Lincolnshire COUNTY COUNCIL Working for a better future		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
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Open Report on behalf of Lincolnshire Partnership NHS Foundation Trust

Report to	**Health Scrutiny Committee for Lincolnshire**
Date:	**22 July 2020**
Subject:	**Lincolnshire Partnership NHS Foundation Trust: Child and Adolescent Mental Health Services (CAMHS)**

Summary:

A new model of care was designed as a potential solution to improve Child and Adolescent Mental Health Services (CAMHS) care in Lincolnshire from March 2020. The objective of the new care model was to prevent unnecessary admission to out of area hospital beds and ensure that children and young people were repatriated back into the community in a timely manner where admission occurs.

The Ash Villa CAMHS inpatient unit in Sleaford was suddenly temporarily closed in October 2019 due to lack of medical cover. This temporary closure led to the rapid mobilisation of the planned new model of care interim intensive home treatment team with the service commencing on 4 November 2019, ahead of the planned date of March 2020.

Whilst this is not exclusively for children and young people at risk of admission or actually admitted to General Adolescent Units, this group is the main focus. Non-General Adolescent Unit beds (Specialist Eating Disorders, Psychiatric Intensive Care, Low Secure, Learning Disability beds) are out of scope of the new model of care at this stage.

This report describes the impact of the new model of care (interim home treatment team) so far in supporting the needs of Lincolnshire children and young people in the absence of a General Adolescent Unit inpatient facility in the county.

Actions Required:

To consider the information presented in the report from Lincolnshire Partnership NHS Foundation Trust.

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 the former 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 the Committee requested an update as to how the trial was working. For the first five months of operation, the outcomes of the new model of care have been: -

- Serious incidents are zero.
- Out of area patient admissions were two. There have been two admissions to General Adolescent Units in the five months of 2019/2020 since Ash Villa has been temporarily closed in comparison to 22 in the same time period prior, 20 in the seven months prior and 45 in 2018/2019.
- Of the two admissions to General Adolescent Units since the pilot has been operational between November 2019 and March 2020, one patient travelled to Northampton and one patient had to travel to Bristol.
- The service does everything it can to minimise the number of children and young people who travel out of area for their care as any patient travelling long distances must be avoided if possible.
- There are no children and young people in General Adolescent Units at the time of writing (i.e. no Lincolnshire children and young people out of area).
- There are approximately 2,100 Lincolnshire children in these services at any one time.
- There has been significant reduction in length of stay.
- Occupied bed days are reducing.
- Positive feedback from patients and carers has increased.

<u>Background and Explanation of the Service</u>

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 (this was flexed to meet demand).

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.

Timetable	Action
4 Nov 19 to Mar 20	Pilot service running due to temporary closure of Ash Villa
Apr 20 to Oct 20	NHS England approved pilot of new care model runs to completion
Oct 20 onwards	Decision on the future model of care following evaluation of the pilot Engagement and public consultation on the service change in line with statutory duties

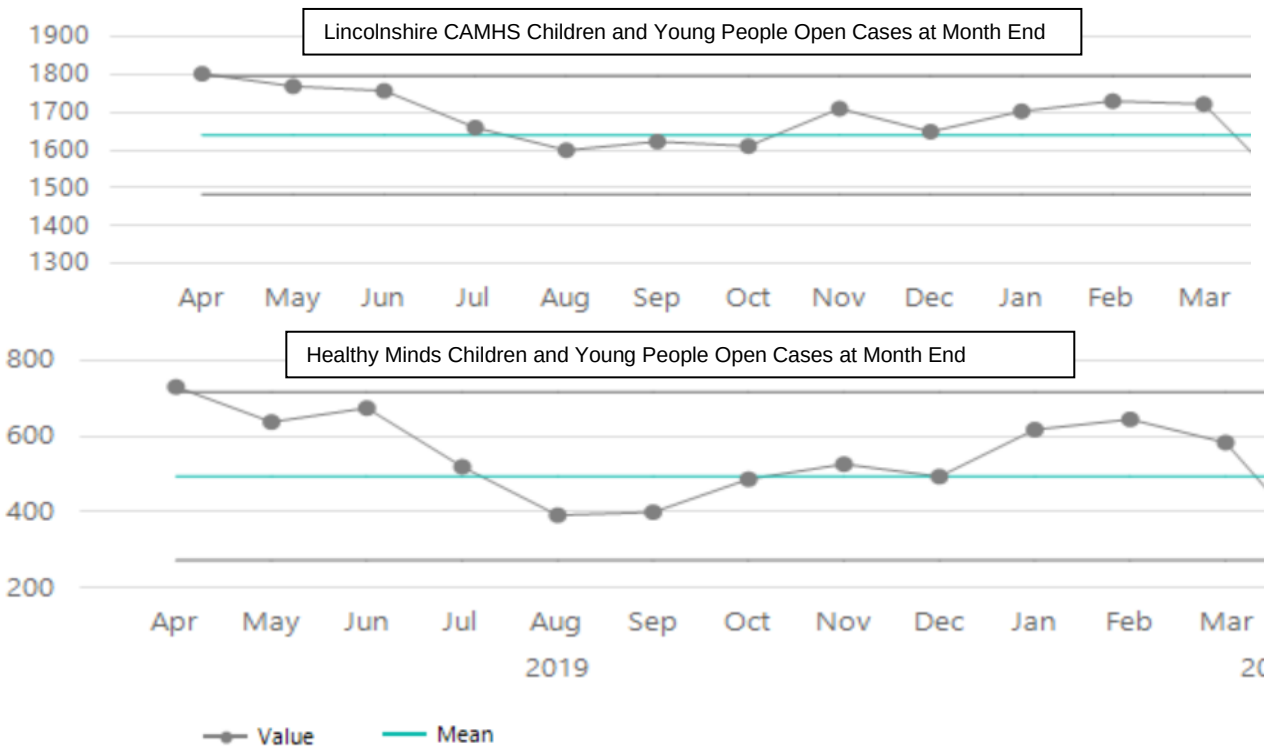
Piloting the New Model of Care – Detailed Findings to Date

The existing CAMHS and Crisis Home Treatment Service (C&HTS) is commissioned by the Lincolnshire Clinical Commissioning Groups. This provides timely response to those meeting the urgent and emergency criteria, and had capacity to provide low intensity home treatment. NHS England commissioned and funded Ash Villa service in the past and supports the new model of care that has temporarily replaced the inpatient service.

The model of delivery is based on service availability seven days a week, from 08:45 to 19:00. Data shows these are the times that children and young people are most likely to require to be seen. The integration of the CCG commissioned and NHSE/I commissioned crisis and enhanced treatment teams enabled seamless transition for those seen in an acute crisis and those who need intensive treatment. This can be at home, school or other places where the child/young person may need support. We have a multidisciplinary (including peer support) team providing care in line with a bio-psycho-social model, and links with wider CAMHS, social care and education colleagues. We can also support physical health care needs and link up with primary care, community and acute hospital colleagues.

When children and young people are admitted to inpatient units, we work with both the unit and the family to ensure as short a length of stay as possible. We attend (either virtually or in person) all ward rounds or Care Programme Approach (CPA) meetings, and we aim to keep the child/young person connected to their family and local community at all times. Everyone admitted has a link worker so inpatient units have a named contact point within the team. On discharge we offer intensive multi-disciplinary support to continue therapeutic interventions, monitor and review medications and safety plans, support physical health and social care needs all with a view to supporting relapse prevention.

For context, Lincolnshire CAMHS has had on average over 1,630 children and young people cases open at the end of every month between April 2019 and March 2020, with Healthy Minds having 490.



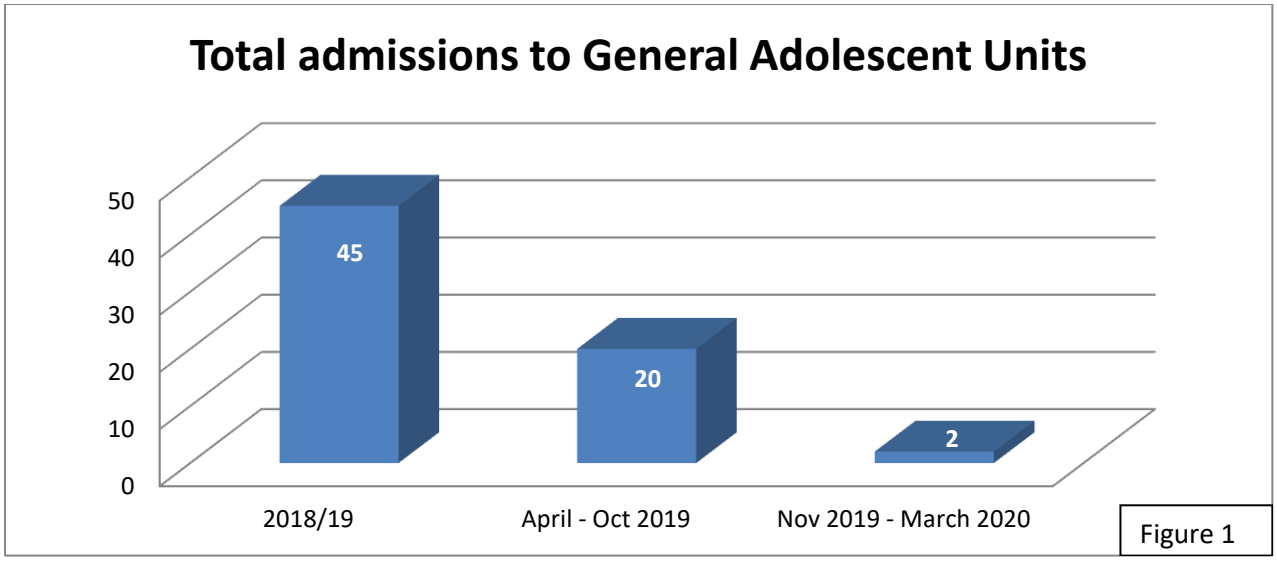


Figure 1

Figure 1 shows admissions for General Adolescent Units for children and young people in Lincolnshire have reduced by 51% between 2018/19 and 2019/2020. Whilst there may have been a minor reduction had Ash Villa not closed, this is clearly a result of providing home treatment with only two admissions between October 2019 and March 2020. By comparison, in October 2018 to March 2019 there were 22 admissions. It is clear fewer children and young people from Lincolnshire are being admitted to General Adolescent Units.

Whilst non-General Adolescent Unit beds (Specialist Eating Disorders), Psychiatric Intensive Care (PICU), Low Secure, Learning Disability (LD) beds) are out of scope for the new model of care, it is also interesting to note the comparative data from the year prior.

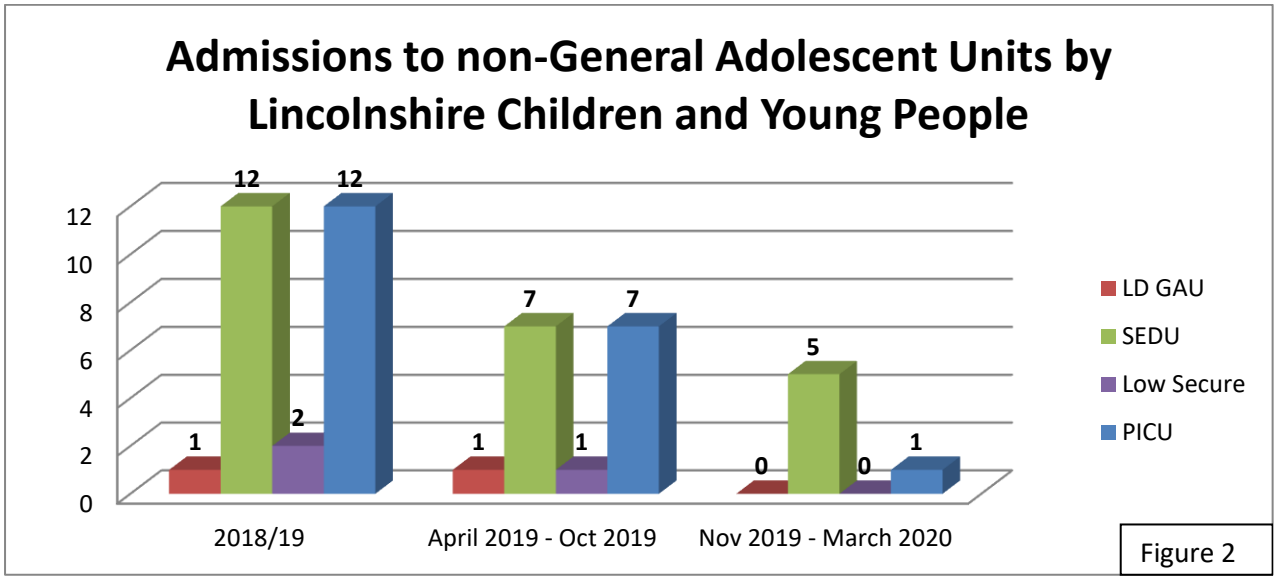


Figure 2

Whilst it is hard to draw definitive conclusions from Figure 2 due to the low associated numbers of admissions, added to the fact that the team has only been functioning for five months, when bed day costs are high, and the impact on children and young people and families of being admitted is significant, it is worth noting that PICU admissions have reduced to one, with zero Learning Disability to General Adolescent Units and to Low Secure admissions. The only area to not see a tangible benefit pro rata from the change in model is Specialist Eating Disorders admissions, and this is therefore an area to consider for service development and commissioning.

Whilst Figure 3 does not show a reduction in occupied bed days pro rata, this is due to the legacy patients who needed to receive inpatient care following the closure of Ash Villa.

However, when viewing the monthly breakdown in Figure 4 is apparent that the service is having a positive impact in reducing bed days over time.

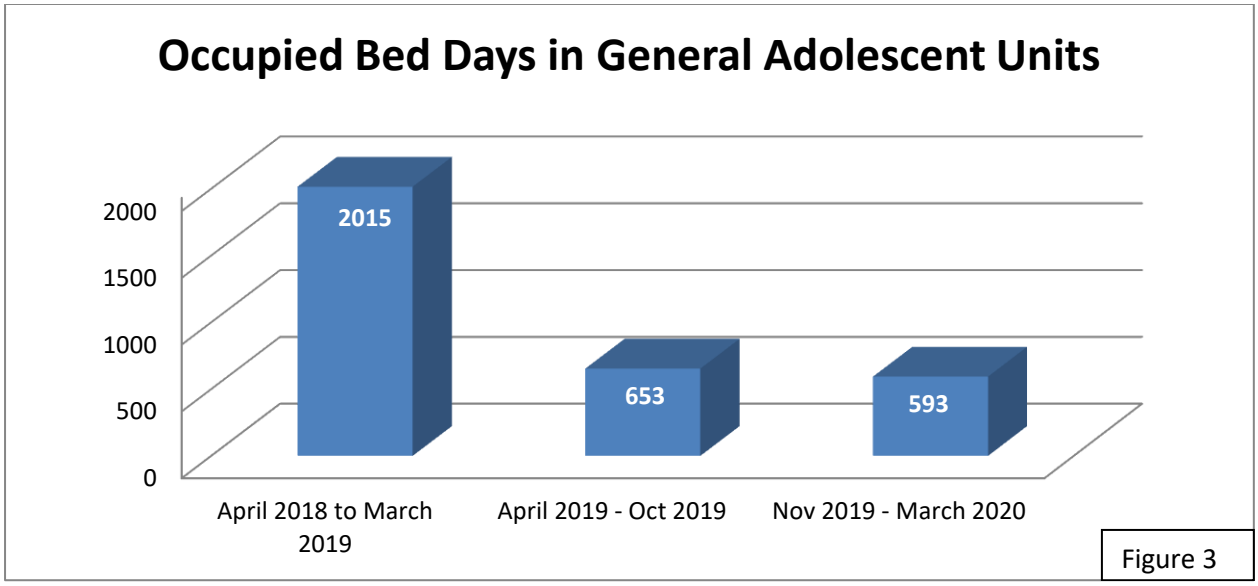
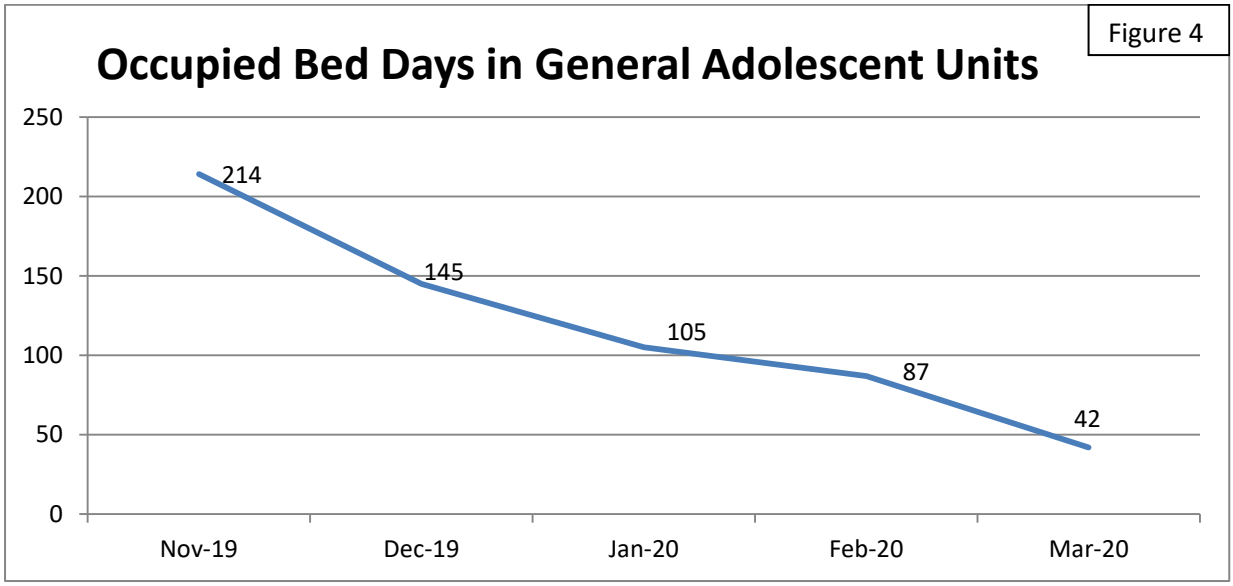


Figure 3



Positively, the median length of stay has significantly reduced, seeing a 60% reduction from the first half of 2018/2019 from 67 to 27 days.

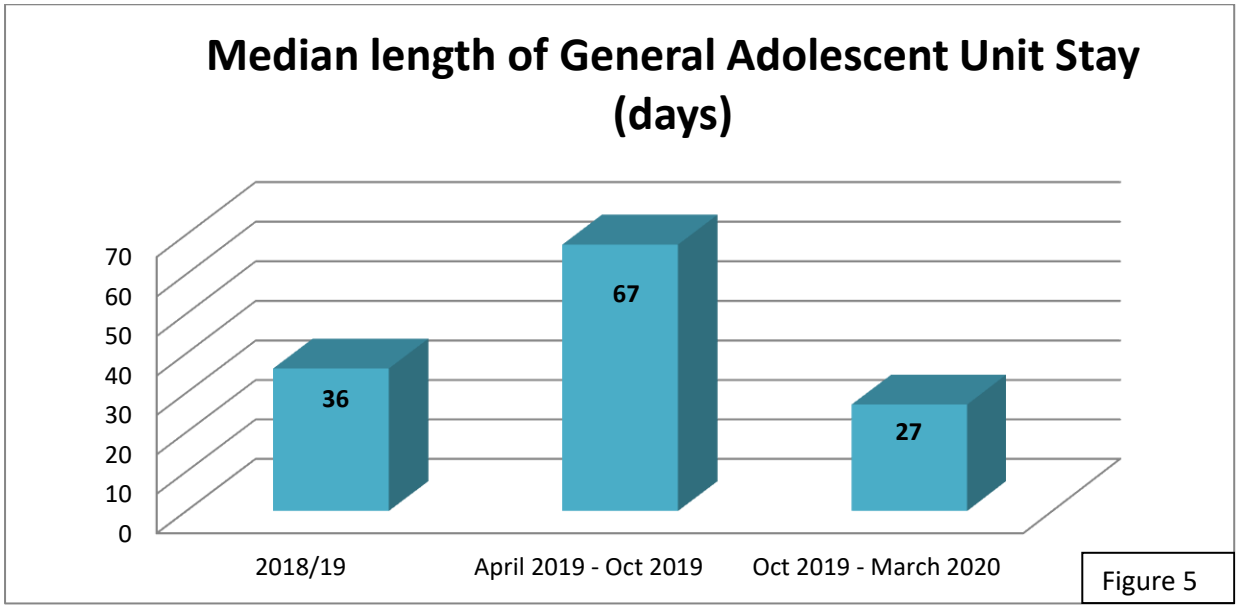


Figure 6 shows two significant increases in distance travelled from home to hospital occurred in Specialist Eating Disorder Units (SEDUs) and Psychiatric Intensive Care Units (PICUs). Distance to General Adolescent Unit increased significantly since 2018/19, but reduced slightly since the April to October period in 2019 when Ash Villa was still open. Distance to General Adolescent Unit for the two patients going of area was further due to bed availability. The new model of care allowed for up to two Lincolnshire children and young people to be out of area at any time. At the time of writing this report, there are no Lincolnshire children and young people in General Adolescent Unit beds. The last person accessing General Adolescent Unit inpatient care did so in Nottingham. The service always aims to provide care as close to home as possible to avoid undue impact on the children and young people's social network, as well the distress caused by being away from home.

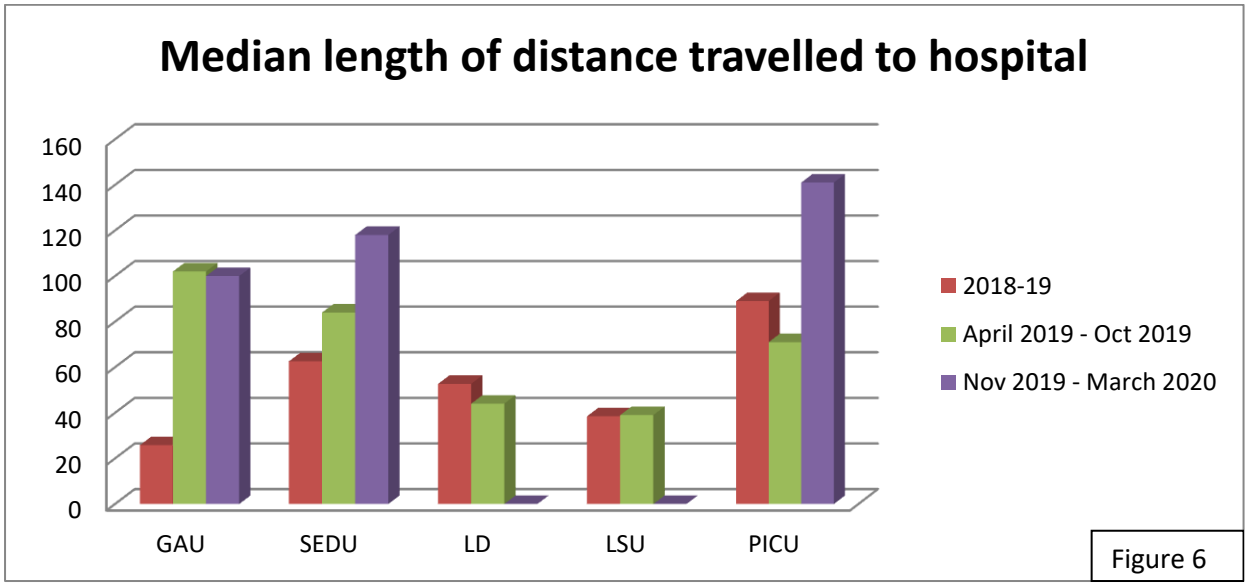


Figure 6

Of the two admissions to General Adolescent Units since the pilot has been operational between November 2019 and March 2020, one patient travelled to Northampton and one patient had to travel to Bristol.

Quality

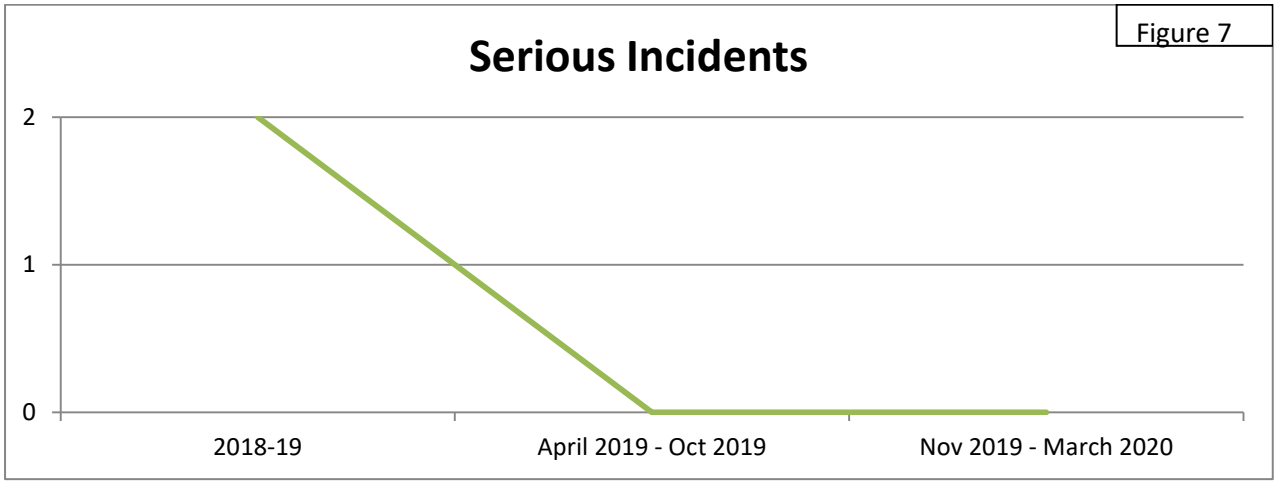


Figure 7

Serious incidents, usually categorised by unexpected or avoidable significant harm or death, have stayed at zero throughout the entirety of 2019/2020. This is continuously monitored as the service would not be considered effective if there were an increase in serious incidents.

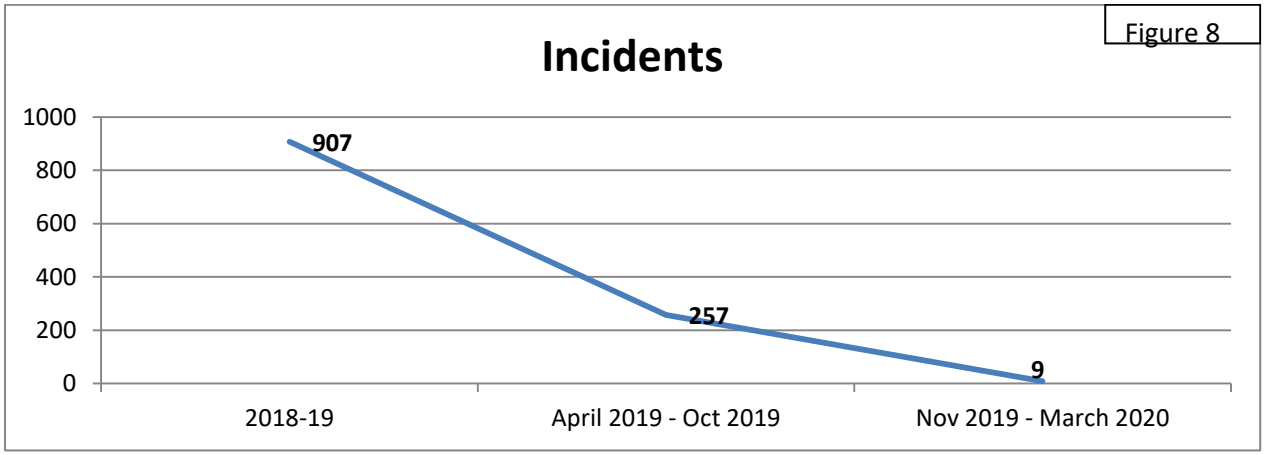


Figure 8

Incidents, classified as either near misses or where low level harm has occurred, have reduced exponentially since closing Ash Villa. This was to be expected. Incidents which have occurred relate predominantly to safeguarding issues.

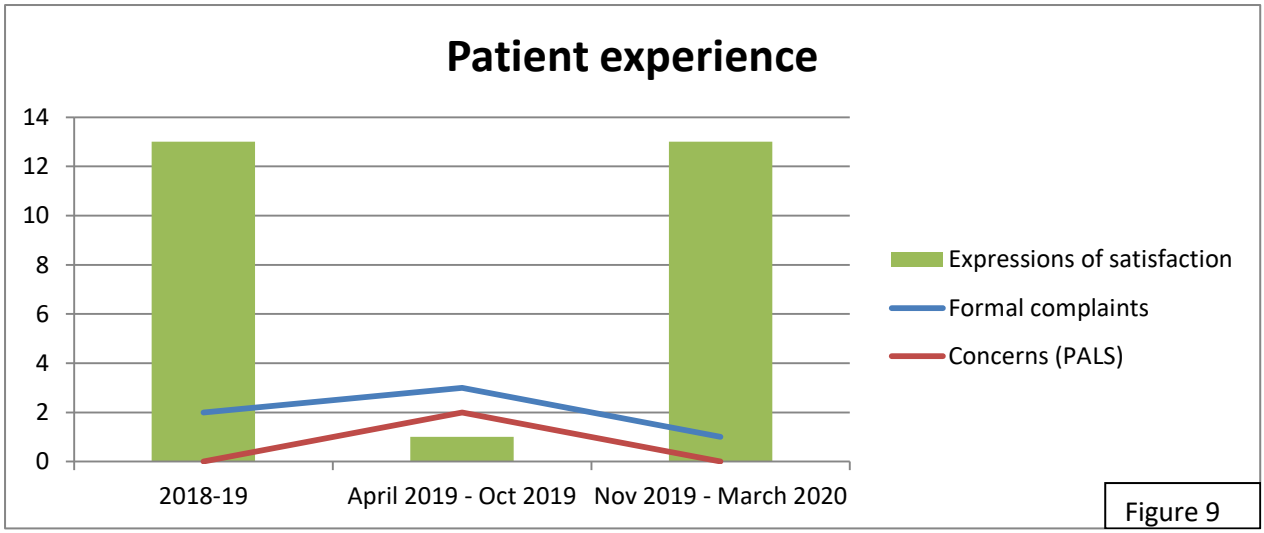


Figure 9

The new service saw a reduction in complaints and concerns (numbers were low historically) and a greater number of expressions of satisfaction than in whole of 2018/19. Some direct feedback from children and young people and families/carers: -

- Parent very thankful that we offered such an intensive service. They have never experienced this before.
- Mum expressed her thanks that we tried a more intensive approach and again felt the family home was respected by all who visited. She felt young people and the family had been listened to and there was good working with CAMHS Eating Disorder service.
- Family were delighted with the intensive home treatment. The tone and material were right for the young person. This is the first time they felt the care met the young person's needs. Self-harm has reduced and the young people are using the emotional first aid skills learned.
- It was good contact included weekends and that appointments were at home.
- It was difficult seeing different faces.

Figures 10 to 12 are for January to March 2020.

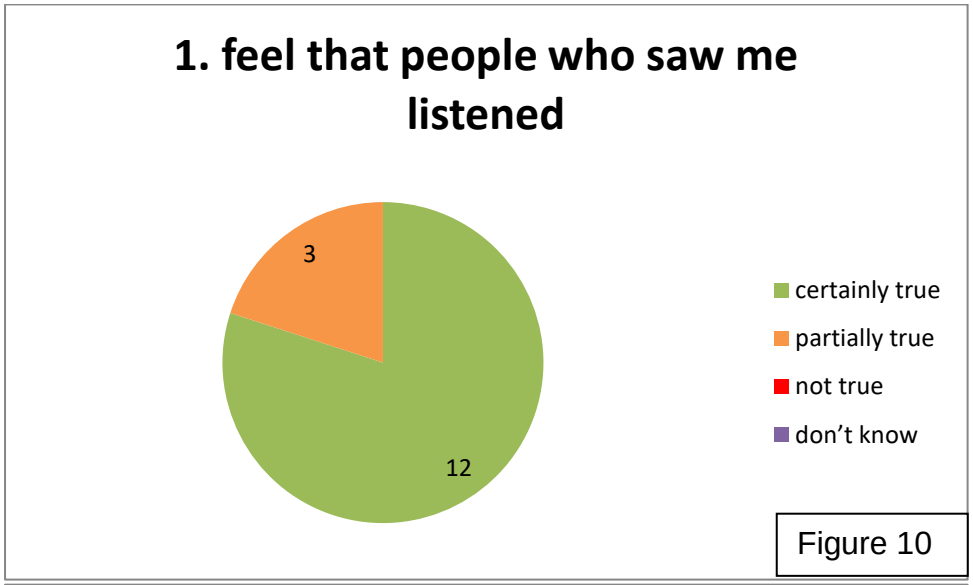


Figure 10

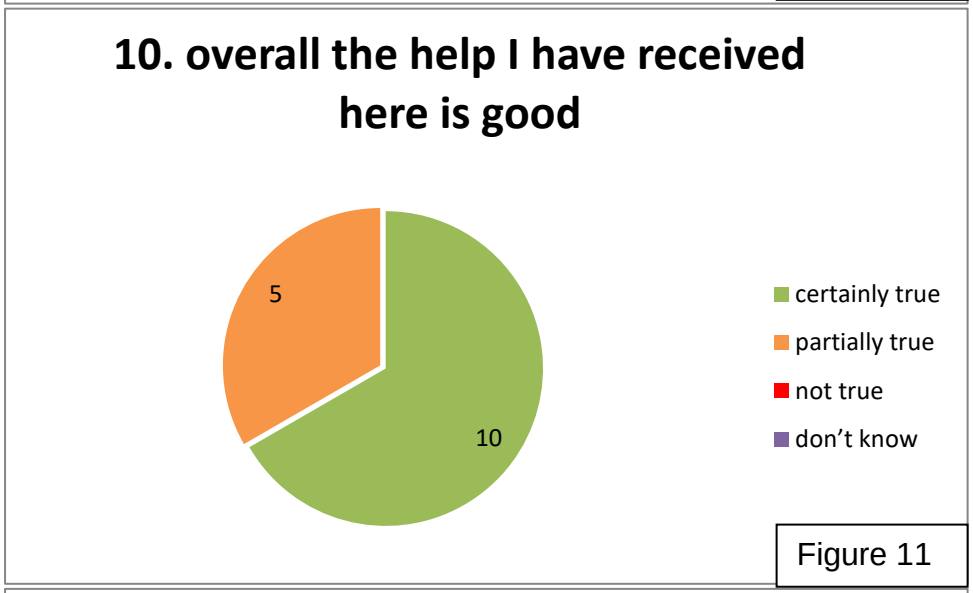


Figure 11

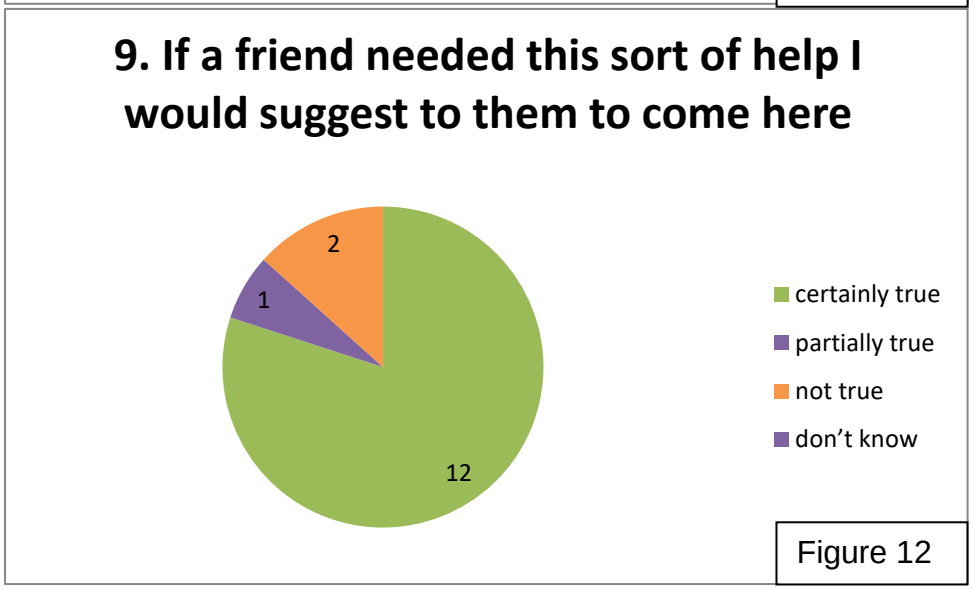


Figure 12

Case Study

Young person was referred to CAMHS crisis and enhanced treatment team following deterioration in mental state which resulted in young person wanting to end their life and driving to a bridge with this in mind. On assessment it was found that the young person was experiencing low mood, low self-esteem, poor motivation and poor sleep hygiene. The young person felt that these were things they would like to work on and so initially the team spent time building rapport and finding out more about the circumstances leading up to reason for referral.

After this the team referred the young person to the team doctor for a medication review and we started to work through emotional first aid with both the young person and their mother. The young person lived in a rural location and due to lack of motivation was isolated from the community and their friends. Discussion was held in team meeting and it was decided that young person could benefit from some graded exposure into the community. This was discussed with the young person who agreed with a care plan of doing daily visits that consisted of either graded exposure or emotional first aid. When using graded exposure as a therapeutic intervention with this young person, staff accompanied the young person on walks, walking the dog or going to a local coffee shop. This worked well for the young person as a way of integrating back into the community and getting the young person out of the house.

On other visits staff used the remainder of the emotional first aid sessions as their therapeutic intervention. The young person felt that the emotional first aid was helping them to regulate their emotions at times of high distress and gave them some coping mechanisms to use when feeling like they wanted to end their life. Throughout the sessions staff used child outcome rating scale and child session rating scale to measure how effective the sessions were for this young person and scores got higher each session.

Toward the end of the young person's interventions their sleep had improved, mood had improved with less frequent thoughts to end their life and the young person and their mother had more skills to cope with any potential deterioration in mental state. The young person reported an improvement in sleep hygiene, motivation, self-esteem and mood. Young person was going out with friends and had some plans for their future which they were not doing and did not have at time of referral.

The young person was successfully discharged back to core practitioner to re-engage with their on-going intervention. Without the ability to provide intensive assessment and home treatment, this young person would have likely required inpatient assessment due to the multifactorial nature of the issues and their clinical risks.

2. Conclusion

This report details the impact of the first five months of operation of the new model of care. Information and updates will be shared with the Committee in line with the Committee's recommendation. For the first five months of operation, the outcomes of the new model of care have been: -

- Serious incidents are zero.

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- There are approximately 2,100 Lincolnshire children in these services at any one time.
- There has been significant reduction in length of stay.
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- Positive feedback from patients and carers has increased.

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.

This report was written by Jane Marshall, Director of Strategy, Planning and Partnerships, Lincolnshire Partnership NHS Foundation Trust, who can be contacted via jane.marshall3@nhs.net

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