



Open Report on behalf of Heather Sandy, Executive Director - Children's Services

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| Report to: | Children and Young People Scrutiny Committee |
| Date: | 21 April 2023 |
| Subject: | Update on the Community Response to High Level Mental Health Needs |

Summary:

This report provides an overview of mental health services for children and young people, with a particular focus on the community crisis response to high level mental health needs. Children and young people (CYP) in Lincolnshire can access a variety of services that support their mental health needs, from early intervention to more specialist services for those experiencing more serious mental illness. Evidence¹ pre-pandemic showed:

- CYP's mental health needs were assessed quickly.
- Early intervention services were helping to reduce referrals to Child and Adolescent Mental Health Services (CAMHS) whilst nationally referrals were increasing.
- CYP recovered well and maintained their emotional wellbeing after discharge.
- Lincolnshire had fewer CYP needing inpatient care.

In 2019, Lincolnshire's CYP inpatient unit, Ash Villa, closed and in 2020 a new CAMHS Crisis and Enhanced Treatment Team (CCETT) launched to provide a community crisis response to help prevent inpatient admission and support CYP transitioning out from inpatient services. Evidence shows the CCETT has helped reduce hospital attendances for CYP in crisis, because their needs can be met in the community and supported the number of Lincolnshire CYP needing inpatient care to remain below the national average.

Since the pandemic, the CCETT and other mental health services have faced significant challenges with increased demand and reduced workforce capacity. This is a national problem and not one just being faced in Lincolnshire. Additional investment in services from NHS Lincolnshire Integrated Care Board (ICB) is helping to increase the workforce and reduce waiting times. Beyond this, there is still a need to develop services further particularly as we know growing numbers of CYP need to access services and as such a CYP Mental Health Transformation Programme has commenced.

Actions Required:

The Committee is invited to review and seek assurance on the community crisis response for children and young people experiencing high level mental health needs.

1. Background

Commissioning Arrangements

The Council is the delegated lead commissioner for CYP mental health services in Lincolnshire, on behalf of the ICB. Lincolnshire Partnership NHS Foundation Trust (LPFT) is commissioned to provide the services listed below which are rated outstanding by the Care Quality Commission. The annual cost of the services is c.£15m and they are funded through an ICB and Council pooled budget.

- **Healthy Minds Lincolnshire** works in schools and the community to provide early intervention support and prevent emotional wellbeing concerns escalating to mental health issues.
- **Mental Health Support Teams** are a new nationally prescribed model of emotional wellbeing support in schools and colleges which are part of the national drive to improve access to mental health care for CYP. Lincolnshire has four fully operational teams (Lincoln, Gainsborough, Boston, Skegness) and four more planned/in progress (Spalding, Grantham, Sleaford, North Kesteven (including South of Lincoln)).
- **Child and Adolescent Mental Health Service (CAMHS)** includes:
 - **Core CAMHS** offering therapeutic interventions by a range of professionals such as mental health nurses, psychiatrists, and psychologists for CYP with moderate to severe concerns including but not limited to depression, anxiety, post-traumatic stress disorder, trauma and self-harm.
 - **Community Eating Disorder Service** offering interventions for CYP with Anorexia Nervosa, Bulimia, binge eating and atypical eating disorders.
 - **CAMHS Learning Disabilities Team** offering interventions for CYP suffering with mental health problems who have a diagnosed learning disability.
- **Complex Needs Team** (formerly the Future4Me Health Team) supporting CYP with complex needs and trauma, including children in care, adopted children, those with complex health needs and children living in vulnerable households e.g. socio-economic disadvantage, parents with mental health problems etc.
- **CAMHS Crisis and Enhanced Treatment Team (CCETT)** offering 24/7 crisis response and intensive home treatment to prevent inpatient admissions or support CYP transitioning out of inpatient services. This is part funded by the East Midlands Providers Collaborative (see below).

Since 2013, NHS England (NHSE) has been the responsible commissioner for all **CYP inpatient services** (previously referred to as Tier 4). CYP inpatient services are for those who can no longer be supported at home and need to be admitted to a specialist unit due to severe mental health problems. In 2015, concerns were raised that inpatient services were not being properly commissioned to meet the needs of the most vulnerable CYP (Department of Health) and so NHSE developed the 'provider collaborative' model.

In 2019, the responsibility for commissioning CYP inpatient services was transferred to local provider collaboratives under the national New Care Models programme, and regional

partnership working was established across England to deliver specialised mental health care for CYP. This approach aims to streamline referrals, reduce avoidable admissions, reduce delays accessing inpatient services, ensure clinically appropriate lengths of stay, ensure effective admission and discharge processes and avoid care that is far from the patient's home.

The East Midlands Provider Collaborative was established in April 2021. This created a single point of access to inpatient services for the whole region. If a Lincolnshire CYP requires an inpatient admission, LPFT refers to the Provider Collaborative who identify a place in one of the regional partner's inpatient services. LPFT remains in regular contact with the CYP and family throughout their inpatient stay.

Lincolnshire's CYP Crisis and Inpatient Model

Until September 2019, LPFT operated Ash Villa in Sleaford; a 10 bed General Adolescent Inpatient Unit (GAU). Any CYP that required a Specialist Eating Disorder Unit (SEDU) or Psychiatric Intensive Care Unit (PICU) was placed in the closest available bed to Lincolnshire, but this could be anywhere in the country depending on bed availability and individual needs.

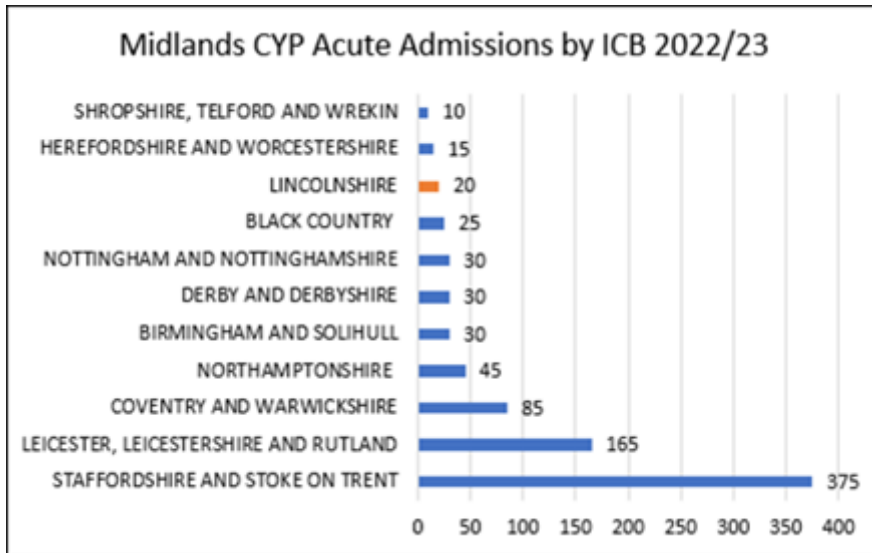
Ash Villa was closed due to a combination of staffing, estates and strategic factors. The unit did not meet new NHSE specification requirements and so the building could not continue to be used as a CYP inpatient setting. This closure led to a rapid mobilisation of an interim intensive home treatment team and then in April 2020, permanently became the CCETT.

The CCETT is jointly funded by the ICB and East Midlands Provider Collaborative. The objective of the CCETT is to prevent unnecessary admission to inpatient services and ensure that CYP are repatriated back into the community in a timely manner where admission occurs. The main focus of the service is supporting CYP at risk of/needing GAU, as non-GAU beds (SEDU, PICU, low secure and learning disability beds) were out of scope. The CCETT ensures Lincolnshire's CYP receive enhanced support in the absence of a local inpatient facility.

The CCETT offers 24 hour support; this is in person until 19:00, and then an on-call emergency crisis response is available until 08:45. The on-call response requires the team to undertake an urgent mental health assessment of CYP within an identified safe setting (e.g. A&E, acute paediatric ward etc.). Telephone contact must take place within four hours of referral and a face-to-face assessment within 24 hours. Telephone consultation and advice is also provided to relevant professionals outside of normal working hours. Since February 2023, a CAMHS Mental Health Liaison offer is being piloted at Lincoln County Hospital and so a CAMHS practitioner is on-site at the hospital out of hours. Recent CYP feedback said this practitioner meant their attendance at hospital was much better than previous times, they felt listened to and left feeling they could keep themselves safe.

LPFT work closely with United Lincolnshire Hospitals NHS Trust (ULHT); joint working practices and protocols have been developed and are currently being formalised into a joint Standard Operating Procedure for CYP admitted to Paediatric wards in ULHT. This partnership approach has been recognised as good practice by providers within the East Midlands Provider Collaborative.

Since the new model launched there has been some positive impact. The CCETT team successfully kept 97.7% of accepted referrals out of hospital during 2020/21. Lincolnshire's CYP inpatient admissions reduced from 68.9 (per 100k population) in 2017 to 58.4 in 2019. In comparison, nationally admissions rose to 88.3 in 2019. Around four Lincolnshire CYP are now cared for in GAU's at any one time, which is lower than the regional and national averages. The chart below shows inpatient admissions by ICB area in 2022/23.



Pandemic Impact

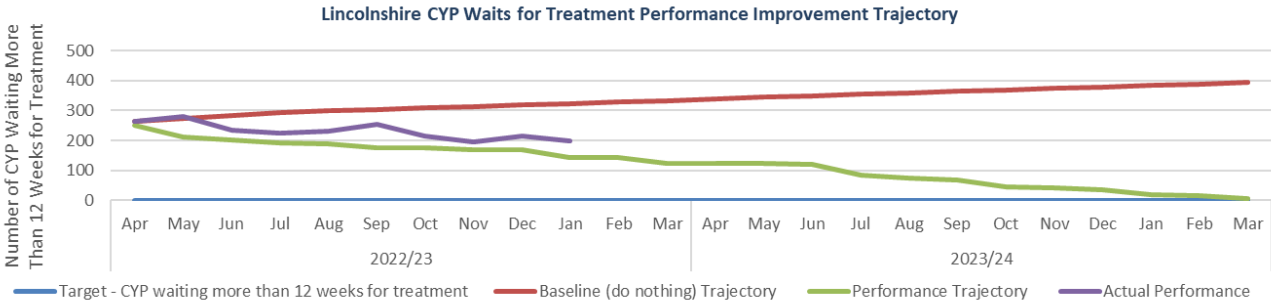
Before the pandemic, the prevalence of mental disorders in CYP had increased from one in nine (2017) to one in six (2020). The NHS Confederation Report [Reaching the Tipping Point](#) considered the further impact of the Covid-19 pandemic on CYP's mental health. Nationally, frontline mental health services reported a large increase in CYP needing help but not meeting referral criteria for CAMHS leading CYP to potentially store up problems for the future. Demand modelling suggested that 1.5 million CYP may need new or additional mental health support as a result of the pandemic.

The Healthy Minds Lincolnshire service enabled local CYP to receive early intervention support and so Lincolnshire did not experience some of the same issues as other areas. During the pandemic (up to July 2021):

- Nationally referrals to CAMHS increased by 35% (Children's Commissioner Report, January 2021). In Lincolnshire there was a 15.7% increase. Eating Disorder Service referrals increased by 250+%.
- Lincolnshire services had 15% more clinical contacts than the national average.
- 42% of clinical contacts were face-to-face, higher than the national average.
- 22% of clinical contacts were digital, 5% higher than the national average.
- 92% of children had an emergency telephone response within 4 hours, the national average was 83%. The average emergency wait was 1.4 hours, the national average was 11 hours.
- Nationally inpatient numbers increased to 89.5 per 100k population, Lincolnshire rates increased to 75.1 but remained below regional/national averages.

Since the pandemic, Lincolnshire’s CYP mental health services, like other areas, have experienced challenges. When the CCETT was established, Covid-19 and the associated impact on mental health was unknown. Since then, there has been a 24% increase in the numbers of referrals received by the CCETT. Workforce challenges have also impacted on the capacity of the CCETT. The latest data in March 2023 shows there was a 40% vacancy rate within the CCETT (South) and this is creating high caseload numbers. To support business continuity, some enhanced care packages are being delivered by the Core CAMHS teams, some CCETT (North) staff have been working in the South team and team boundaries have been temporarily adjusted.

There are implications for Core CAMHS team capacity, which has also been impacted by increased referrals and waiting times. Cases are generally open for longer, discharges rates have reduced and there are workforce challenges, especially for highly skilled roles. This is also a national issue. In 2022/23, the ICB increased its investment in CYP mental health services by £1.2m recurrently to address these pressures and positive progress is being made to increase staffing and reduce waiting times for CYP.



In 2021/2022, Lincolnshire saw increased demand for inpatient services (76.3 per 100k population, but still below national 99.8), especially SEDU beds. This resulted in some CYP waiting longer for appropriate placements. In Lincolnshire, increasing numbers of CYP remained in acute hospital beds (Lincoln County and Boston Pilgrim Hospitals) when they were physically well enough for discharge. Admission to an acute hospital bed is appropriate if a CYP requires medical treatment (e.g. a CYP that is dangerously underweight due to restricting food intake), but delayed discharge creates a pressure across the health and social care system. Most importantly acute hospitals are not therapeutic environments for the CYP, which often adds to their distress.

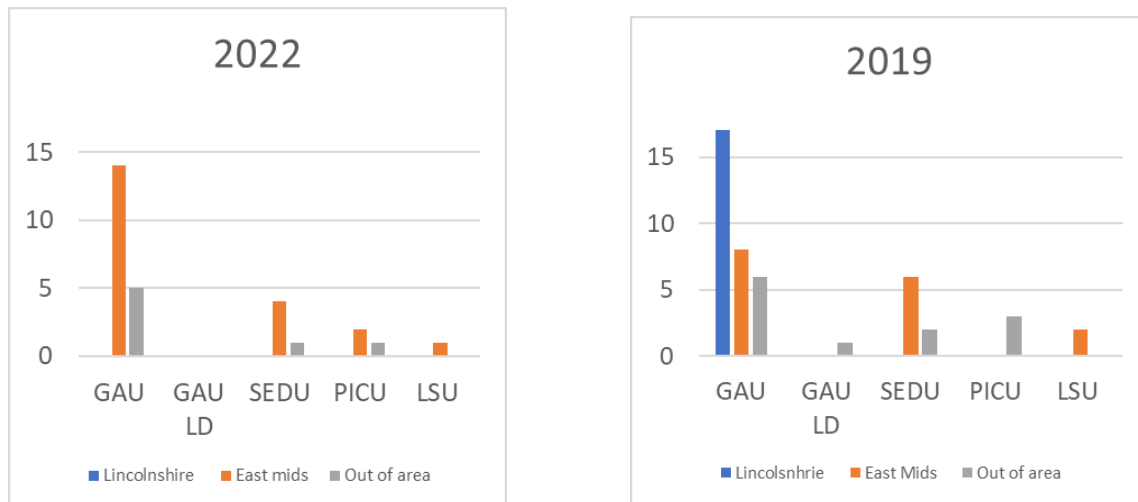
The East Midlands Provider Collaborative reviewed bed usage since 1 April 2021 to explore whether there were sufficient CYP inpatient beds in the region and whether the correct pathways were in place and being followed. Following the outcome of the review SEDU beds were increased in the East Midlands.

Future Inpatient Needs

The need for an in-county inpatient unit is often discussed, given increased demand and because Lincolnshire CYP needing inpatient care must access treatment outside of the county which is incredibly difficult for them and their families. It is worth noting that for some areas of Lincolnshire, out of area units are closer than Lincolnshire’s previous unit. In

2019, 17 children were placed in GAU beds in Ash Villa, before it closed, this included CYP from other areas. 16 Lincolnshire CYP were placed outside of Lincolnshire but within the East Midlands, and 12 children were placed outside of the East Midlands.

In 2022, 21 CYP were placed outside of Lincolnshire but within the East Midlands and the number of children placed in inpatient beds outside of the East Midlands reduced to seven (-42%). It is anticipated that, with the increase in SEDU beds in the East Midlands, this number will reduce further in 2023.



Even if an inpatient unit was opened in Lincolnshire (commissioned by NHSE), it would be used by CYP from across the East Midlands and could not meet all Lincolnshire CYP's needs in one type of unit. Lincolnshire demand for inpatient beds continues to be below many areas, despite the challenges set out above.

Commissioners and LPFT are considering further development of Lincolnshire's' CYP crisis offer to reduce the use of inpatient services further and help CYP to get the specialist help they need in their homes and communities. Current developments being explored include:

- Increasing **mental health support in acute hospitals** for CYP with complex mental health needs that are also physically unwell.
- Expanding the **Mental Health Urgent Assessment Centre (MHUAC)** and **Psychiatric Clinical Decisions Unit (PCDU)** currently available to adults in Lincolnshire and based on the Lincoln County Hospital site. CYP and their parents/carers would be able to attend the site 24/7 and stay whilst their mental health needs are assessed for up to 72 hours. This will require some capital work to segregate the building and make the environment clinically suitable for CYP and also an increased workforce model. Investment bids have been submitted.
- Piloting the **Night Light Café** model for CYP; this is a non-clinical, out of hours support service for people experiencing mental health crisis in an evening. If successful, an expansion of the offer will be considered.
- A **day hospital/hospital at home** model for CYP in crisis to reduce CYP being admitted into paediatric beds.
- A multi-agency **respite/crisis house** provision for short term stays.

Wider Service Developments

A CYP Mental Health Transformation Programme launched in 2022 which is considering a wide range of cross-cutting factors, including:

- Understanding needs across Lincolnshire, health inequalities and population health management.
- Ensuring there is the right capacity and skills of community support and mental health trained professionals to meet the needs of Lincolnshire CYP.
- Engaging CYP and families and ensuring their views are used to help shape and co-produce services.
- Ensuring professionals work together, supported by integrated pathways, to provide the right support to CYP at the right time and remove barriers to co-delivery of support.
- Making the best use of the funding, workforce and other resources available to us so that services are sustainable and represent best value.

There are five workstreams:

1. **CYP Mentally Healthy Communities and Community Assets** (Prevention) – to ensure CYP stay healthy through public mental health promotion and prevention by building resilience, creating mentally healthy communities and maximising community assets and support/advice, including online and digital.
2. **CYP Early Intervention** – problems must be identified early and all CYP who need help, including those with complex needs, need to be able to access timely and effective support or advice at the right level, in school or in their communities.
3. **Mental Health Support for Learning Disabled and Autistic CYP** (LDA) – CYP with Learning Disabilities or Autistic CYP who are also suffering from mental illnesses must be able to receive specialist care that is tailored and able to meet their specific needs in the community and wrap around their lives, care and education as they transition into adulthood.
4. **CYP Community Specialist Mental Health** – all CYP who are suffering from mental illnesses must be able to receive timely assessment and evidence-based treatment to improve their mental health that wraps around their lives, care and education including as they transition into adulthood, within their communities.
5. **CYP Urgent and Emergency Mental Health** – responsive assessment and support for CYP in mental health crisis must be available 24/7 in Lincolnshire’s acute hospitals, the community or at home, with appropriate treatment to avoid admission to specialist mental health units, facilitate prompt discharge or support transition.

The Programme has clear governance arrangements in place that include representatives from CYP and parents with a lived experience, NHS England, the ICB, Primary Care, local health service providers, Children’s Services, Public Health, Schools, VCSE organisations and relevant commissioned service providers.

Given the wide scope of the Programme and the services involved, it is essential that we have a proactive and preventative approach to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities for CYP. We must also have a clear understanding of the different needs of our local communities e.g. urban centres, urban industrial centres, coastal communities, rural and market towns etc. and particular

groups of CYP who we know are more likely to experience poor mental health. This understanding supports service planning and will help target support to improve mental health outcomes. Coordinated work is taking place with Public Health and the ICB to inform the Programme.

The services already in place provide a good example of how population health management and the targeting of those experiencing health inequalities are already used:

- All CYP mental health services include a training offer to professionals working with CYP to help upskill them to support CYP with mental health concerns and prevent their needs escalating.
- There is a focus on promoting self-care and CYP and parents/carers can access training and support online and in-person. Self-referral is available for Healthy Minds Lincolnshire, MHSTs and CAMHS via a single point of access.
- There is a digital offer (Kooth) that supports people to access online counselling that helps overcome some challenges with rurality. Face-to-face services are delivered in local communities, although this is an identified area for expansion.
- MHST's are targeted in our most deprived areas.
- The Complex Needs Team provides support to CYP that we know are disproportionately more likely to have mental health concerns than their peers e.g. children in care, adopted children, those with complex health needs and children living in vulnerable households e.g. socio-economic disadvantage, parents with mental health problems etc. LPFT Children in Care Link Workers have been recruited to support CYP living in the Council's in-house residential care homes.
- An LPFT mental health worker is co-located in the Barnardo's Leaving Care Service.

2. Conclusion

CYP in Lincolnshire can access a variety of services that support their mental health needs, from early intervention to more specialist services for those experiencing more serious mental illness. Following the closure of Lincolnshire's CYP inpatient unit and the introduction of the new CCETT, CYP are supported in their community to prevent inpatient admission. Evidence shows, despite increased demand and workforce challenges since the pandemic, that services are helping to ensure the number of Lincolnshire CYP needing inpatient care is below the national average. There are further developments being explored that will strengthen the community offer for CYP experiencing high level mental health needs.

3. Consultation

a) Risks and Impact Analysis

n/a

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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ⁱ Between April 2018-March 2020, 96% waited <4 weeks to access HML. 68% Waited <2 weeks. The average CAMHS wait to assessment was 4.4 weeks (Jan 2020).

Between April 2019-March 2021, 87% of discharges from HML needed no further support or universal support e.g. school. Only 2% escalated to CAMHS. The average re-referral rate was 7%. There were no re-referrals to CAMHS Eating Disorder Service.

Referrals to CAMHS dropped by 5% in 2019/20. Urgent referrals to CAMHS reduced by 6%. Nationally referrals were increasing.

In-patient admissions reduced from 68.9 (per 100k population) in 2017 to 58.4 in 2019. Nationally admissions rose to 88.3 in 2019.

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