

Agenda Item 5

		THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE	
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 NHS England and NHS Improvement, and Lincolnshire Partnership NHS Foundation Trust

Report to	Health Scrutiny Committee for Lincolnshire
Date:	17 February 2021
Subject:	Lincolnshire Partnership NHS Foundation Trust – Update on Child and Adolescent Mental Health Services Intensive Home Treatment Team

Summary

This item enables the Health Scrutiny Committee for Lincolnshire to consider an update report on the Lincolnshire Partnership NHS Foundation Trust (LPFT) Child and Adolescent Mental Health Service (CAMHS) proposed service change to move to a permanent Intensive Home Treatment Team service.

Management representatives from NHS England and LPFT are due to attend the meeting to present the information and respond to questions.

Actions Required

To consider the information received to date.

1. Previous Committee Consideration

The Health Scrutiny Committee for Lincolnshire considered a previous report on 22 July 2020 on the impact of the new model of care in place for Lincolnshire. The Health Scrutiny Committee asked that engagement with the Lincolnshire public commence to consider whether to make the new model of care a permanent change.

A new, community, model of care was designed as a potential solution to improve 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 (CYP) 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 the 4 November 2019 ahead of the planned date of March 2020.

Whilst this is not exclusively for CYP at risk of admission or admitted to General Adolescent Units (GAUs), this group is the focus. Non GAU 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 considered by the Committee in July 2020 demonstrated that on all key indicators of quality, the new model of care (intensive home treatment team) was delivering improved care to meet the needs of Lincolnshire CYP in the absence of a GAU inpatient facility in the county.

2. Latest Information

Following feedback from the Lincolnshire Health Scrutiny Committee, NHS England embarked on targeted engagement activity to assess views and feedback on the new community model of care compared to in patient care.

Engagement activity has previously been undertaken with young people (YP) to assess feedback on the new service.

This has been positive and includes the following statements: -

29/11/19 parent of YP: it sounds like a much needed and valuable service

2/12/19 parent of YP reported she has found all team members to be friendly and said she appreciates the team support.

13/12/19 young person feels intervention has helped and she really appreciates the support she has had from the team. Said it was good she didn't have to keep repeating herself like she has in other services.

15/12/19 Young person's parent said she had been struggling and we talked through something what was helpful

18/12/19 Parent very thankful that we offered intensive service, never experienced this before

20/12/19 parent complimentary- that YP has clicked with the team

3. Current Engagement

This most recent engagement is designed to assess views on the pilot and also on in patient care in Lincolnshire.

The engagement opportunity closes on 19 February 2021.

The engagement opportunity has been circulated to patient representative groups, counsellors and case workers, young people and their carers, who have experience of either in patient or the community pilot as well as charities who work with young people and mental health.

The letter and survey questionnaire are set out in Appendix A.

4. Consultation

This is an issue for consultation, and is subject to ongoing engagement.

5. Conclusion

The Committee is invited to consider the update presented by Lincolnshire Partnership NHS Foundation Trust, prior to a full report being available after the engagement activity closes on 19 February 2021.

6. Appendices

There is one appendix attached to this report.

Appendix A	Letter and Questionnaire for Service Users
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7. Background Papers

No background papers, as defined by Part VA of the Local Government Act 1972, were used to a material extent in the preparation of this report.

This report was written by Claire Deeley and Charlotte Tyler from NHS England Midlands and East Office and Jane Marshall, Director of Strategy, Planning and Partnerships, who can be contacted via jane.marshall3@nhs.net

ENGAGEMENT LETTER

Mental health provision for young people in Lincolnshire

Lincolnshire Partnership NHS Foundation Trust is part way through a pilot project which is seeing more young people with mental illness being treated and cared for in the community rather than in a hospital environment.

NHS England is committed to reducing the number of children and young people who are admitted to an in-patient environment because the right support is not available for them at home or in the community, so welcomed the Trust's consideration of this pilot.

The pilot service is a community-based intensive home treatment model looking after children and young people who are at risk of being admitted to a General Adolescent Unit (GAU).

In the first eight months of operation, outcomes appear positive with:

- No serious incidents
- Six admissions to general adolescent units compared to 22 from October 2018 to March 2019
- A significant reduction in length of stay
- The amount of time spent in hospital is reducing
- Positive feedback from patients and carers has increased

Advantages of the service

The greatest driver for the move to a new model of in-patient care for children and young people with mental illness is the resulting improvement in quality for the young people of Lincolnshire. Access for patients will be improved through intensive home treatment being delivered closer to home. 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 aim to improve the longer-term outcomes for the young people in receipt of mental health services. The provision of a community service aims to reduce the need to separate young people from their families and communities which occurs when an admission is required and also reduce the travel time for carers to visit their loved ones when they are admitted to hospital.

Disadvantages of the Service

As the service is offering a community rather than in-patient model of treatment, anyone requiring admission would need to be admitted to another unit outside of Lincolnshire. This could be further away as a result. However, this may not be the case, depending on where the person lives as there are units in other areas that border Lincolnshire including Nottinghamshire, Northamptonshire, Yorkshire and Leicestershire. We would also expect significantly fewer admissions to hospital which may mean there are no more people needing to travel to units outside of

Lincolnshire than previously. Travel time to an inpatient unit can still be considerable even if it is within Lincolnshire due to the size of the County so we would anticipate a community model should mean less travelling overall due to the reduced usage of hospital beds.

CAMHS Inpatient Provision in Lincolnshire

Historically, General Adolescent Unit in-patient care has been provided at Ash Villa in Sleaford – a 13 bedded unit commissioned by NHS England. Lincolnshire patients have also been admitted to other units within the East Midlands and elsewhere as necessary when Ash Villa have been unable to admit (due to being full for example). There were 50 Lincolnshire girls and boys with severe and/or complex mental disorders who were admitted to General Adolescent Units in 2018/2019. 43 were admitted to Ash Villa and 7 were admitted to other units outside of Lincolnshire.

Ash Villa does not meet the national service requirements for in-patient young people. For instance, the unit is not co-located with other mental health services, which is a requirement as it enables services to be delivered more safely. In November 2019, Ash Villa closed on safety grounds owing to staff shortages.

The pilot, which had been due to begin in April 2020, began immediately and will conclude in March 2021.

Pilot Model

The new home treatment model is currently available from 08:45 to 19:00 seven days a week and integrates young people's mental health teams meaning a seamless transition for those seen in an acute crisis and those who need intensive treatment. Care can be offered at home, at school or other places by a multidisciplinary team that can link with wider CAMHS, social care, primary care, acute hospital and education colleagues.

The new model has seen a greater number of expressions of satisfaction and a reduction in complaints and concerns. Carers in particular have positive comments about the intensive care at home.

The pilot has six months to run when the impact of the pilot will be evaluated before deciding on whether to continue with the new care model and how it might work in the future. Whilst Ash Villa is unsuitable to provide CAMHS inpatient care, there is the possibility that it could be provided on another site within Lincolnshire if that was the outcome of the evaluation.

We would value any feedback you have on the pilot, and welcome questions.

Questionnaire (available online following this link)

<https://www.engage.england.nhs.uk/survey/provision-for-children-and-young-people-with-menta>)

QUESTIONNAIRE QUESTIONS

- Q1 Are you (please tick, more than one option can be selected if necessary):
- Someone who has received care as an inpatient within a child and adolescent in-patient unit?
 - A carer of someone who has received care as an inpatient within a child and adolescent in-patient unit?
 - A professional who cares for people admitted to in-patient child and adolescent inpatient units?
 - Someone who has received care from the new community model?
 - A carer of someone who has received care from the new community model?
 - A professional who has cared for someone in receipt of the new community model?

If you have used services or are the carer of someone who has used services, please answer questions 2 – 5

- Q2 Did you find the treatment helpful? If so, what was good about it?
- Q3 Was there anything you think could have been better? If so, what do you think could have been better?
- Q4 Do you have a preference for a community or in-patient model of treatment?
- Q5 What are the top 5 things that are important to you in relation to your experience of children and adolescent mental health services?

If you are a professional or organisation involved in delivering services or representing the views of young people, please answer questions 6-9

- Q6 What is your experience of the inpatient model of care in Lincolnshire?
- Q7 What is your experience of the community model of care in Lincolnshire?
- Q8 Do you have a preference for either model? If so, can you explain the reasons for your preference?
- Q9 Do you have any further comments on the model of care in Lincolnshire?