



HEALTH AND WELLBEING BOARD

Date: 13 December 2018

CYPS Update

Report of: Suzanne Barton on behalf of NHS Northumberland Clinical Commissioning Group

Purpose of report

To provide the board with an update on the progress of the CYPS service waiting times to treatment.

Recommendations

It is recommended that the Health and Wellbeing Board:

1. Consider the progress of the CYPS service waiting times and provide comments
2. Approve the continuation of the improvement plan

Link to Corporate Plan

The CYPS improvement plan links to the children's emotional health and wellbeing local transformation plan which links to all of the Corporate Plan's key themes and operating principles.

Background

The specialist children and young people's mental health community service (CYPS) has been subject to an improvement plan in collaboration with the CCG for the last 10 months. This followed concern about a deterioration in waiting times to treatment of over 30 weeks in the latter half of 2017 culminating in a meeting between the CCG and the Trust in November 2017. These waits persisted until February 2018 when the improvement plan began to take effect.

Key issues

The plans implementation resulted in an improvement in overall performance with the longest wait for treatment reducing from over 30 weeks to 12 weeks.

PMF Reporting Waiting Bands	April		May		June		July		August		September		October	
	Total	%	Total	%	Total	%	Total	%	Total	%	Total	%	Total	%
Number of CYPS Incomplete spells waiting 0 - 4 weeks from Referral to Treatment	91	42.1%	98	48.8%	96	45.1%	92	44.0%	60	31.7%	53	34.9%	75	56.4%
Number of CYPS Incomplete spells waiting 4 - 6 weeks from Referral to Treatment	30	13.9%	36	17.9%	40	18.8%	36	17.2%	29	15.3%	22	14.5%	18	13.5%
Number of CYPS Incomplete spells waiting 6 - 8 weeks from Referral to Treatment	23	10.6%	12	6.0%	34	16.0%	34	16.3%	40	21.2%	22	14.5%	17	12.8%
Number of CYPS Incomplete spells waiting 8 - 10 weeks from Referral to Treatment	26	12.0%	16	8.0%	29	13.6%	29	13.9%	23	12.2%	23	15.1%	12	9.0%
Number of CYPS Incomplete spells waiting 10 - 12 weeks from Referral to Treatment	10	4.6%	18	9.0%	10	4.7%	16	7.7%	27	14.3%	24	15.8%	8	6.0%
Number of CYPS Incomplete spells waiting between 12 - 18 weeks from Referral to Treatment	36	16.7%	21	10.4%	4	1.9%	2	1.0%	10	5.3%	8	5.3%	3	2.3%
Number of CYPS Incomplete spells waiting between 18 - 30 weeks from Referral to Treatment	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Number of CYPS Incomplete spells waiting more than 30 weeks from Referral to Treatment	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Total	216	100.0%	201	100.0%	213	100.0%	209	100.0%	189	100.0%	152	100.0%	133	100.0%
Number of CYPS Incomplete spells waiting more than 12 weeks from Referral to Treatment	36	16.7%	21	10.4%	4	1.9%	2	1.0%	10	5.3%	8	5.3%	3	2.3%

Those in crisis continue to be seen in 72 hours although most are seen the same day and for those with an eating disorder the service is meeting the nationally mandated waiting times.

Developments have continued across the system in relation to specific care pathways for young people who are most vulnerable and a significant piece of work relating to the Northumberland whole system transformation is underway to redesign the children and young people's mental health pathway commenced in 2018 as part of Northumberland's commissioning intentions.

The CCG submitted an application to become a Children's Mental Health Green Paper Trailblazer site in October 2018. We are waiting for a ministerial announcement of the successful sites however if successful this will support the acceleration of our Children's mental health pathway transformation including further work to reduce waiting times to treatment across the pathway to 4 weeks.

Key Challenges

Workforce - There remain particular issues concerning the recruitment and retention of a skilled workforce in both the early intervention and specialty services. This is felt in all NHS and Local Authority services and as a result there have been gaps in psychiatry, primary care workers, social workers and CYPS. Whilst all services have dynamic recruitment policies and processes this issue is not easily resolved and has national recognition as a risk to the delivery of psychological based strategies.

Pathway redesign – There remains currently an increasing demand on the specialist CYPS service to manage rising referrals and to retain young people in the service who are have neurodevelopmental difficulties – ASD and/or ADHD. The work will be addressed through the whole system pathway redesign that has a focus on prevention, early identification and earliest intervention. There is a potential for resources to move across the pathway in order to meet needs. Specific work in relation to the neurodevelopmental pathways is also underway which will have a direct positive impact on capacity in the specialist CYPS service

Conclusion and implications

We would ask that the HWBB acknowledgement the progress made by the service in reducing their waiting times to treatment.

The service is committed to continuing to meet the needs of children and young people in as timely a way as possible and will continue to deliver the nationally mandated waiting times for those with an eating disorder. The service will additionally work towards driving down the waiting time for those in crisis ahead of a nationally mandated waiting time being implemented and will continue to further reduce the waiting time to treatment for those requiring the specialist CYPS service.

Policy	Any suggested policy implications will be proposed as separate recommendations with supporting evidence
Finance and value for money	NA
Legal	NA
Procurement	NA
Human Resources	NA
Property	NA
Equalities (Impact Assessment attached) Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input checked="" type="checkbox"/>	
Risk Assessment	Not undertaken
Crime & Disorder	NA
Customer Consideration	NA

Carbon reduction	NA
Wards	This report relates to the health and wellbeing of all wards

Background papers:

N/A

Report sign off.

Authors must ensure that officers and members have agreed the content of the report:

	initials
Monitoring Officer/Legal	NA
Executive Director of Finance & S151 Officer	NA
Relevant Executive Director	NA
Chief Executive	VB
Portfolio Holder(s)	KOB

Author and Contact Details

Suzanne Barton – NHS Northumberland CCG

Tel: 01670 335186 email Suzanne.barton1@nhs.net