

Appendix 2C (FIM)

Bedfordshire FIM CYP MH Crisis action plan 2017- 2019

Leads – Sarah James, Jo Meehan, Linda Hurst

Organisational and partnership groups responsible for delivery – Bedfordshire and Luton wide Future in Mind Steering Group, Crisis Project Group, BCCG CYP operational group, Mental Health SIG. **Crisis care concordat meetings?**

Overall Aim(s) (Five Year Forward View For Mental Health/ LTP aim)

- ✓ At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service
- ✓ By 2020/21, all acute hospitals will have all-age mental health liaison teams in place, and at least 50% of these will meet the 'Core 24' service standard as a minimum
- ✓ Children and young people have access to a service when they present in crisis in the community in Luton or Bedfordshire or are in the care of Luton & Dunstable or Bedford hospitals

Outcome(s)

- That the CAMH and emotional wellbeing workforce are skilled and trained to meet the needs of CYP
- That there is decrease unmet CYP Mental Health needs out of hours
- That CYP presenting in crisis will be effectively managed
- That fewer CYP will need Crisis support
- That fewer CYP will need to be admitted to tier 4 beds

Key Objectives/actions to achieve them	Lead	Target/KPIs	Risks and barriers	Q1	Q2	Q3	Q4	Latest position/overall narrative
1. All key stakeholders (Providers, children, young people and families, agencies and communities) across Bedfordshire are aware of new services related to FIM transformation								
<p>1.1 Develop a communication and engagement plan to promote the pathway with narrative around roles of each partner.</p> <p>1.2 Simple bespoke experience CYP and family survey</p>		An improvement in Children and Young People and their families' experiences of an out of Hours CAMHS crisis service in Luton & Bedfordshire.						<p>ELFT currently engaged in promoting the Crisis service. To suggest the pathway and each agency's roles are promoted at quarterly Stakeholder events</p> <p>CYP and family event to be organised for summer 2018 Jo Meehan comment:Could we use the Chi-Esq?</p>
1.3 Consider the use of social media or 24 hour telephone support								<p>signposting to Samaritans and Childline for telephone and online support</p> <p>ELFT CAMHS local Websites promotes self help apps and links – this will be developed to include a greater variety of</p>

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1.4 Ensure the workforce is trained in MH Crisis								self help apps. CAMHS have developed training packages to support professionals in identifying and managing crisis – this has already been rolled out in schools and local acute hospital depts.
2. To improve the management of CYP in crisis with integrated and seamless pathways, ensuring parity of esteem.								
2.2 To improve communication and understanding for step down to social care services including understanding MASH criteria		Number of children who have presented as in crisis who are offered a follow-up appointment with another service after crisis and what that service is.						1:1 Care pathway updated and agreed Fiona Side (Early Help CBC) able to provide this data. Chris Morris (Early Help BBC) unsure if able to provide – recommended he speak to Fiona) CAMHS crisis team log all cases that have been assessed and signposted to other services. Jo Meehan comments: Difficulty will be CAMHS knowing that

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								the other appt is offered – we only signpost but rarely get copied into appt times from other services so this may be hard to capture? CAMHS could provide manual data on where assessed young people in crisis are signposted to?
2.4 A 7 day follow up after A and E					44 patients assessed following crisis referral, 41 patients assessed following urgent GP referrals, 30 targeted referrals on waiting list.			7 day follow up to be checked against service specification CAMHS to provide evidence that 7 day follow up have taken place following assessment at local acute hospitals.
2.5 Consider use of CYP own profile tool to present at crisis								Young person's profile developed and circulated within CAMHS

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2.6 Monitor the pathway to ensure integrated	Acute Trusts/Mede	<p>The time in days between being admitted onto a paediatric ward 'in-crisis' and being discharged from the ward.</p> <p>Delayed discharge from acute ward prior to either Tier 4 admission or social care (numbers of each)</p> <p>Delayed discharge from Tier 4 ward into step down services</p> <p>Time between the end of receiving support for being 'in-crisis' and the start of receiving ongoing support from CAMHS (currently measured as 2nd CAMHS appointment)</p>						<p>Use codes for self harm and mental health via A and E for admission data. Can Acute trusts capture the same patients on the wards?</p> <p>Jo Meehan Comments: This can be misleading – admission will be dependant on a number of factors; medical, psychiatric and or social needs?</p>
To reduce the number of CYP requiring repeat Crisis intervention	Jo Meehan/Linda Hurst	<p>Number of children and young people who have re-presented 'in crisis' within 30 days.</p> <p>'In crisis' definition:</p>						

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		one accepted by CAMH Crisis service OR Time between discharge and re-presenting as 'in-crisis' recorded for all children and young people who have previously been discharged from a CAMHS or Crisis service						
3. To ensure future sustainability of the service KLoE requirement: Does the plan have a vision as to how delivery will be different in 2020?								
3.1								
3.2								
4. To design the Crisis service with embeded NICE Quality Standards								
4.1 To consider providing an appropriate place for crisis patients in A and E								CAMHS Crisis staff are now embedded in the local acute hospitals: Riverbank at BGH and PLS at L&D
4.2 Consideration given to primary cause (Is this a MH								Following CAMHS

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crisis or a psychosocial crisis)								assessment (taking into account the young person profile) CAMHS would determine the primary presentation
4.3 Revision of the current Care Pathway for Under 18s in Mental Health Crisis to specifically include reference to children and young people who leave the Emergency Department before receiving a mental health assessment.								Updated by CAMHS and circulated
4.4 Ensure an interpreter is available (eg for UASC) at short notice.								Google translate often used. To consider improvements for crisis in discussion with John Hooper
5. To develop and improve CAMHS of hours access to advice and assessment								
5.1 Implementation of the CYP crisis service	Jo Meehan/Linda Hurst	Numbers of children seen by the service Baseline: 44 patients assessed following crisis referral, 41 patients assessed following urgent GP referrals, 30 targeted referrals on waiting list.						CAMHS provide weekly submissions on crisis assessments, monthly performance reports and quarterly quality reports which provide data. Jo Comment: CAMHS record the time of referral and the time

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		<p>Reduction in current waiting lists to five weeks maximum wait</p> <p>Reduction in admissions to Tier 4 and acute hospitals</p> <p>The time and date of each assessment conducted for an individual in crisis, and the time in minutes between referral being made (either into SPA or direct to service) for a child or young person in crisis and when that child or young person was assessed by a CAMHS professional.</p>						of the assessment on RiO
5.2 To revisit hours of operation for Crisis service in line with prevalence data	Collected by acute trusts/Claire olliffe/Mede	<p>Date and time of each admission onto an acute (total number of date and time stamps will be equal to the total number of admissions)</p> <p>Date and time of each admission onto a psychiatric ward (total</p>						<p>Data to be collected from July 2017 for period of 6 months prior to analysis</p> <p>E mail response from Claire Olliffe: Mede for A&E data. MH data for A&E is only available for L&D – Bedford Hospital don't record it.</p> <p>For L&D, I can search</p>

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	Jo Meehan/Linda Hurst	<p>number of date and time stamps will be equal to the total number of admissions)</p> <p>Number of assessments conducted by CAMHS during out of hours operations (the hours applicable to be prescribed within the operational definition).</p> <p>Number of assessments conducted by the adult liaison service during out of hours operations (the hours applicable to be prescribed in line with above).</p> <p>Time of presentation into CAMH crisis service and adult liaison service at Luton and Dunstable and Bedford Hospital Trusts</p>						<p>for:</p> <ul style="list-style-type: none"> · A&E attendances where Psychiatric Conditions or Poisoning are the primary need · Age 0 to 19 · By Quarter / Year, but then break this down further · Number of attendances · Duration to initial assessment, minutes · Duration to treatment, minutes · Duration to departure, minutes <p>I've attached a summary of the report. In Mede you can drill down into each quarter, and then into each event, if you wanted to look at the cases day by day. You'll probably need to know the definition of 'initial assessment'</p>

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		Number of 999 calls from CYP in Crisis (under 19's)						<p>'treatment' and 'departure' – but I suggest you speak to Susan La Rosa Lamar about that as she can explain what this is telling you.</p> <p>Claire Oliffe can capture these data</p>
6.								
6.1								