

HAMPSHIRE COUNTY COUNCIL**Report**

Committee:	Health Overview and Scrutiny Committee
Date of Meeting:	24 September 2013
Report Title:	Inquiries Received and Action Taken
Reference:	5209
Report From:	Director of Policy & Governance

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1. **Summary and Purpose**

- 1.1. This report provides Members with information about the issues brought to the attention of the Committee and the response to these referrals. It sets out the inquiries received, the source of this inquiry and any action taken. Where appropriate comments have been included and copies of briefings or other information attached.
- 1.2. The approach adopted provides the route through Local HealthWatch and other partner organisations (Hampshire district councils, NHS organisations, voluntary and independent sector providers and organisations that are representative of social care service users and carers) can raise issues with the Committee.
- 1.3. Where inquiries raised with the Committee are already subject to monitoring or other performance management activities the action taken will be focused on the local resolution of inquiries through appropriate sign-posting to the agency best placed to respond.
- 1.4. Where an issue cannot be satisfactorily resolved between the parties concerned then the Committee can consider options for further action.
- 1.5. New issues raised with the Committee, and those that are subject to on-going reporting are set out in Table One of this report.
- 1.6. The recommendations included in this report support the Corporate Strategy aim of maximising wellbeing through the overview and scrutiny of health services in the Hampshire County Council area.

Table One: Inquiries Received and Action Taken

Topic/ inquiry	Source	Action Taken	Comment
<p>Child and Adolescent Mental Health Services (CAMHS)</p>	<p>Inquiry from Members of the public.</p>	<p>The HOSC received an inquiry from a member of the public as to the progress made in improving local CAMHS services.</p> <p>The Committee has requested an overview of the service and progress made against improvement actions from the provider of this service, Sussex Partnership NHS Foundation Trust as well as one of the commissioners of this service, Hampshire County Council.</p> <p>The Trust has provided a paper to the HOSC, which is attached as Appendix 1 (page 5).</p>	
<p>Recommendations:</p> <p>That Members confirm:</p> <ol style="list-style-type: none"> 1. If they require any further information or a further update in relation to this service. 			

CORPORATE OR LEGAL INFORMATION:

Links to the Corporate Strategy

Hampshire safer and more secure for all:	yes
Corporate Improvement plan link number (if appropriate):	
Maximising well-being:	yes
Corporate Improvement plan link number (if appropriate):	
Enhancing our quality of place:	yes
Corporate Improvement plan link number (if appropriate):	

Section 100 D - Local Government Act 1972 - background documents

The following documents discuss facts or matters on which this report, or an important part of it, is based and have been relied upon to a material extent in the preparation of this report. (NB: the list excludes published works and any documents which disclose exempt or confidential information as defined in the Act.)

Document

Location

None

IMPACT ASSESSMENTS:

Equalities Impact Assessment:

No implications arising from this report

Impact on Crime and Disorder:

No implications arising from this report

Climate Change:

- How does what is being proposed impact on our carbon footprint / energy consumption?
No implications arising from this report

- How does what is being proposed consider the need to adapt to climate change, and be resilient to its longer term impacts?
No implications arising from this report

HOSC paper - CAMHS

Context

Prior to the change of contract in April 2011, child and adolescent mental health services in Hampshire were provided by 3 different organisations; WEHCT, Solent and Southern Health. There was significant discrepancy in service provision across the county with a fragmented range and volume of assessments and interventions available. This was compounded with different referral criteria, governance arrangements and management oversight.

Model

Following a competitive process, Sussex Partnership NHS Foundation Trust was awarded the contract to deliver a single service for families across the county. The first 2 years of the contract have focused on implementing a single service model (Right from the Start) providing equity of access by working towards same waiting times across all teams, maximising choice of engagement through CAPA and provision of the same core range of interventions.

The staffing mix was reviewed across the county within the first 6 months of the contract and the model allows for each of the 8 teams to offer the same interventions by way of skill sharing and recruitment to the same skill sets. For example the Winchester team had no specified nursing support or family therapy, and there was only limited access to child and adolescent psychotherapy across the whole of Hampshire. During the staffing consultation, a fairshares approach, incorporating the deprivation indices allowed for skills to be shared fairly across the county and allowed for recruitment to those professions which were not previously accessed by all families.

The establishment of the Leadership Team with professional leads for all clinical professions working together with service managers ensures development and delivery are planned and achieved in partnership. The Clinical Director and Deputy Service Director jointly chair this group which feeds into the Division wide Strategic Governance Group across Sussex Partnership. Each of the 3 areas has a Local Governance Forum which is made up of clinicians working in the area, who with local managers act as a conduit of information and practice sharing with the Leadership and local teams.

Progress so far

The model has now been fully implemented and has allowed for the building of positive relationships with local partners in both statutory and third sector. These relationships have enabled the service to work on local initiatives such as school consultation sessions and PHSE involvement which promote local ownership of emotional wellbeing across the tiers. The service played a key role in the launch of the Children's Area Groups and will engage further when these are established.

Introducing and embedding governance has been a key element of the model implementation, structuring the service to ensure quality and safety remain central features of delivery. Standardised risk assessments, management and care plans which are regularly audited, means that families can receive support and are working in partnership with the service in designing individual tailored care plans. This is coupled with supervision structures, appropriate training and appraisal structures for all staff.

Access to an out of hours psychiatry service across the county and the implementation of extended hours in the form of the i2i service has allowed young people to remain out of hospital and receive more intensive treatment in their communities and homes. Along with the implementation of a clear service pathway for admissions, this has resulted in a significant reduction in both the numbers of admissions to private providers; at its peak there were 25 young people in private provision (May 2012) and current figures average 5 at any one time. Where these are necessary, proactive engagement by both i2i and the Tier 3 clinicians in care planning, working with both the provider and the family, ensures discharge planning is appropriate and timely.

Waiting times have reduced significantly with the implementation of the Choice and Partnership Approach (CAPA), coupled with additional time limited resources to clear existing waiting lists. CAPA is a nationally recognised system of managing demand and capacity in CAMHS and can predict accurately capacity available which enables the service to flex accordingly and have ongoing dialogue with commissioners about demand. The service has seen a rise in referrals since 2011 of approximately 300 cases per year. Prior to the implementation of the waiting list initiative, 5 of the 8 teams were holding waiting lists of over 26 weeks for assessment with 100+ cases waiting per team. Comparison of waiting times between March – May 2012 and 2013, showed that in 2013 85% of routine referrals were assessed within 6 weeks. In using a systematic way to monitor demand the service reported 7,293 assessment appointments offered in 2012/13 with 4,062 discharges. The total number of appointments offered in year was 22,364.

The DNA rate has reduced across the service. In Basingstoke the rate reduced from 21% in the first quarter of 2012 to 10% in the first quarter of 2013.

The service has implemented and re-launched the professional consultation line across all teams. Available at specific times of day, designed to fit in with other professionals, a clinician is available to give advice and consultation on both open cases and new referrals.

Paediatric Liaison work continues and some excellent partnership working has been possible in relation to specific young people and strategic planning. The service is working with paediatric colleagues to deliver the national diabetes tariff and continues working to build a shared Autistic Spectrum Condition (ASC) pathway.

Partnership work with colleagues in the CCG has led to the production of final drafts of clinical pathways for ADHD and Eating Disorders. We hope to replicate this in other required pathways. These allow all professionals to deliver evidence based interventions and be clear with families what is available and what they can expect. This is particularly important for diagnoses where working across agencies is

necessary for a positive outcome. The service has also begun to undertake and participate in joint planning for young people whose difficulties mean that a number of agencies are involved and often demonstrate risk taking behaviours. These young people require a level of consistency that can only be achieved by working in partnership.

The successful awarding of the Improved Access to Psychological Therapies (IAPT) bid to CAMHS and the Early Help service is a recognition and demonstration of positive partnership working. The service is committed to providing primary mental health input to the HCC Early Help Hub initiative.

The service is also working in partnership with young people and their families to seek their views and engagement in making the service accessible and to provide the service in a way and manner that they find most helpful. Each team has a participation champion and use a variety of methods to engage young people and families in providing feedback. Young people are also routinely being engaged in interviewing for clinical posts and in the delivery of internal training.

Work with adult services has begun with discussions on how to improve the transition process for those young people who need to move to adult mental health services. This work will need to include the experiences of young people and the service is in the process of engaging young people in those discussions.

The service is also engaged in delivery of training having facilitated joint training with education and HCC colleagues on ADHD and participated in running sessions for the HSCB conference on self-harm in the past year.

Ongoing challenges

The service, as demonstrated above, is seeing increasing demand for appointments. The original service plan was based on the information available to commissioners at the time of tender process. As was discovered on taking on the contract, the information in relation to issues such as waiting times and numbers waiting was not accurate and we have consistently engaged in discussion with commissioners about how this is managed. A continued rise in referrals will place significant pressure on the service.

The ASC pathway is planned to be resolved within this year, however at present the service continues offering assessment to the whole age range of children and young people which is different to that which Sussex Partnership intended when tendering for the service. Whilst there are areas of good partnership practice across the service this is still further work required to ensure this is delivered consistently everywhere.

Summary

Sussex Partnership remains committed to delivering services for children, young people and families of the very highest quality. We have successfully made significant improvements as part of our planned service transformation, and have achieved targets and quality measures as set by commissioners. Sussex Partnership welcomes

opportunities to continue working effectively and in partnership with all stakeholders to continue ensuring that all children, young people and families needing our help and support, receive this in timely ways and that the very best outcomes are delivered.