible to accommodate them.

7. Learning Points

7.1 It is clear that during the past six months, the PMDT have been accepting a number of referrals of CYP who do not meet the threshold of *complex, severe and/or persistent need.* The internal intake process is being improved throughout December 2011.

7.1 To assist the intake decision making process, the new needs groups will move to a position where they no longer receive routine referrals that is not accompanied from the outset, by consent to share information. This allows greater capacity to understand who else may be already involved and allows us to commence each piece of work from a principle of collaborative advantage. This has already been put in place around referrals from GPs and we need to get it right for all other referrals.

7.2 That arranging services around needs groups offers the best opportunity for the collaborative advantage in that CYP with specific needs fall often fall into natural communities. This is evidenced by some of our existing teams.

7.3 The service will consider the requirement for a standardised referral form and work out how this links with the CAF.

7.4 Primary Mental Health Workers are best placed to respond to children and young people's emerging health needs within an integrated multi-agency locality team, expanding their potential to work with colleagues to prevent escalation to requiring input for *complex, severe and/or persistent need.*

8.0 Summary by Chief Executive

This update provides an in depth overview of the current waiting list position, the action being taken to address those waiting in excess of 18 weeks. There are clear monitoring processes in place, including weekly meetings attended by Health and Local Authority Commissioners, Clinicians and Managers from Plymouth Community Healthcare.

The Board of Plymouth Community Healthcare places the management of this waiting list and the reduction of the over 18 week waiting list as the highest of priorities.

Stephen Waite
Chief Executive