NHS
South Devon and Torbay
Clinical Commissioning Group

CAMHS Transformation Plan Data

Date: 20th November 2015

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Report to: Torbay Health and Wellbeing Board

Purpose of Report:

Following the consideration and subsequent agreement by Torbay's Health and Wellbeing Board to support South Devon and Torbay Clinical Commissioning Groups Child and Adolescent Mental Health Service Transformation Plan, the CCG was asked to produce some statistical information on Torbay's CAMHS, to be circulated between meetings, which is set out below.

1. FINANCIAL DATA

NHSE have allocated South Devon and Torbay funding for CAMHS Transformation as below. NHSE have stated this funding is in addition to other streams of funding. They have stated it is recurrent for the life of the parliament and we have been asked to produce spending plans to cover 5 years 15/16 - 19/20. It is SDT CCG's initial intention to split this funding equally over between South Devon and Torbay CAMHS services.

Eating Disorders -this money is designated for CAMHS ED services, but any underspend can be used to support other CAMHS transformation projects, CCG Total £157,724 PA.

Additional CAMHS Transformation funding £ 394,798PA

Current spend on Torbay CAMHS is detailed in sections 2/3 of the CAMHS Transformation plan as follows:

In 2014/15 SDT CCG spent £1,368,000 on the CAMHS service provided in Torbay. In addition to this SDT CCG has committed Parity of Esteem funding for an 'Out of Hours' Service from Virgin Care which will provide crisis assessments and Mental Health Act Assessments when core services are not available. The cost will be £126,000 circa We have also part funded with our colleagues in NEW Devon a children's and young person's Place of Safety £24,268 circa.

In 14/15 schools in Torbay, independent of the CCG, commissioned primary mental health worker roles at a cost of circa £130K PA, from Torbay's CAMHS provider, for 3 years to support their students with their emotional health and wellbeing and build resilience.

In 14/15 £230K of services were commissioned from Torbay CAMHS by Torbay Council, including practitioners for trauma/ abuse, young people displaying sexually harmful behaviour, Looked After Children, Therapeutic Support for Foster Carers and also to work as part of a multi-agency high risk team, with social care, and the Voluntary sector, working with vulnerable young people on the edge of care, those experiencing domestic abuse or those at risk of exploitation.

Additional NHSE spend is detailed in section 4.

2. CAMHS REFERRAL RATES

Referrals Signposted Vs Accepted	Apr-14	May-14	Jun-14	Jul-14	Aug-14	Sep-14	Oct-14	Nov-14	Dec-14	Jan-15	Feb-15	Mar-15	Cumulative YTD Total
Signposted	17	13	10	27	12	17	18	14	10	18	25	21	202
Accepted	66	77	80	75	43	60	86	68	84	128	95	119	981
TOTAL	**83**	**90**	**90**	**102**	**55**	**77**	**104**	**82**	**94**	**146**	**120**	**140**	**1183**

In 2014/15 in an average month 78% of urgent referrals were seen within 1 week. This meets the target set by the CCG and an average of 9 non-urgent patients per month waited over 18 weeks to be seen. The CCG's response to this was detailed in section 2 of the Transformation Plan.

Rates of referrals not accepted will be influenced in the future by the provider's plans for direct access/ self-referral drop in sessions which will enable sign posting or low level advice, deferring entry to a formal CAMHS service at a much earlier stage. By using transformation funding to better support patients in crisis or with eating disorders, existing resources can be put into reducing waiting times for both urgent and non urgent referrals.

3. EATING DISORDERS

NHS England has stated that all CCG's must commission an eating disorder service based on a national hub and spoke model of good practice. This national model describes a service based on a population of 500,000 and a minimum of 50 new referrals per year. Torbay meets neither of these requirements with only 20 new referrals per year and additionally on average has only 1 person is admitted to a T4 placement for eating disorders per year. With such low

figures NHSE suggested Torbay becomes a spoke to Devon's much larger eating disorder service, this would mean the existing staff, good practice, resources and relationships would not be lost.

The ambition of our revised service to reduce treatment length by 2-4 months via more intensive intervention earlier on as described by the Plan – on average patients are currently with our CAMHS service for 12 months.

Data from NHS England shows that two young people from Torbay were in tier 4 beds for eating disorders in 2014/15, staying 385 nights between them. This represents a total cost to NHSE of approximately £257,950 for 2014/15. We believe the real figure may be slightly higher and include Torbay patients who have been coded against a primary need but also have an eating disorder.

South Devon Health Care Foundation NHS Trust, (now part of our local Integrated Care Organisation, Torbay and South Devon Foundation NHS Trust), had 23 medical admissions to its acute children's ward, for eating disorders in 2014/15, for their 3 week refeeding programme. Our ambition is that our new model will reduce these paediatric admissions by 50%.

Our ambition is also to reduce the number of new referrals by 50% and number of Tier 4 admission by 50% through the other mechanisms described in the plan including work with schools, our online offer and direct access/ self-referral drop in sessions linked to clusters of schools.

4. TIER 4 SPECIALIST INPATIENT ADMISSIONS

Data for 14/15 from NHS England shows 35 children or young people from South Devon and Torbay in Tier 4 specialist CAMHS inpatient placements during the course of the year. The total length of stay for all patients was 3897 days, the average stay was 111 days, with at least 1 patient admitted twice during 14/15. This represents an approximate cost of £2,610,990 for 2014/15.

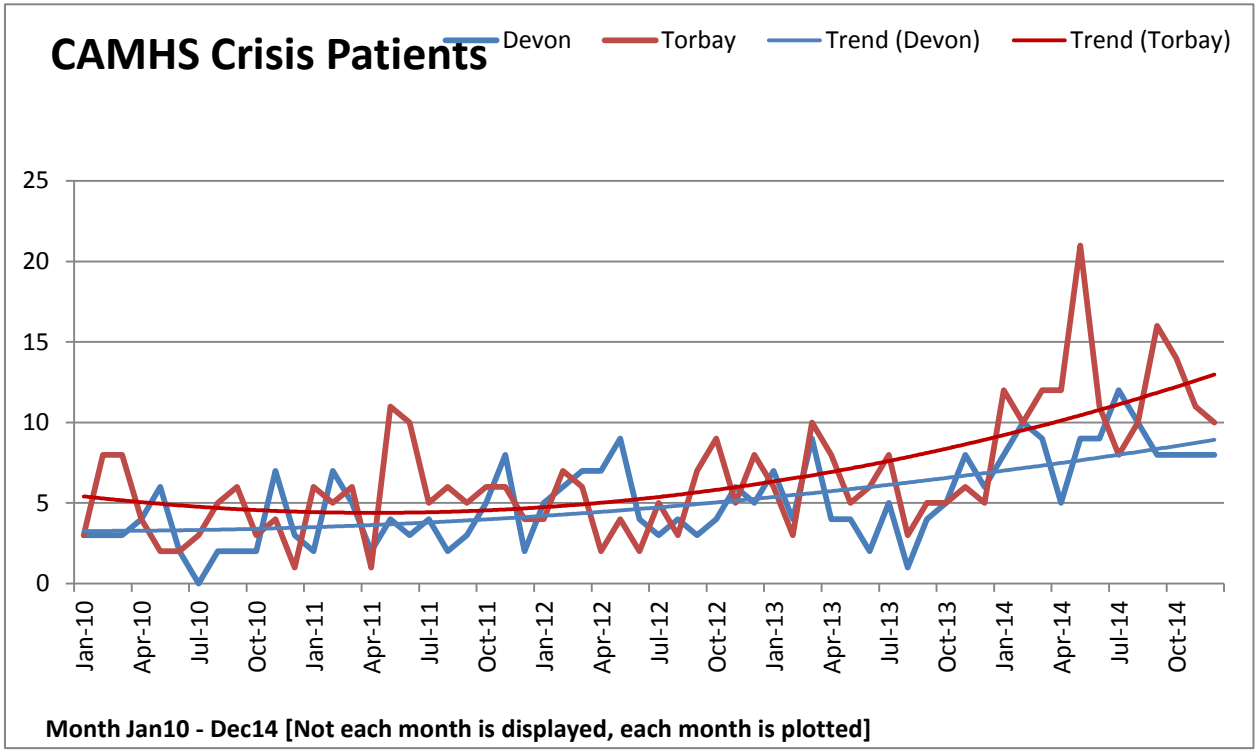
Our ambition is to reduce the number of patients admitted across all specialist placements by 50%. This would be driven by the improvements to the Eating Disorder service, the plans for crisis and intensive home intervention, to keep young people at home or in a placement where that remains the most appropriate place, the online offer, our plans for prevention and resilience including work in schools, direct access/ self-referral and an online provision.

5. YOUNG PEOPLE IN CRISIS

The CCG plans to commission an intensive home treatment and crisis intervention services Monday – Friday 9am-10pm and 9am-5pm Saturday and Sunday in conjunction with a bolstered oncall psychiatry services which would cover the period the CIIHT service was unavailable. This would provide differing levels of support 24/7 to young people either presenting at A&E or likely to. We aim to use this to reduce presentation at A&E by 50%, (40% of those

presenting in mental health crisis listed in the table below are already known to the service and were repeat attenders), and to reduce the number of admission to Tier 4 specialist inpatient facilities, (in 14/15 this was 35), by 50%.

Self- harm	Annual total number of patients under 19, per calendar year
Devon 2010	37
Devon 2011	47
Devon 2012	63
Devon 2013	59
Devon 2014	104
Devon 2015	82 – YTD
Torbay 2010	49
Torbay 2011	71
Torbay 2012	62
Torbay 2013	70
Torbay 2014	148
Torbay 2015	124 – YTD



Intentional self harm covers a wide variety of presentations but is essentially any act of self poisoning or self injury as defined by NICE Quality Standard 34, and could include self harm by drowning, sharp object, fire arm, jumping from a high place. The trend curve on the graph indicates numbers are increasing and the graph and table plot Torbay's figures against Devon.

6. KEY PERFORMANCE INDICATORS

Key performance indicators have not yet been finalised. The establishment of new services will be dependent on NHS England's assurance of our 5 year plan. And each service will have KPI's set accordingly. There will be some national KPI's as follow for Eating Disorders:

- Treatment to start within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and within 1 week for urgent cases.

For Routine CAMHS services, these are the reporting requirements we are working towards with the providers:

LEVEL 2 AND 3 SERVICES

All Children referred to the service who meet the criteria will have access to the MHWB service within the agreed timescales, to receive the assessment and care they require	All children to be seen at Choice appointment within 6 weeks
	All children to commence treatment at their partnership appointment within 18 weeks of the receipt of their referral
	All urgent referrals to be triaged within 24 hrs
CYPs with an urgent need will be able to access the service on a fast track basis	All children requiring an urgent appointment will be seen within 1 week
Referrers will be kept informed of the outcomes of their referrals	All referrers will receive a letter detailing the outcome of their referral within 14 days
CHILDREN IN CARE	
	Number of SDQ assessments per annum

	Number of children in care who receive support and input from Level 2/3 MHWB
	Number of children who are refused care from mainstream MWHB
Children in care will benefit from MHWB intervention whilst in care. this will be monitored by use of SDQs	% of children receiving SDQ on discharge
	% of children who improve on their baseline scores on discharge
FOSTER CHILDREN	
Foster carers who meet the criteria will receive support from CAMHS when required	Number so sessional input to foster carers training by CAMHS
DELIBERATE SELF HARM	
For C&YP who have been referred to the service to have received an assessment of need, and a supporting risk assessment, by the end of the working day following referral	Number of self harm referrals received
	Number of C&YP who meet the criteria for an emergency response who are receiving an intervention from an appropriate MHWB service (not necessarily ICSD) with a supporting care plan and risk management plan, within 5 working day of the completed assessment.
For C&YP who have been referred to the service to have received an assessment of need, and a supporting risk assessment, by the end of the working day following referral	
For C&YP who have been referred to the service to receive an appropriate intervention, with care and risk management plan, within 5 working days of the completed assessment	Percentage of C&YP who meet the criteria for an emergency response who are receiving an intervention from an appropriate MHWB service (not necessarily ICSD) with a supporting care plan and risk management plan, within 5 working day of the completed assessment.
INTEGRATED WORKING	

	Number of children referred to a MHWB consultant
	Number of children receiving a MHWB consultation
OUT OF AREA PLACEMENTS	
All children requiring an out of area placement are placed with an approved provider that is CQC registered and that have been assessed and approved by the local MHWB service	Number of children placed out of area.
	Number in approved placement
TRANSITIONS	
17 year olds will have a personalised transition plan that they have been able to contribute to	Percentage of young people at age 17 years and 6 months with transition plan that includes their contribution
Young people will successfully transfer between C&YP and adult services by 18th birthday	Percentage of young people that meet the criteria for adult mental health services who transfer service with an up to date care plan and named adult worker by 18th birthday
CAMHS UNIVERSAL + LEVEL 2 AND 3	
	No of referrals received (no. of referrals)
	No. of children waiting for first choice
	No. of children waiting over 6 weeks from referral to first choice
	Longest wait time from referral to first choice
	Median waiting time from referral to first choice

	No. of children waiting for first partnership
	No. of children waiting more than 12 weeks between referral and first partnership
	Longest wait time from referral to first partnership
	Median wait time from referral to first partnership
	No. of children waiting more than 18 weeks between referral and first partnership
	% of children waiting more than 18 weeks
	No. of children waiting for first specific
	No. of accepted cases
	No. of DNAs first appointment
	No. of children admitted to impatient care - Tier 4 and Paediatric Ward (no. of children)
	No of children delayed transfer of care due to lack of Tier 4 or alternative community package.
	No. of vacancies
	No. of referrals signposted to other services after referral rejection
	No. of recording of an alert for deliberate self harm
	No. of referrals by referral source
	No. of cases closed
	No. of transfers between CAMHS and AMHS services

	No. of urgent cases referred to CAMHS service
	Reason for case closure
	No. of consecutive DNAs
	Referral -> Choice pathway (% seen within 6 weeks)
	Referral -> Partnership pathway (% seen within 18 weeks)
	Referral -> Specific Care Pathway (excluding patients with a previous partnership appointment within a spell) (% seen within 18 weeks)