

Essex HOSC Presentation

Dec 20

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Key Areas of Focus

- Overview of the response to pandemic – Covid19 update
- Future Planning for Changes in Demand
- Emotional Wellbeing Mental Health Service (EWMHS)
Access Target
- Impact on Staffing Capacity
- Breakdown of Mental Health Conditions
- Suicide rates.



Covid-19 Update

NELFT Incident management structure revised for phase 2

NELFT OUR Future Focus tactical groups in place

Active engagement into Sustainability and Transformation Partnership (STP) footprint

Daily situation report shared with Mid & South Essex (MSE)

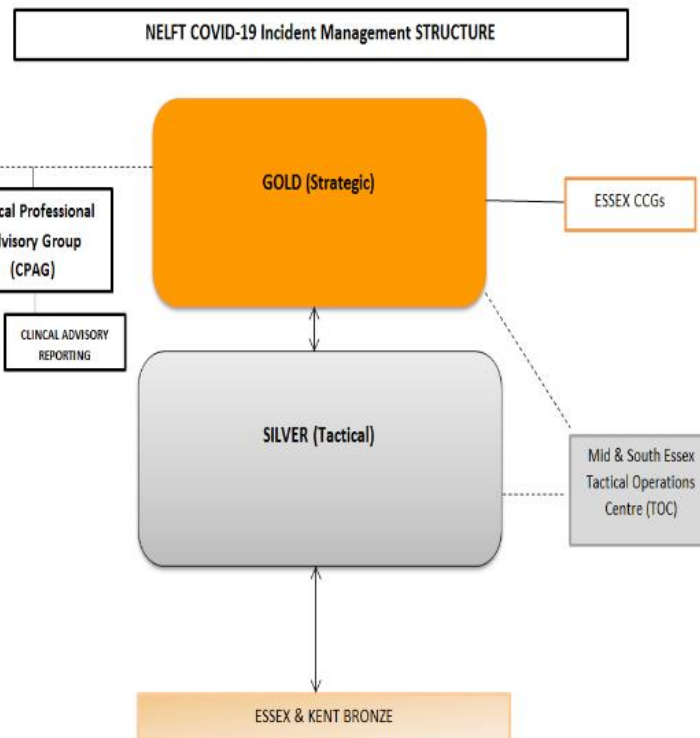
Services open and operate business as usual

Virtual contact for initial appointments, reviews and treatment embedded

Face to face consultations continue based on clinical need

Operational monitoring of caseload and waiting times continue

Monthly contract and performance monitoring in place





Future planning for changes in demand

Clinical Risk Management

- Quality Review of clinical pathway for Looked After Children (LAC)
- Single Point of Access (SPA) model review to enhance offer and review integration opportunities
- Joint provider work to improve Learning Disability pathway and Physical Health monitoring
- Clinical formulation and care pathways – deep dive review underway

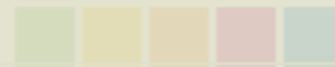
Best care by the best people

Collaborative Working

- Collaborative working via STP footprint for most complex and high risk cases known to multi-agency network
 - Embed shared care protocols to support families and CYP on Autism/*ADHD spectrum
 - Widen Crisis offer - improve A&E liaison and management of complex/high risk cases
- *Attention deficit hyperactivity disorder (ADHD)

Innovative and Adaptable Working

- Improve access targets - Silver Cloud and SPA contacts
 - Enhance digital offer, including Video Consultation and Guided Self-Help Apps
 - Workforce development opportunities – provide additional training for staff & integrate **MHST workforce
- **Mental Health Support Teams (MHST)





Access Targets

What is it?

The percentage of Children and Young People (CYP) with a diagnosable mental health problem who access treatment (two contacts) with NHS-funded services

Planned Actions:

- Incorporating Silvercloud Online Mental Health Support as an early intervention offer within the SPA & within Mood & Anxiety Pathway
- Training workshops for frontline clinicians in Goal-Based Outcomes and Motivational Interviewing to make sure every contact counts
- Targeted engagement campaign via Instagram to reach CYP who haven't accessed EWMHS previously



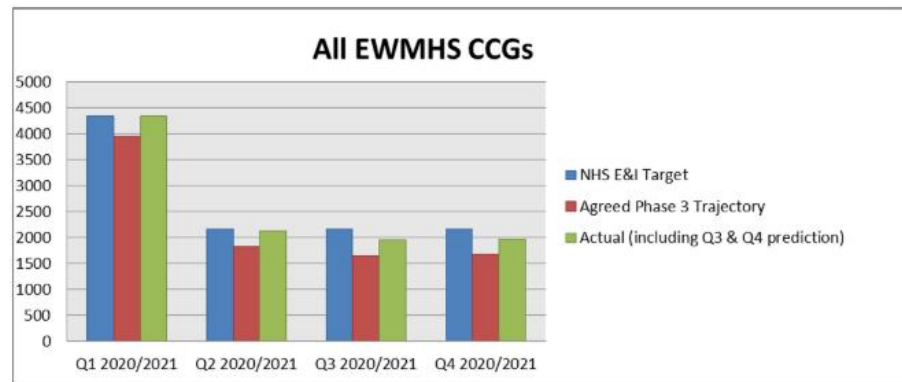
Access Targets

CYP Access Analysis

The charts following illustrate NELFT's actual (to date) and predicted (remainder of the financial year 2020/21) performance against CYP MH Access Targets.

Visualised are:

- Agreed Phase 3 trajectories for CYP Access (and predicted variance at the end of the financial year)
- NHS E&I targets (and predicted variance at the end of the financial year)



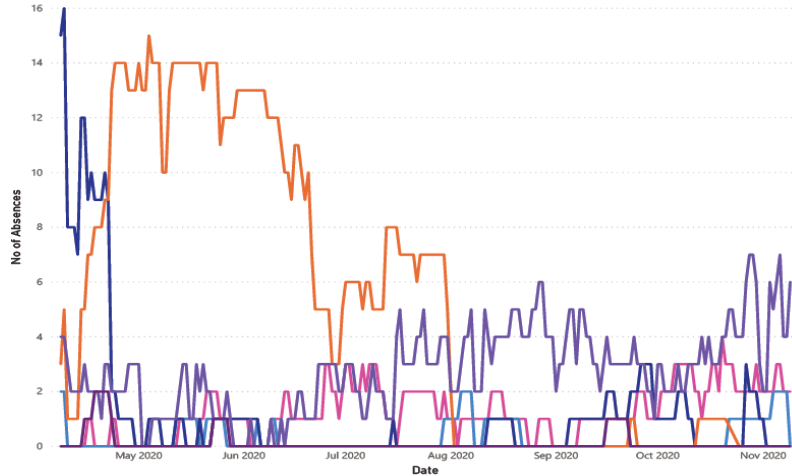
Since submission of the Phase 3 trajectory values, NELFT have explored opportunities to increase reportable access rates through increased submission of data to Mental Health Services Data Set (MHSDS).

Keeping within the NHS Digital CYP Access guidance., a mixture of the inclusion of more 'indirect' contacts and plans to increase data quality lead us to believe that NELFT's position can be revised.



Effect on staffing capacity

COVID-19 Absence Overview (EWMHS)



Staff capacity monitored in line with National Guidance

Robust agile model in place

Staff risk assessments completed on all staff

Clinically Extremely Vulnerable (CEV) group identified and will continue to work from home

Identified and prepared staff to be re-deployed to higher need areas if required including ISS and EDT

Steady rise in sickness from Oct 20 (non-Covid) in line with seasonal expectation

Reason (groups)

- Anxiety/stress/depression/other psychiatric
- COVID 19 Confirmed/Diagnosis/too unwell to work (display...
- COVID19 Self Isolation Work from Home (with or without s...
- COVID19 Shielding
- Other
- Self Isolation - Not working as unable to do job at home



Capacity & Demand - Activity

KEY PERFORMANCE INDICATOR	Target	Description	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20
Referral to Treatment (RTT) waiting times by locality (Waiting to be seen)	92%	Should not wait longer than 18 weeks	75%	55%	49%	61%	67%	80%
Referral to Treatment (RTT) waiting times by locality (Completed pathways)	95%	Have been seen with 18 weeks	87%	93%	93%	87%	89%	95%
Referral to Assessment (RTA) waiting times for assessments new cases by locality (Waiting to be seen)	45%	Should not wait longer than 4 weeks	24%	39%	62%	20%	22%	66%
	35%	Should not wait longer than 4-8 weeks	20.9%	13.3%	8.0%	21.4%	30.0%	14.6%
	80%	Should not wait longer than over 8 weeks	44.7%	52.3%	70.0%	40.9%	52.5%	80.9%
Referral to Assessment (RTA) waiting times for assessments new cases by locality (completed pathways)	90%	Have been seen within 12 weeks	88.8%	90.6%	93.6%	95.4%	97.8%	98.5%
Total number of crisis assessments undertaken in A+E for each locality	100%	Should be assessed within 4 hours from referral	94.8%	100.0%	95.7%	100.0%	100.0%	100.0%

Referral to treatment National Standard targets maintained since start of pandemic

Referral to assessment National Standard targets over achieved during the same period

High Referral Volume
(Approx. 800 per month)

Increased demand on Crisis
(Approx. 200 per month)

Reduction in caseload
(current caseload 3951)

24/7 access to online support via Togetherall

RTT & RTA National targets met and maintained

Increased virtual contact for assessment and treatment





Mental health conditions breakdown

April 20 to August 20 - Broken down in order of volume		Apr	May	Jun	Jul	Aug
Breakdown of CYP seen by primary presenting problem	Emotional Disorder	1128	737	577	1261	1164
	Eating Disorder	91	137	108	309	350
	Deliberate Self Harm	130	103	87	143	153
	Conduct Disorder	135	99	64	167	130
	ASD	44	18	17	40	33
	Psychotic Disorder	11	13	4	23	11
	Hyperkinetic Disorder	4	7	8	15	18
	Developmental Disorder	3	3	12	14	19
	Habit Disorder	0	0	0	0	0
April 20 to August 20 - Broken down in order of volume		Apr	May	Jun	Jul	Aug
Breakdown of CYP seen by gender	Female	1077	806	618	481	583
	Male	503	338	276	268	295
Breakdown of CYP seen by age	0-4	0	0	0	1	0
	5-9	63	34	24	28	25
	10-14	797	549	468	420	471
	16-18	720	554	389	309	382
Ethnicity	White - British	1077	822	1148	1487	1380
	Not Known	416	318	397	489	492
	White - Other	61	52	72	90	57
	Not Stated	21	24	17	35	30
	White - Irish	11	10	15	11	15
	Mixed - White & Black Caribbean	0	0	0	0	0
	Other Ethnic Group	0	0	0	0	0

Data Profile:

Highest seen – Female

Highest volume in the 10-14 year old age group

Highest presentation – Emotional Disorder

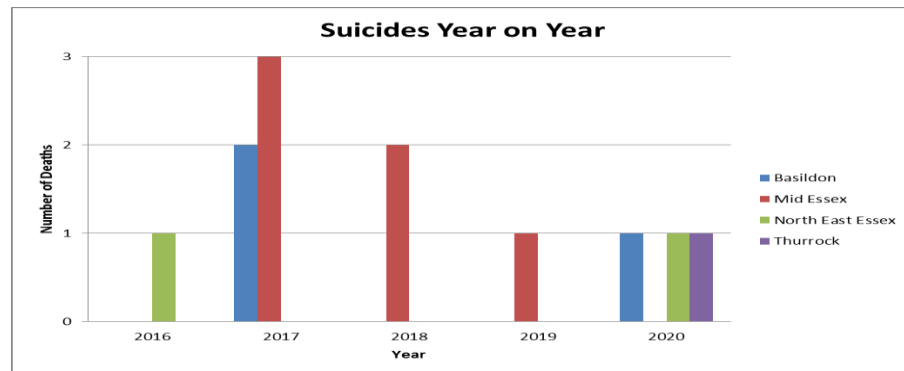


Suicide Information

NELFT data for EWMHS

Rise in cases where CYP had an ASD and/or ADHD diagnosis in line with National findings

Incident date	Team	Severity	Mental Health Condition (s)
02/09/2019	EWMHS Mid	Suicide by Hanging	Anxiety Self-harming behaviour
12/05/2020	EWMHS Basildon	Suicide by Hanging	Autism Spectrum Disorder (ASD) Attention deficit hyperactivity disorder (ADHD)
14/07/2020	EWMHS Thurrock	Attempted Suicide resulting in hospital death	Anxiety Low mood Self-harming behaviour
16/10/2020	EWMHS North East	Suicide by Hanging	Low mood Self-harming behaviour



Learning from recent SI's include;

- Early escalation of high risk cases with robust multi-disciplinary/agency approach
- Strengthened collaboration with wider system
- Staff to provide F2F follow up within 7 days of Crisis A&E presentation and assessment
- Strengthened communication for all clinicians regarding the profile of patients to review
- Review of caseloads*** within ND pathway with the profile in mind.
- Strengthened partnership work within MSE on Community Paeds to provide families with additional support

***current caseload of active patients - 3951



Questions

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