

HEALTH & WELLBEING BOARD

Date: 13 July 2017

Children and Young People's Services (CYPS)

Report of the Interim Chief Executive/DCS

Cabinet Member Councillor Veronica Jones, Adult Wellbeing and Health

Purpose of report

This report provides an update on the recent waiting times of the Children and Young People's Service specialist mental health performance and actions taken by the provider, Northumberland Tyne and Wear Foundation NHS Trust following concerns relating to long waits and service provision.

Recommendations

The Board is recommended to:

1. Note the progress already made.
2. Acknowledge the improvement in recent performance

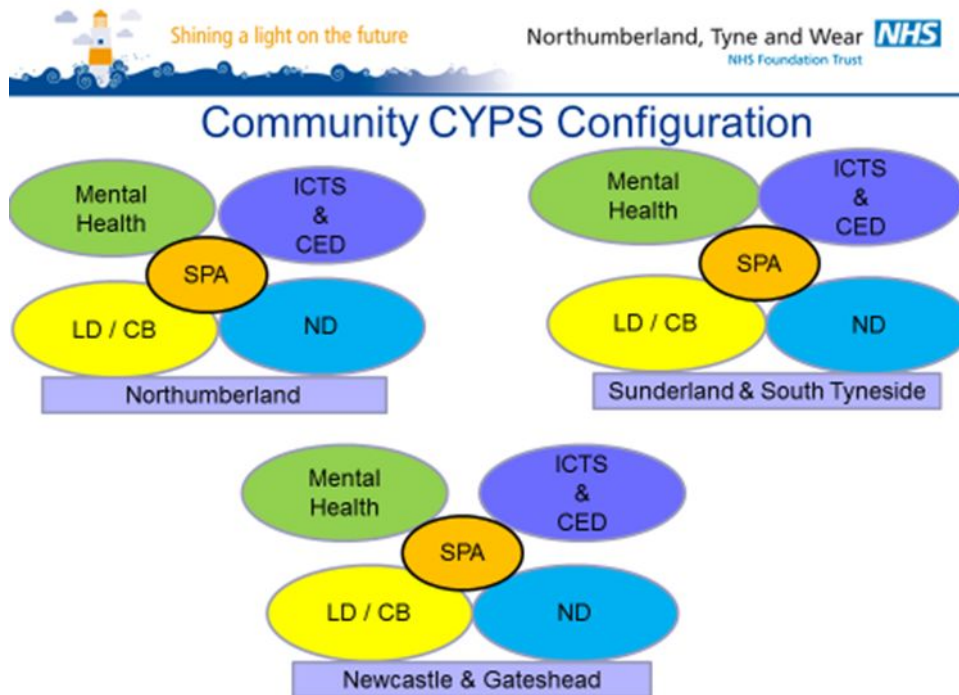
Background

The service is divided into three localities. Services are delivered by 5 x Teams in each locality area as follows:

- Mental Health Team
- Learning Disability Challenging Behaviour Team
- Neurodevelopmental Team
- Community Eating Disorder Team
- ICTS

All teams are accessed by a single point of access (SPA) and all referrals are triaged for clinical urgency by a local duty team made up of senior clinicians. Teams provide a range of specialist assessment & treatment services via a number of evidence based pathways including:

- Depression
- Anxiety
- Post-Traumatic Stress Disorder (PTSD)
- Obsessive Compulsive Disorder (OCD)
- Attachment Disruption
- Relational Trauma
- Emerging Personality Disorder
- TICS
- Autism Spectrum Disorder (ASD)
- Attention Deficit Hyperactivity Disorder (ADHD)
- LD Challenging Behaviour



Types of referrals the service receives and challenges.

The general challenges in Northumberland are similar to the national picture as outlined in the "Future in Mind" document:

- Increasing T2 & T3 referrals
- Increasing level of acuity in referrals
- Increasing T2 & T3 case loads
- Increased waiting times across the system
- High DNA Rates

- Increasing pressure on T4 Beds

The service has had an increase in referrals over the last 5 years and whilst this has started to plateau over the last quarter this is on the back of significant increases over the past two to three years. There is little indication currently that the referral rate will decrease in any way.

The most challenging referrals to the service currently are those young people who have a pre-existing diagnosis of ASD and who present with co-morbid mental health difficulties. The challenges are not only in relation to their complex mental health needs but in relation to ensuring the wide ranging multiagency support package that is required to support the young person and their family is in place.

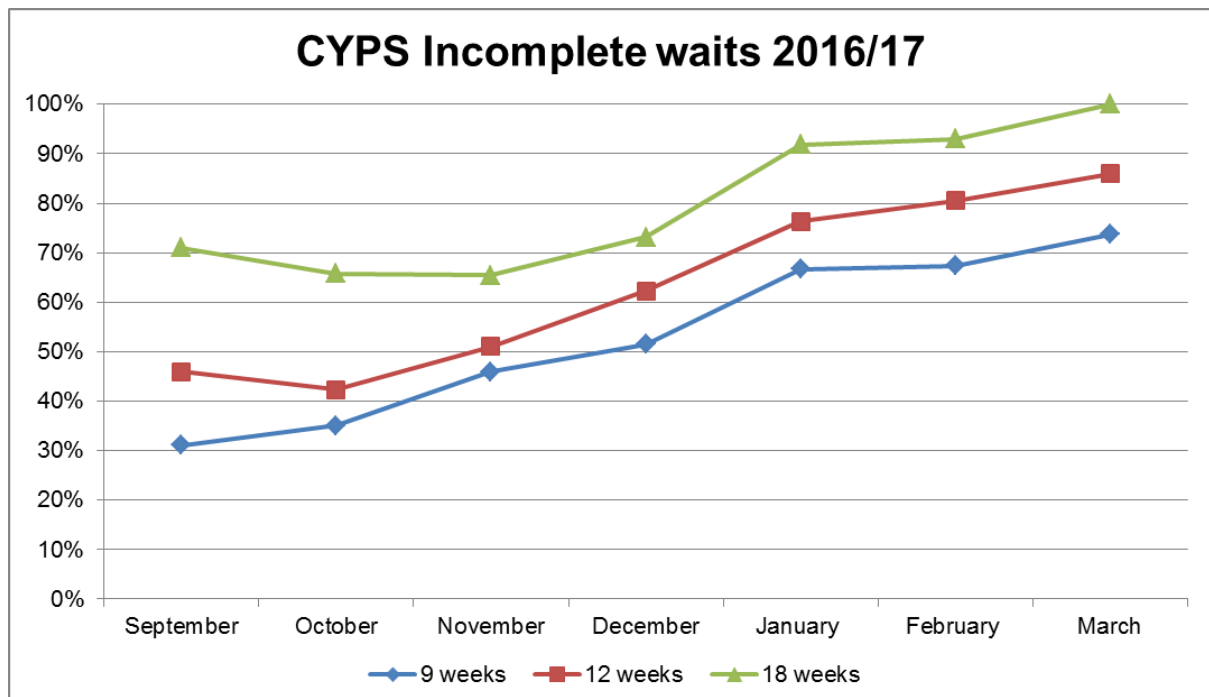
The high numbers of referrals of young people with ADHD who go on to receive a diagnosis and who require regular medication reviews is stretching the team's capacity.

Recent achievements of the service

The service received an “**outstanding**” rating from the recent inspection carried out by the CQC and has also achieved QNCC accreditation. Over the last 2 years the service has worked hard to bring down both the external waiting list and to address the needs of those young people who were in the service the longest.

Current caseload and waiting times for the service

The current open caseload stands at: **2357**



At the end of quarter 4 the service has achieved:

100% of young people on the waiting list have been waiting less than 18 weeks.

86% of young people have waited less than 12 weeks

74% have waited less than 9 weeks.

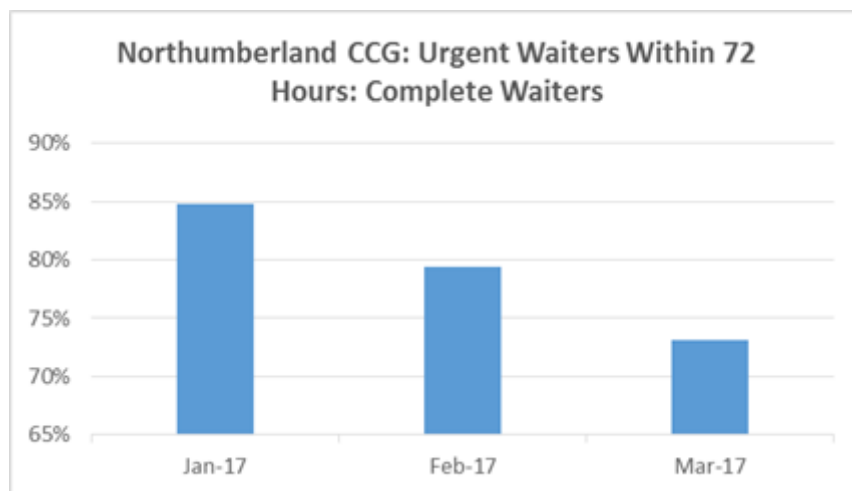
The service will continue to work on reducing waiting times during 2017/18.

Cases seen urgently (within 72 hours) and the service response

The information below relates to quarter 4 data.

All referrals received are assessed on entry into the service using the service Urgent and Priority Guidelines and processes are in place to ensure that urgent cases are seen within 72 hours.

It must also be noted that a young person may become urgent at any point on their journey through the service. About 20 - 25% of referrals to the service are classified as urgent.



The service has reviewed the 17 referrals that were seen outside of the 72 hours. 16 referrals were for '7 day follow up' – of those 14 were contacted same day and offered contact within time frame; appointments arranged outside time frame for client reasons. The cases that are not seen in the timeframe are reviewed by the team manager.

Service prioritisation of looked after young people and those who are vulnerable

The service has a specific pathway to ensure those who are looked after or who are vulnerable are seen promptly by staff with the relevant skill set and expertise. At

present looked after young people are seen within one week of being accepted into the service (urgent cases will be seen on the same day)

Managing risk

All young people who are referred to the service are assessed at the point of referral to determine their risk using our urgent and priority guidelines.

Once a young person is accepted and has been seen a risk assessment is carried out and where necessary a risk management plan is put in place.

Families and significant others such as referrers of young people who are waiting for their first appointment are encouraged to contact the service if they have concerns or feel their level of risk has changed since the initial referral was made.

Shared care work

A comprehensive audit of all cases on the ADHD pathway has been carried out by the team and the results have been shared. This shows that significant service capacity could be released if more robust arrangements for shared care were to be agreed with local GPs. The next stage of the work is to engage with the GPs to review current shared care arrangements and to agree a way forward.

Ensuring SEND compliance and ready for an inspection

The service is aware of the requirements in relation to SEND. This is also being incorporated into the service development improvement plan with the CCG for the 2017/18 contract to ensure that compliance can be evidenced in readiness for an inspection.

Comparison with national benchmarking

Please note this is for the NTW community CYPS service as a whole. Data is based on the service in 2015/16

- The CYPS service is in the top third nationally for referrals - 700 per year more than the average.
- It has almost the highest rate of re-referrals at more than double the average 30% compared to 15% nationally
- It is in the bottom third for conversion rates from assessment to treatment which indicates either that a lot of inappropriate referrals are received or the threshold for the service makes it more difficult to access.
- It has one of the highest caseloads in the country at twice the average
- A higher number of face to face contacts are delivered compared with many other areas and although having a higher DNA rate it has one of the lowest rates of patient cancellations in the country.

- The workforce in 2016 was the biggest in the country (this took into account the additional temporary staffing and sub contracts with external agencies put in place to achieve the CQUIN targets)

Progress against KPIs

This is reported routinely in quarterly reports provided in the monthly patient level dataset to the CCGs alongside the specific information on looked after children.

The service expects to achieve its CQUIN target in relation to clinical effectiveness and to achieve its targets in relation to outcome measurements both in compliance and in effect size.

The service is achieving its DNA rates both for first and subsequent appointments

CYPS outcome measures are:

- Sessional Rating Scale (SRS)
- Goal Based Outcomes (GBO)
- Children's Global Assessment Scale (CGAS)
- HoNOSCA
- Experience of Service Questionnaire (ESQ)

Young people involvement in service development/participation

Young people and their families/carers have been invited to provide comments on services provided in a range of ways but in most recent years in the form of the experience of service questionnaire. The results of this are shared with the CCG quarterly and they are usually very positive.

A new scheme to support young people into employment who may have had experience of service through apprenticeships with NTW leading to level 2 award in administration, participation and involvement commenced in April 2016. An apprentice was recruited for Northumberland and this role has greatly enhanced the range of ways we can involve children and young people and their families in evaluating and shaping future service delivery:

- Over 100 service users from Northumberland have shared their views and experiences through waiting room/telephone consultations. Satisfaction levels are extremely high with 97% of service users describing the service as good or excellent. Areas for development include improving communication in ways that young people have highlighted that they would find more helpful and further developing individualised participation.
- Building on findings from last year's independent evaluation by Action for Children have been used creatively to feed back to children, young people and families the action that has been taken as a result of their input. This

has included waiting room displays, feedback to user groups and staff bulletin.

- A participation group for young people (MIB- Making it Better) has been established in Northumberland to coordinate participation. It is appreciated that participation groups do not work for everyone so a number of alternative opportunities are offered (questionnaires, invitations to events, project work, and feedback through partnership events, telephone consultations). The group have worked in partnership with Action for Children to shape the design of an App to prevent extremism and were awarded funds for their involvement. The group is now working towards Key Fund status to obtain funding to support specific activities.
- 2 young people from Northumberland participated in National Take Over Day in November shaping the development of transition packs. (Report available)
- Young people have assisted in the development of interview questions.
- A strong partnership has been formed with Northumberland County Council. This has allowed a wider range of young people to have their say. The service has also contributed to the development and delivery of training to schools. In addition it is working with Northumberland County Council to support the development of a tool kit for managing emotions as part of first level intervention.
- Following feedback, working with young people to explore the development of an App, which will provide confidential but easy access to the information they need to have at hand about their own emotional needs, support, their care and the service.
- Previous feedback has indicated transition between services/into adult care can be a concern for young people and the work around the development of a transition pack builds on feedback from young people.
- There are plans in place to continue to work jointly with Northumberland County Council' emotional wellbeing services to benefit young people of Northumberland.

Next steps

- Continue to work with commissioners and partners on the improvement and development of the wider emotional health and wellbeing pathway for young people in Northumberland via the relevant strategic groups.

- Continue to target longest waiters for the service whilst meeting demand for urgent appointments.
- Improve patient throughput and reduce stays in service.
- Improve service productivity and efficiency by increasing direct patient contact.

Report Author: Kate O'Brien Head of Commissioning for MH &LD NHS
Northumberland CCG
Phone: 01670 335172
Email: Kobrien1@nhs.net