

FOR GENERAL RELEASE/CONFIDENTIAL

DATE:	7 th November 2017
TITLE:	Durham & Darlington Children & Adolescent Mental Health Services: Update on Crisis, Liaison and Intensive Home Treatment Services
REPORT OF:	Donna Sweet, Head of Service CAMHS Durham and Darlington
REPORT FOR:	Durham County Council, Children & Young People's Overview and Scrutiny Committee

This report supports the achievement of the following Strategic Goals:	✓
<i>To provide excellent services working with the individual users of our services and their families to promote recovery and wellbeing</i>	✓
<i>To continuously improve the quality and value of our work</i>	✓
<i>To recruit, develop and retain a skilled, compassionate and motivated workforce</i>	
<i>To have effective partnerships with local, national and international organisations for the benefit of the communities we serve</i>	✓
<i>To be recognised as an excellent and well governed Foundation Trust that makes best use of its resources for the benefit of the communities we serve.</i>	✓

Executive Summary:

In February 2016 Durham and Darlington CAMHS were invited to the Overview and Scrutiny Committee to provide an overview of the C&YP Mental Health crisis, liaison and intensive Home Treatment Services. The service was invited to provide an update on service developments. This paper provides an update on current provision and future developments.

Recommendations:

The committee is asked to receive this paper and give comment as appropriate.

1. INTRODUCTION & PURPOSE:

- 1.1 This paper provides an update on Durham and Darlington C&YP Mental Health Crisis, liaison and Intensive Home Treatment Services.

2. BACKGROUND INFORMATION AND CONTEXT:

- 2.1 The CAMHS Crisis and Liaison service commenced in May 2014. This was evaluated in December 2016 and subsequently funded recurrently.
- 2.2 As part of the crisis care concordat the service applied for non-recurrent funding in October 2016 to include the offer of Intensive Home Treatment (IHT).
- 2.4 The IHT service is currently being evaluated by NHS England, we are expecting the findings to be published in October 2017.

3. Key Issues

- 3.1 The crisis/liaison team moved to 24/7 in July 2017.
- 3.2 The service continues to impact positively on the use of acute services such as A&E and paediatric beds. (see appendix 1)
- 3.3 Future recurrent funding for IHT
- 3.4 The need for non-medical place of safety. Between police, LA and Health to support the needs of young people in a crisis (both socially and having an impact on their mental health)

6. CONCLUSIONS:

- 6.1 The CAMHS Crisis, Liaison and IHT service is continuing to develop services from the feedback from young people, families and carers, NHSE evaluations and staff and stakeholders.

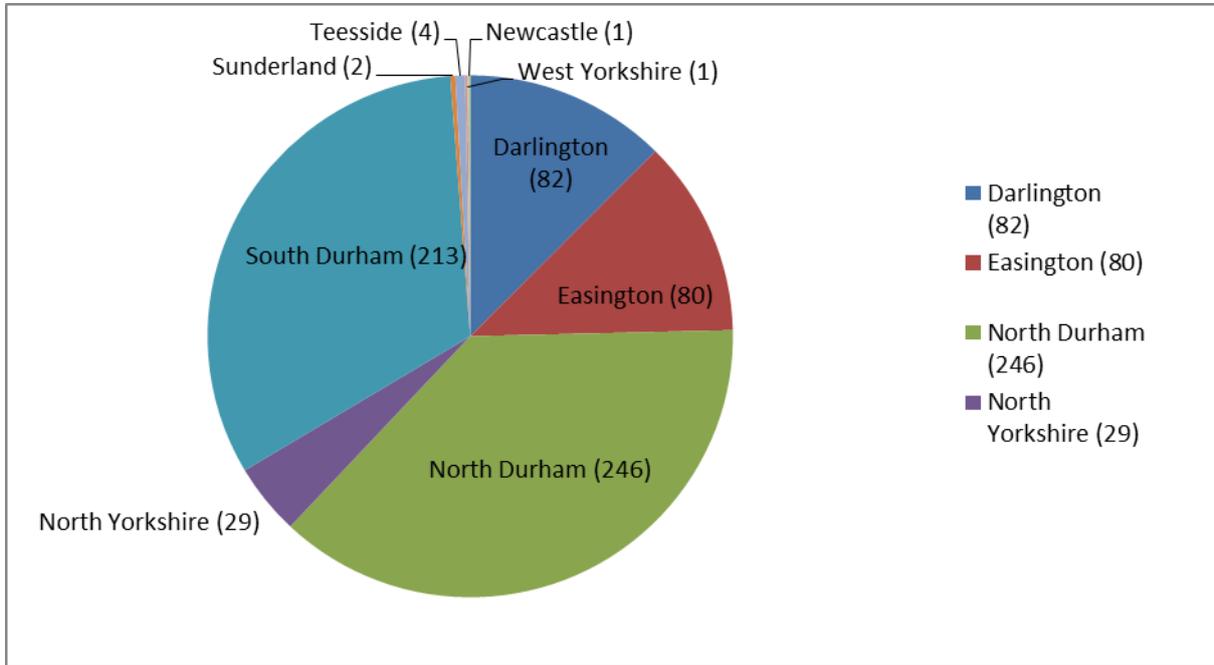
7. RECOMMENDATIONS:

- 7.1 The service needs to evaluate the impact of delivery on police, ambulance and the wider social care resources. We believe that the service has reduced the use of these, however further evaluation is needed to collaborate this.

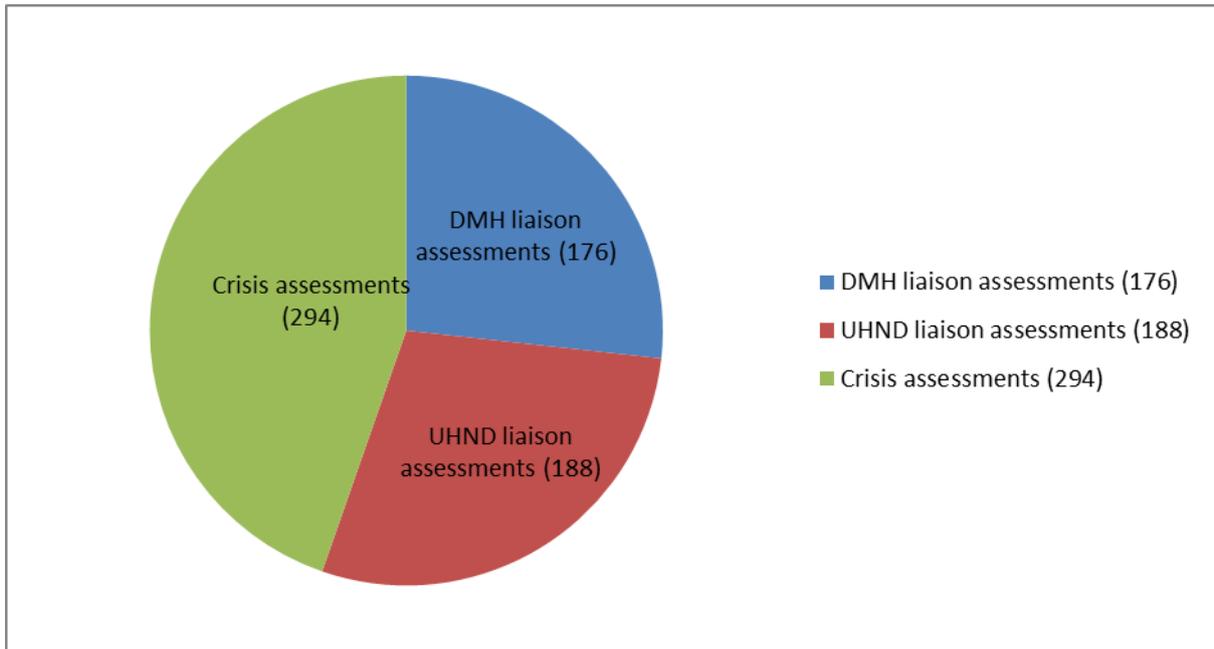
Appendix 1

Information for Overview & Scrutiny Committee

Referrals to Crisis & Liaison Team 1st Sept 2016 to 1st Sept 2017 by CCG area



Total referrals split by Crisis (Community assessments) and Liaison (Assessments within ED & Paediatric ward)



CYP Population for D&D 126,632

Key points of Phase one evaluation of CAMHS Crisis & Liaison Model

- **Much improved prompt and accessible highly valued service with continuity of response** provided by a dedicated CYPMH nurse-led open access crisis and liaison team.
- **New service reversed an increasing trend of admission rates** through A&E and mental health inpatient beds.
- **Highly effective teams** - achieving **77%** completed responses within **4 hours**. (this has increased with clear data recording and commencement of 24/7)
- **Integrated working** with generic specialist community CYPMHS is essential.
- **Flexible response** and **multi-agency partnership working** is key to success.
- **Children Young People and their Families are strong drivers for developing and sustaining a vision and ongoing service delivery.**
- **Feedback demonstrated very positive service user experience** compared to typically poor experiences reported following traditional treatment as usual, (A&E presentation, on-call rota, overnight admission etc).
- **CYP crisis presentation rates remain stable** over time period 2014 - date
- **Semi-rural Co Durham team** shows slightly slower 4 hour response times – despite high activity rates. Travel must be taken into consideration.
- **Significant cost reductions** in immediate paediatric bed, A&E and community mental health services identified.
- Indicative **net return on investment of 53% of team costs**
 - **Impact on mental health beds** not yet accounted for.
- Major proportion of cost reduction to date attributable to acute (non-MH) sector.
- **Further activity and cost reduction improvements** associated with **CYP MH in-patient care beds** to be elucidated in Phase 2 of the evaluation.

The Value Equation suggests good, **much improved outcomes and experience** for **service users and families** and a **promising return on investment**.

