

HAMPSHIRE COUNTY COUNCIL**Report**

Committee:	Health Overview and Scrutiny Committee
Date of Meeting:	28 January 2014
Report Title:	Inquiries Received and Action Taken
Reference:	5517
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 – commissioning and provision of Tier 4 services for the Hampshire population</p>	<p>Original inquiry from member of the public, HOSC agreed following overview of CAMHS service to request information from NHS England.</p>	<p>Letter sent to NHS England (Wessex) following overview of this item to September meeting.</p> <p>Response to queries raised is attached as Appendix 1 (page 5).</p>	
<p>Recommendations:</p> <p>That Members:</p> <ol style="list-style-type: none"> 1. Confirm if they require any further information in relation to this topic. 2. Agree next steps in relation to any review of Child and Adolescent Mental Health services. 			

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



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5 December 2013

Councillor Pat West
Chairman
Health Overview and Scrutiny Committee
Room 114 Elizabeth II Court
Hampshire County Council
The Castle
WINCHESTER SO23 8UJ

Dear Pat

HAMPSHIRE HOSC: TIER 4 SERVICES FOR CHILDREN AND ADOLESCENTS IN HAMPSHIRE

Thank you for your letter dated 12 November 2013 regarding Tier 4 CAMHS services commissioned by NHS England (Wessex). As you say, there are a number of pressures on these services nationally and we have been leading work with Hampshire County Council Children's Services to ensure the safety and welfare of young people requiring access to CAMHS services.

In order to address each of the points in your letter, I will use your numbering system:

- 1. The services that are currently commissioned in Hampshire by NHS England for those children and adolescents requiring the most serious mental health care and support.***

I can confirm that we commission specialist inpatient services from the following units:

- Leigh House Hospital, Winchester (Southern Health NHS Foundation Trust) – 20 beds

- Marchwood Priory, Southampton – 10 beds
- Bluebird Secure CAMHS Service – 20 beds

NHS England (Wessex) also commissions the following CAMHS Tier 4 services in the Wessex / Thames Valley area:

- Pebble Lodge, Dorset Healthcare University NHS Foundation Trust – 8 beds
- Highfield, Oxford, Oxford Health Foundation Trust – 18 beds including 2 High Dependency Unit beds
- Marlborough House, Swindon, Oxford Health Foundation Trust – 12 beds

All NHS England commissioned services within the NHS and Independent Sector are open to national referrals, so if a bed is not available in Hampshire or one of the other commissioned services in Wessex or Thames Valley, other NHS England commissioned services in other parts of the country can be approached for assessment and potential admission.

2. The future commissioning intentions of NHS England for this service.

CAMHS Tier 4 services are subject to a national 3 month review which will be commencing shortly and will determine the future direction for these services. The terms of reference for the review are as follows:

- Undertake a factual assessment of current provision and commissioning issues
- Identify commissioning proposals for CAMHS Tier 4 that include:
 - a. quality standards
 - b. access standards
 - c. environmental standards
 - d. contract levers
- Recommend a preferred procurement route with rationale to support the recommendation along with how new market entrants or developments should be managed.
- Identify any further work required that may include education provision, workforce development.

The proposed review will include a census of current bed use including young people cared for out of area.

3. Data detailing the number of children and adolescents admitted to Tier 4 services, and where these service users are geographically located.

Leigh House Hospital – Winchester Inpatient data analysis 2012/13

The overall activity for the locally commissioned beds for 2012/13 in terms of the contract currency (Occupied Bed Days/OBDs) was 6,306 OBDs with an over performance of 298 OBDs. The Hampshire proportion of the activity was affected by increased demand for access by Southampton and Portsmouth compared to previous years. This may account for some of the out of area Hampshire patients being placed during 2012/13, and was influenced by the introduction and implementation of emergency access. A small number of those patients placed out of area were, however, transferred to Leigh House from independent sector units.

There were a total of 62 Finished Consultant Episodes (FCEs):

- Hampshire - 40
- Southampton -15
- Portsmouth - 5
- IOW – 2

The number of FCEs represents a significant rise in productivity by the service (c.20%) compared to previous years.

Illustrative information in relation to the 2012/13 Hampshire patients:

- 9 patients were admitted before April 2012 and were discharged in 2012/13
- 4 patients were readmitted (mixture of complexity with no shared diagnosis)
- 9 patients continued their stay into 2013/14, one of these from those re-admitted
- 13 patients were admitted as an emergency

The overall length of stay for all patients in 2012/13 was within a range of 6 to 292 days with the mean being 98 days and the median 88 days. Factors that affect length of stay include responsiveness to treatment, challenges in the family, reintegration to school/college, community CAMHS resource availability, and situations where Children's Services needed to be involved.

The service treated young people aged between 12-18 years that were referred for a range of mental health difficulties such as psychosis, anxiety disorders in particular obsessive compulsive disorder, depression and mood disorders and emerging borderline personality disorder. Young people also had co-morbidity including autistic spectrum disorders and substance misuse. The service has a specialism in the treatment of anorexia nervosa. There are 20 inpatient beds, however, in 2012/13 19 were locally commissioned and one was used for an out of area patient by Dorset commissioners.

Treatments available within the service and provided by the multi-disciplinary team address social, emotional, developmental, medical, familial and psychological difficulties. Psycho-education is also offered. Education and social work interventions are provided on site by Hampshire County council staff.

The different providers of NHS community CAMHS (Sussex Partnership Trust, Solent, IOW) and Early Intervention in Psychosis teams (Southern Health) work closely with

the Leigh House team for the patients they have referred and remain involved throughout the period of inpatient treatment, through to the point of discharge. There is also liaison at the point of discharge with the patients GP with clinical information shared as part of the Care Programme Approach.

During 2012/13 emergency access was funded by the commissioners to achieve 24/7 access and was fully operational for all parts of the local NHS in Hampshire and the Isle of Wight by Oct 2012.

One other significant factor that specifically affected 2012/13 was the recruitment in 2011/12 to the Sussex i2i service, which attracted a third of the Leigh House nursing workforce at that time across Bands 2-6 and led to very challenging recruitment programme for Leigh House. It is important to stress that we were and are really pleased both for those staff appointed and in terms of our continued effective working relationship with i2i and the Sussex clinical teams.

4. The number of children and adolescents who have been placed out of County in order to access Tier 4 services, and where these placements were located. 2012/13

County	2012/13
Sussex	13
Berkshire	3
Surrey	6
London	1
Kent	1
Northampton	1
Hampshire	16
Total	41 - 4 patients had more than one admission

Units

Sussex – Chalkhill and Priory Ticehurst

Berkshire – Huntercombe

Surrey – Alpha Woking

London – Great Ormond Street and Priory Roehampton

Kent – Cygnet Godden Green

Northampton – St Andrews

Hampshire – Priory Southampton

The Unit is agreed dependent on patient need as well as availability. For instance, if a Psychiatric Intensive Care Unit bed is required that will necessarily be provided outside of Hampshire as there is no facility for this in the county.

5. Any further evidence that you think may help us to understand the underlying issues with this service.

There are a number of additional points that we feel are relevant to the underlying issues for CAMHS services:

There is a high demand for CAMHS beds nationally which has prompted the national review as detailed above.

Area Teams are all using the national bed capacity system (UNIFY) whereby providers input their bed availability every Friday. On a weekly basis the number and types of beds available is recorded and this data will help to inform the national CAMHS review. It also supports teams in identifying available capacity for admissions.

NHS England (Wessex) has appointed a CAMHS Case Manager and this has been extremely beneficial in managing the demand for admission and more widely the pathway for CAMHS Tier 4 services.

It is of note that those placed out of county were mostly those requiring specialist placements ie those who need forensic health services, who have tried all the local provision, those at the most severe end of the spectrum which really need services like St Andrews to manage their level of risk and those requiring a psychiatric intensive care unit bed.

There is anecdotal evidence nationally to suggest that some Local Authorities have decommissioned or reduced investment in key Tier 2 CAMHS services which has directly impacted on increased demand at Tier 3 and escalation to Tier 4 admissions.

I hope this response provides you with the information you were seeking and we look forward to hearing how you would like to discuss this item at the January HOSC meeting.

Kind regards,

Yours sincerely

A handwritten signature in cursive script, appearing to read 'D M Fleming'.

D M Fleming (Mrs)
Area Director (Wessex)
NHS England