


# Agenda Item 6

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

Open Report on behalf of Lincolnshire Partnership NHS Foundation Trust

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>22 January 2020</b>
Subject:	<b>Lincolnshire Partnership NHS Foundation Trust: Child and Adolescent Mental Health Services (CAMHS)</b>

## Summary:

In partnership with people, staff, patients, carers and stakeholders, Lincolnshire Partnership NHS Foundation Trust (LPFT) aspires to meet the mental health needs of all people in Lincolnshire. This is both at home or close to home and in the least restrictive environment as possible, while ensuring a safe, timely response.

Demands for mental health services are increasing, so we have to innovate to ensure that we have the right balance in the configuration of the services provided to meet the needs of Lincolnshire people. This includes testing new models of care, supporting our clinical colleagues to develop their services and improve the quality of care provided.

This paper describes work underway to pilot a community Intensive Home Treatment service for young people (aged up to 18 years) Children and Adolescent Mental Health Services (CAMHS) in Lincolnshire and to test a new model of care. The investment for the new model of care pilot (including the clinical team running it) will come from an existing inpatient service (based at Ash Villa in Sleaford), which is temporarily closed. If the new care model is successful and there is an option to continue this into the future, this would be a significant service change and therefore be subject to public engagement and public consultation processes in line with statutory duties.

## Actions Required:

To provide feedback to Lincolnshire Partnership NHS Foundation Trust on the pilot Intensive Home Treatment Service, which commenced operating on 4 November 2019.

## **1. Children and Adolescent Mental Health Service (CAMHS)**

In line with national policy and working closely with colleagues at Lincolnshire County Council, NHS England and South West Lincolnshire Clinical Commissioning Group (CCG), we have been collaborating on a new model of care pilot design for Child and Adolescent Mental Health Services (CAMHS) in Lincolnshire.

This work resulted in a preferred option to move to an Intensive Home Treatment model of care, with a least restrictive, community based service with a reduced number of beds. The plan was to fund this pilot using the investment currently made into the inpatient CAMHS service (provided at Ash Villa in Sleaford (Rauceby) temporarily).

Under the new model of care pilot, the vast majority of treatment would be given at home with the family of the young person, improving quality of care. LPFT was working towards implementing this new care model on a trial basis from April 2020 to October 2020 and had reached agreement to do so.

However because of pressures on staffing at Ash Villa, particularly the availability of medical doctors to safely staff the unit, the difficult decision was taken (after exhausting all opportunities to secure doctors to work in the unit) to temporarily close the unit and bring forward the implementation of the new care model. Most of the staff working at Ash Villa commenced working the new care model on 4 November 2019, using their expertise to deliver the pilot at an earlier date than planned.

The end point of the interim pilot of the new care model remains the same – October 2020. After this and following evaluation of the new model impact, a decision will then be made as to whether to continue with the new care model.

This decision will include engagement and consultation with the public in line with statutory duties. Part of this is engagement with NHS England/NHS Improvement and CCG and Lincolnshire County Council colleagues on the process for refining the detail of engagement and consultation. This will include agreement of process and associated paperwork/pre-consultation documentation etc.

Equally, the Health Scrutiny Committee for Lincolnshire would provide direction on the process to be followed to ensure proper engagement and public consultation at a point to be decided by the Committee and in line with its statutory duties.

### **Background and explanation of the service**

Historically inpatient services for Child and Adolescent Mental Health (CAMHS) care have been provided in Ash Villa, Sleaford, a 13 bedded unit for young people requiring inpatient care, commissioned by the NHS England Specialist Commissioning Team.

Young people in receipt of care at Ash Villa were aged 13 to 18 years with severe and/or complex mental disorders, including eating disorders. The unit provided support for both males and females with two male and eleven female beds, although the configuration was flexible to meet demand.

Ash Villa, located in the centre of Lincolnshire (Rauceby near Sleaford), provided care to Lincolnshire patients and generally had up to 50% beds occupied by non-Lincolnshire patients from elsewhere in the East Midlands at any one time.

The geographical location of Ash Villa provided a number of challenges. As a stand-alone facility that is not located with any other mental health services, there is not a critical mass of staff to ensure an adequate response team resource.

Additionally, being in the centre of a rural county, transport links are poor, making it difficult for families to visit and emergency response times can be high.

Furthermore following a national review of CAMHS services, a revised service specification was issued by NHS England for quality standards for this type of inpatient service. Ash Villa does not meet some of these new quality standards. This is because of the layout of the building, lack of existing facilities (the bedrooms do not have en-suite facilities for example) and lack of additional facilities that are now required in the new specification (for example a high dependency area for young people with extra care needs).

Lincolnshire County Council offers and provides education facilities to all of the young people admitted to the unit via the integrated Ash Villa School on the same site, which is co-located and provides Ofsted rated outstanding education. Consistent uninterrupted education is essential to the well-being of young people with emotional well-being and mental health problems.

### **Piloting the new model of care**

The reason for piloting the new model of care is to improve the quality of care, including access closer to home. Quality of care is improved through intensive home treatment being provided by highly skilled clinical teams; closer to home with an additional 24/7 around the clock, crisis, response to young people requiring this.

Quality treatment and care will be delivered in the least restrictive setting as a safe and effective alternative treatment model to in-patient care for young people who would otherwise require admission. A focus on recovery rather than dependency will improve the longer term outcomes of the young people.

The service provided at Ash Villa was for patients identified as “General Acute” mental health patients up to the age of 18 years. There are other categories of young people with mental health problems whose care has never been provided at Ash Villa. These patients include those requiring Medium and High Secure care; Psychiatric Intensive Care; very specialist Eating Disorder care and care for people with Learning Disabilities. These patients have always had their service outside of Lincolnshire as these types of care are not provided in county. Nor are services for these services part of the new care model described here.

The aim of the new care model is to intervene early in the deterioration of a young person’s mental health and provide a rapid response with treatment at home in order to prevent admission to hospital. If a young person did require a “General Acute” inpatient bed, the young person would need to travel to a suitable unit outside of Lincolnshire in the East

Midlands provider network. The purpose of the Intensive Home Treatment Service is to prevent the need for admission and to provide intensive support to prevent admission. The table below shows the number of young people (including Lincolnshire patients, but patients from other counties too) who had “General Acute” admissions to Ash Villa since 2016: -

Primary Service	2016		2017		2018	
	No. of Admissions	Average Length of Stay (days)	No. of Admissions	Average Length of Stay (days)	No. of Admissions	Average Length of Stay (days)
General Acute (Ash Villa)	39	63.1	40	50.4	36	40.9

Whilst the staff always provided excellent clinical care, Ash Villa was identified as a “fragile” service for the following reasons: -

- Patient safety – this is a high risk group of vulnerable patients. The ability to recruit, retain and fill rotas: particularly for medical staff but also for qualified nursing staff and overnight was always very challenging. This impacted on patient safety and staff safety as Ash Villa is a standalone unit and over an hour away from any clinical support.
- High risk environment – the Ash Villa building does not meet single sex/privacy and dignity standards and does not meet the new specification required for inpatient CAMHS units. The Care Quality Commission has taken a close interest in the safety of the unit with interim protocols in place to address single sex accommodation concerns.
- Financial – the Lincolnshire Sustainability and Transformation Partnership remains significantly financially challenged and the Ash Villa unit contributes to this loss of £0.5 million per year caused by the additional staffing costs of keeping the unit safely staffed. Given the national constraints on capital funding there is no scope to re-build the facility elsewhere in the county.

In September 2019, the fragile service at Ash Villa became unsustainable when it became clear that LPFT could not recruit doctors to staff the unit. This was doctors at all levels – Consultant medical staff as well as Junior Doctors.

The difficult decision was taken, in September 2019, to temporarily close the unit on the grounds of patient safety. This was because the recruitment of medical staff was not possible.

NHS England approved bringing forward the pilot of the new model of care, the Intensive Home Treatment Service, which began on 4 November, with the experienced staff from Ash Villa running the Intensive Home Treatment service.

The Intensive Home Treatment model has been developed by clinicians locally with the full engagement of commissioners and those people who worked at Ash Villa.

The new care model includes a small number of places (up to four) for patient assessment – these could be provided at a new unit in Boston, based on the Pilgrim Hospital site.

The funding for the service is through realignment of funding currently invested by regional commissioners in the bed based specialised commissioning service to local commissioning

arrangements (in this case to Lincolnshire County Council via South West Lincolnshire CCG who commission community based CAMHS services).

The timetable for the pilot new care model is shown here: -

<b>Timetable</b>	<b>Action</b>
4 November 2019 to March 2020	Intensive Home Treatment Service pilot service running due to temporary closure of Ash Villa
April 2020 to October 2020	NHS England approved pilot of new care model runs to completion
October 2020 onwards	Decision on the future model of care following a rigorous service evaluation of the pilot Engagement and public consultation on the service change in line with statutory duties

Whatever the outcome of the service evaluation of the new care model pilot in October 2020, the Ash Villa Unit will not reopen on the current site in the current building. This is because the building is not fit for purpose and does not meet the new specification quality standards for such services prescribed by national policy.

## **2. Conclusion**

Lincolnshire Partnership NHS Foundation Trust (LPFT) is committed to a vision of providing care as close as possible to people's homes. For people living with mental health problems, their carers', friends and families we are keen to explore new ways of working to build capacity in community teams and offer 24/7 community services. There is also a need to improve the quality of the care provided to young people, including improving the physical environment for the wards that LPFT operates in order to protect patient dignity and privacy as they receive inpatient care and treatment.

There are some challenging decisions to be made on the balance of inpatient and community facing services for both of these care groups. This paper sets out the direction being followed for both. Information and updates will be shared with the Committee in line with the Committee's recommendation.

## **3. Consultation**

There are issues for consultation arising from this report.

## **4. Background Papers**

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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