

ADULTS AND HEALTH SCRUTINY COMMITTEE	AGENDA ITEM No. 6
14 March 2023	PUBLIC REPORT

Report of:	Debbie Smith, Director of Operations and System Partnerships, Cambridgeshire and Peterborough NHS Foundation Trust (CPFT)	
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REPORT ON CAMHS AND ADULT MENTAL HEALTH SERVICES DELIVERED BY CPFT

RECOMMENDATIONS
<p>It is recommended that Peterborough City Council Adults and Health Scrutiny Committee:</p> <ol style="list-style-type: none"> Notes that Cambridge and Peterborough NHS Foundation Trust (CPFT) is commissioned to provide secondary mental health services, specialist inpatient and community services for Cambridgeshire and Peterborough and across the East of England. CPFT is a key partner in the C&P Integrated Care System (ICS), as host organisation for the Mental Health, Learning Disability and Autism Accountable Business Unit (MHLDA ABU) Notes that challenges for CPFT reflect the national picture for increasing referrals to services, gaps in the workforce across a whole range of healthcare professions and the impact of the increasing cost of living

1. ORIGIN OF REPORT

1.1 The report was requested by members of the Scrutiny Committee
The report has been approved for submission by Stephen Legood, Director of People and Business Development, CPFT, 3rd March 2023

2. PURPOSE AND REASON FOR REPORT

2.1 The purpose of this report is to respond to the request for information received 15th December 2022 from the Head of Governance and Data Protection Officer of NHS Cambridgeshire and Peterborough ICS, regarding the following services

Adult Mental Health Crisis services

- a) Volume of calls received by crisis team
- b) Detailed report on Crisis Mental Health Services
 - I. Uptake of crisis MH services
 - II. Referral from primary care and A&E
 - III. Average wait times for professional to attend those sites

CAMHS services

- a) Detailed report on CAMHS waiting times
- b) Staffing
- c) Thresholds for referral
- d) Other alternative pathways to access in the interim and their waiting times

Counselling services and waiting times with caseload of patients

Services and management of psychosis

- a) Follow up of patients who suffer from psychosis
- b) Pathway of care for complex psychosis patients and uptake
- c) How many see specialists

ICB Commissioning responsibilities for mental Health services

This report focuses on services delivered by CPFT, however during the course of the narrative there are references to pathways and services provided by system partners.

- 2.2 This report is for the Health Scrutiny Committee to consider under its Terms of Reference Part 3, Section 4 - Overview Scrutiny Functions, paragraph No. 2.1 Functions determined by Council:
3. Scrutiny of the NHS and NHS providers.

2.3 **Exempt Annex (not for publication)**

Does not apply

There is no section 3 on the template report provided

4. BACKGROUND AND KEY ISSUES

This report covers a range of different services that CPFT is commissioned to provide across different age groups and across our geography. The population we serve in our region has significant health and social inequalities. The COVID-19 pandemic has led to unprecedented levels of people experiencing a mental health need, resulting in significant pressures on existing care provision. CPFT continues to work with colleagues in local government, primary care, secondary care, third and voluntary sector health and care organisations. CPFT is the host organisation for the Mental Health, Learning Disability and Autism (MHLDA) Accountable Business Unit (ABU) for Cambridgeshire and Peterborough Integrated Care System (ICS). Appendix 3 provides a summary of the ABU pillars, aligned to the C&P ICS priorities.

The challenges that CPFT face are no different to those reflected at a national level, for brevity, these are provided as follows:

- Attracting new talent, retaining our talented staff and early retirees
- Ensuring we have the appropriate workforce for specialist services, the appropriate skills mix for existing services
- Consistently meeting Quality standards
- Staff wellbeing, moral injury, re-developing a positive well-led culture
- Transformation of our service delivery and pathway efficiencies
- Quantifying capacity versus demand
- The level of patient acuity, more severe, complex cases, longer stays, longer treatment times
- The volume and length of time people are waiting to access our services in mental and physical health, spanning all age groups

4.1 Adult Mental Health Crisis services

The committee requested the following information:

- Volume of calls received by crisis team
- Detailed report on Crisis Mental Health Services
- Uptake of crisis MH services
- Referral from primary care and A&E
- Average wait times for professional to attend those sites

4.1.1 Volume of calls received by crisis team

CPFT First Response Service (FRS)

The First Response Service (FRS) supports people experiencing a mental health crisis. It provides 24-hour, seven days a week, 365 days a year access to mental health care, advice

and support. By calling NHS 111, and selecting option 2, the caller is put through to a member of the FRS team who will discuss current mental health needs. Support may involve telephone support or a face-to-face assessment and if appropriate referrals onto other CPFT services. FRS does not offer medication reviews. Referrals to FRS can be from many avenues including self-referral, via a GP, social care professionals, emergency services and voluntary organisations. The number of calls to FRS (NHS 111 option 2) are presented [Table 1]. The staff base for this telephone service is located at Kingfisher House, Huntington.

Table 1 Number of referrals, by source, to the First Response Service (FRS)

A&E Acute	Ambulance	Carer	Community Health Service	Education	GP	LA Social Services	MH Service	Other	Police	Self Referral	Voluntary Sector	Total
152	256	860	517	9	672	2	1364	355	177	5763	1	10128

[data source: CPFT Mi Report(23Oct22 to 26Feb23)]

FRS can also access mental health Sanctuaries (non-health-based places of safety provided by Cambridgeshire, Peterborough and South Lincolnshire (CPSL) MIND¹), in Peterborough and Cambridge cities and in addition there are mental health professionals in the police control room (commissioned by Police & Crime Commissioner), ensuring a comprehensive community mental health crisis response.

Working in partnership - Mental Health Joint Response Cars (MHJRC)

The Crisis Care Concordat sets out the national agreement with agencies involved in supporting people experiencing a mental health (MH) crisis. Within the Cambridgeshire and Peterborough (C&P) locality the MH system developed (with the support of vanguard funding) a MH First Response Service (FRS). CPFT has worked with system partners to develop a multi-agency response with the police and ambulance emergency services.

East of England Ambulance Service Trust (EEAST)

A joint FRS/EEAST response to community-based mental health crisis aimed to deliver a safe, effective and robust response to community MH needs and reduce conveyance rates to partner acute hospitals’ A&E (emergency) departments. The Ambulance MHJRC pilot began in January 2021 with an EEAST Paramedic and a CPFT Mental Health Nurse, in a Rapid Response Vehicle (RRV).

Within 2 months 80% (n=164) of jobs attended by MHJRC resulted in non-conveyance. In 33% of cases, the ambulance crews on scene felt that without the MHJRC advice and support, they would have had no other option but to convey the patient to an acute hospital for their mental health needs. [data source: CPFT FRS Service Manager]

Of 42 incidents attended in December 2022:

14% were conveyed due to mental health and physical health needs.

2% were conveyed due to mental health needs only.

[data source: C&P ICS written communication 27Feb23, approved for publication by EEAST]

The C&P FRS model was further showcased within the NHS Long Term Plan (LTP) as an exemplar model in response to community-based MH needs.

Police Liaison - Cambridgeshire Constabulary

CPFT Mental Health Practitioners are now also out with Police vehicles supporting frontline officers who are called to help with people in a mental health crisis. The scheme started in 2022 as part of a pilot and has now been extended to a second car thanks to funding from C&P ICS. The Police MHJRC model was developed to deliver a safe, effective, and robust response to community-based MH crises and reduce conveyance rates to acute hospital A&E (emergency) departments and the Mental Health Act (2018) Section 136 detention rates. Brief psychological interventions can be delivered with the aim of easing emotional distress along with appropriate physical health care assessment for the adult in crisis.

¹ [CPSL Mind](#)

Further benefits include reducing police time spent on administration with around 80% of jobs attended by the police car not requiring additional documentation, and a lower average job time on scene at MH call outs, averaging of 40 mins. [data source: CPFT FRS Service Manager]

The CPFT First Response Service Manager reported that, “Our staff can offer instant expert support to someone who is experiencing a mental health crisis. Having a nurse who knows what to do often puts people at ease when they’re feeling at their most vulnerable”

4.1.2 Crisis Mental Health Services

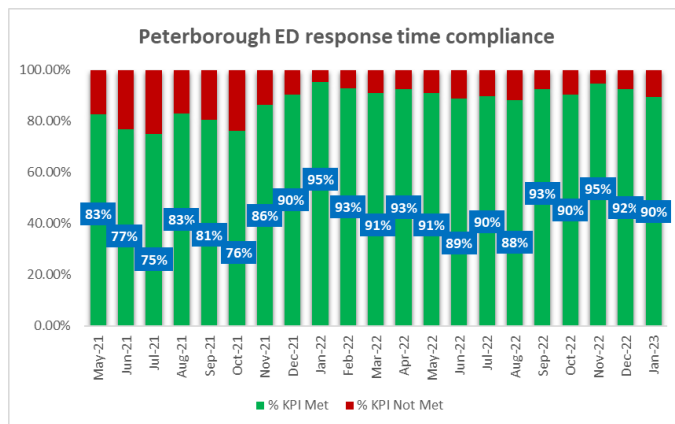
The Committee requested information on “average wait times for professional to attend those sites”. If this request relates to the professional attending primary care and A&E, CPFT delivers a Liaison Psychiatry Service (LPS) for A&E departments based within Cambridgeshire and Peterborough and North West Anglia acute hospitals. As such there are liaison psychiatry staff based at each acute hospital. Any person experiencing a mental health crisis should receive a response from the liaison mental health service within a maximum of 1 hour of A&E making a referral². Compliance with this metric for the 12 months to December 2022 is provided [Table 2].

Table 2 Compliance with the maximum one-hour to attend target for acute hospitals

[data source: CPFT Liaison Psychiatry Service Manager 01Mar23]

Acute Hospital A&E	one-hour compliance over 12 months
Peterborough City	91%
Hinchingbrooke	84%
Addenbrookes	82%

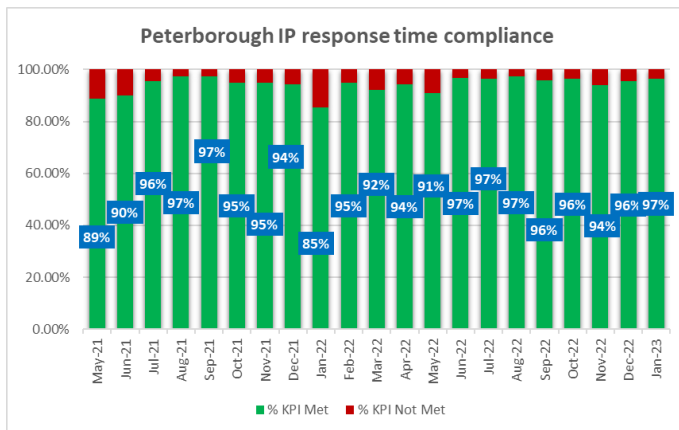
Figure 1 Detail of compliance with the maximum one-hour to attend target for Peterborough City Hospital (PCH) A&E, for the period May 21 to Jan23



Note: ED on the chart refers to Emergency Department [data source: CPFT Liaison Psychiatry Service Manager 01Mar23]

² [Achieving Better Access to 24/7 Urgent and Emergency Mental Health Care – Part 2: Implementing the Evidence-based Treatment Pathway for Urgent and Emergency Liaison Mental Health Services for Adults and Older Adults – Guidance \(england.nhs.uk\)](https://www.england.nhs.uk/guidance/achieving-better-access-to-24-7-urgent-and-emergency-mental-health-care-part-2-implementing-the-evidence-based-treatment-pathway-for-urgent-and-emergency-liaison-mental-health-services-for-adults-and-older-adults/)

Figure 2 Detail of compliance with the maximum one-hour to attend target for Peterborough City Hospital (PCH) Inpatient (IP) wards, for the period May 21 to Jan23



Note: IP on the chart refers to Inpatient
 [data source: CPFT Liaison Psychiatry Service Manager 01Mar23]

The LPS provides assessment, treatment and signposting for inpatients at the acute trusts. The team also provides education, training and support to the acute trust staff. The service covers patients aged 17 and upwards, as well as older adults. The liaison psychiatry staff assess and manage patients' mental health problems and use both medication and psychological therapy. The staff also work with patients' families and support other members of the multidisciplinary team to meet patients' emotional needs.

The service sees patients in hospital who have a combination of physical and mental health problems, including both those who visit A&E or have been admitted to a ward. The team works with hospital staff to make sure people with mental health needs such as dementia, delirium and other persistent symptoms are supported. The aim of the Older People Liaison Psychiatry Service is to provide safe and efficient care and equitable access to services. By addressing psychological and psychiatric problems, which often occur concurrently with physical illness, physical outcomes are improved.

4.2 **Child and Adolescent Mental Health Services (CAMHS) services**

The committee requested the following information

- Detailed report on CAMHS waiting times
- Staffing
- Thresholds for referral
- Other alternative pathways to access in the interim and their waiting times

4.2.1 This section of the report is submitted to the Adult and Health Scrutiny Committee to provide information and assurance regarding the delivery of mental health support for children and young people. Specially the issue of waiting times. This report, to the Peterborough Scrutiny Committee, provides a follow up to the report submitted to Cambridgeshire County Council Adults and Health Committee in October 2022 [Appendix 1], and will limit duplication of information that has previously been reported³.

4.2.2 **Services**

CPFT offers specialist community Child and Adolescent Mental Health Services (CAMHS) across a spectrum of mental health problems and disorders. CAMH services are delivered through the following therapeutic service categories:

CAMHS Core specialist services cover several mental health conditions for when difficulties become hard to manage and or where there are concerns about behaviour or emotional wellbeing. CPFT works with children and young people with a range of

³ [Document.ashx \(cmis.uk.com\)](https://cmis.uk.com)

moderate to severe mental health needs including anxiety, low mood, depression, self-harm, obsessive-compulsive disorders, psychosis, and the effects of trauma.

CAMHS Neuro specialist service covers Attention Deficit Hyperactive Disorder (ADHD) and Autistic Spectrum Disorder (ASD)

CAMHS Eating Disorder (ED) service is the specialist provision for those experiencing moderate to severe eating disorders including anorexia nervosa and moderate to severe bulimia.

4.2.3 Referrals

The YOUNited integrated hub accepts referrals from all professionals working with children and young people up to the age of 17 with emotional wellbeing and a range of mental health needs. YOUNited will also accept referrals for children and young people up to the age of 18 with a suspected eating disorder or with a neurodevelopmental diagnosis.

The YOUNited integrated hub is a partnership for service delivery between Cambridge and Peterborough Foundation NHS Trust (CPFT), Cambridgeshire Community Services, Centre 33, and Ormiston Families. The referral flow is provided in Appendix 2. The hub has now been operating for 19 months (July 2021 to February 2023) and provides a central referral hub for early intervention and specialist mental health pathways. The hub has expanded from professional only referral to now include referrals from different sources. Referrals are assessed and allocated to the most relevant level of support. This includes Ormiston Families⁴ to deliver the 12 years and under pathways; Centre 33⁵ to deliver support for those 13 – 25 years of age and CPFT to provide specialist CAMH services. This support could be advice, guidance, one to one intervention, group support, a range of digital solutions which are supported by a practitioner, or specialist child and adolescent mental health support, including neurodevelopmental pathways and eating disorders.

4.2.4 Waiting times

A regular waiting time review meeting for the Children, Young People and Families Directorate (CYPF) of CPFT has provided a forum to adopt a structured, methodical approach to reducing the length of waits and the volume of CYP waiting for mental health services. In April 2022 the service teams reviewed capacity across the C&P localities to ensure the staffing levels could address local demand. This was required as reducing the number waiting per category became more challenging when referrals continued to increase post-pandemic.

The service delivery teams focussed on reducing to zero the number of CYP waiting over 52 weeks or more, [Table 3] with daily updates and getting plans in place for long waiters. This was achieved for the 3-month period August to October 2022, with recent months keeping the number as low as possible.

Table 3 Reduction in number of CYP waiting 52 weeks or more for mental health assessment (first appointment), December 2021 to February 2023

	Dec-21	Feb-22	Mar-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23
52+ week	34	16	19	12	10	1	0	0	0	1	2	2	7

For the longest waiters in ADHD and ASD, reasons for the wait were investigated. Commonly these were due to service user repeatedly not attending and insufficient information received from the source of referral (to enable first assessment).

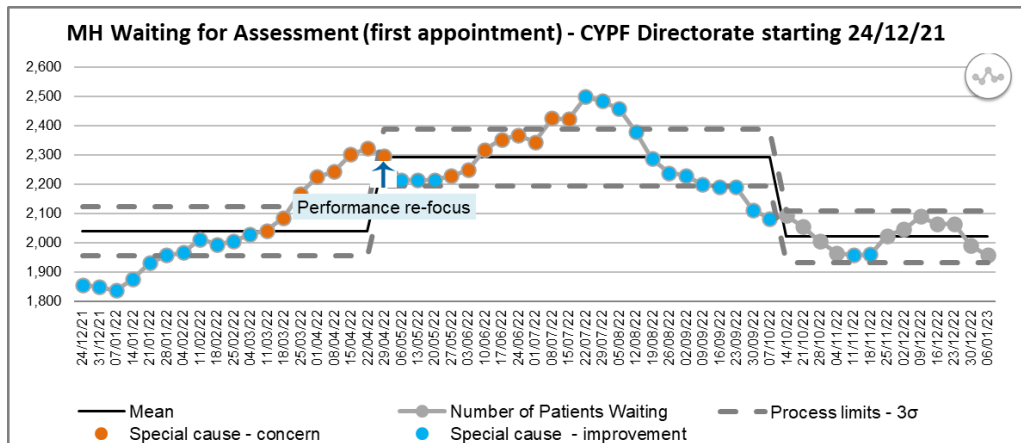
⁴ [Ormiston Families](#)

⁵ [Free Help & Counselling for Young People | Cambridgeshire, Peterborough \(centre33.org.uk\)](#)

The average wait time for a Trusted Assessment via the single point of access YOUnited service was 10 weeks by CAMHS teams in April 2022. Core CAMHS waiting times significantly reduced with average wait of 6 weeks for assessment achieved in December 2022

Overall, the number of CYP waiting for a mental health assessment rose from 1,800 in late 2021 to a peak of 2,500 in July 2022. This number includes all people waiting from all the services delivered under the YOUnited partnership. The focus to reduce the number of people waiting for services from April 2022 began to show dividends from July 2022. The methodical approach has delivered a gradual reduction, reaching a current low of 1,900 by January 2023 [Figure 3].

Figure 3 Number of CYP waiting for a mental health assessment December 2021 to January 2023



The CAMH service teams have been challenged by workforce issues (absence and vacancies) but have achieved significant change in the profile of the waiting list with reduction in the numbers waiting per category of duration of week (0-4 weeks, >52 weeks for example) between February 2022 and February 2023

CAMHS service teams will increase availability of appointments by adding Saturday working through February and March 2023 to further address the backlog of those waiting. In addition, the pilot of a redesigned treatment pathway for mental health (single session therapy, SST) has been completed. This evidence-based comprehensive assessment at the first interaction will be sufficient to support majority of people, however, it also provides an effective assessment for those needing further intervention. The teams are now planning the roll out of SST across YOUnited partners, which is anticipated to have a positive impact to reduce waiting lists.

4.2.5 Waiting Times – national standards

NHS England is currently working with 12 sites nationally to test approaches that could feasibly deliver a four-week waiting time for access to NHS support, ahead of introducing new national waiting time standards for all children and young people who need specialist mental health services. The pilots will test not only what it takes to achieve and maintain a four-week waiting time, but also how best to define and measure this access to specialist children and young people’s mental health services. This will enable NHS England to set more robust standards as part of the Interim Review of Clinical Standards.

4.2.6 CAMHS Eating Disorder (ED)

Increased demand for community-based eating disorder services followed the first COVID-19 lockdown and has continued. CYP with an ED presented later during the pandemic period and were therefore more severely unwell with low body mass index and with more young people requiring feeding support with a naso-gastric tube in the community. With the significant increase in demand combining with a national shortage of specialist eating disorder inpatient

beds, CPFT and Cambridge University Hospital NHS FT are working collaboratively to maintain joint working between inpatient and community teams

There are two national metrics for CAMHS Eating Disorders (ED) defined by NHS England which relate to the time taken for people up to 19 years of age to be treated following an urgent or routine referral. For urgent referrals, treatment should commence within seven days. For routine referrals, treatment should commence within 28 days. Both have a target of 95% [table 4].

Table 4 Proportion of service users waiting for an eating disorder assessment. Urgent - within 7 days, Routine within 28 days

	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Total referred
Urgent	25%	33%	100%	100%	100%	75%	67%	100%	no referrals	100%	100%	100%	67%	42
Routine	56%	69%	73%	74%	47%	50%	64%	67%	84%	100%	95%	71%	87%	204

The number of patients moving through this service can be low single digits per month, so a single breach causes a significant drop in compliance as seen in June and July 2022. Improvements have been made to limit breaches by following a robust process, ring-fencing capacity whilst still offering choice to service users that would also meet standard targets. The CYP ED team meet weekly to review each service user’s case and prevent breaches

4.2.7 Staffing

The overall Trust vacancy rate target is to remain below 10% of the total workforce, and in December the Trust rate was 8.2%. However, for the Children, Young People and Families (CYPF) Directorate vacancy rates have consistently remained above 10% from May 2021.

Overall workforce retention is an issue with a Trust cumulative turnover rate to December 2022 of 16.2% against the target of 10.5%. The workforce challenges are not unique to Cambridgeshire and Peterborough and providers across our ICS have plans in place to ensure they can continue to recruit staff and retain those with skills we need within our system. In addition to this the ICB and NHSE are continuing to provide training and development opportunities to support the required level and skill of workforce. However, the Committee is asked to note that this is an ongoing area of concern, particularly for our unqualified nursing staff who are choosing to leave the NHS for the private sector because of cost-of-living issues

A workforce project group was initiated in June 2022 and continues to meet regularly to address recruitment and retention including supporting the option to retire and return.

4.2.8 CAMHS Thresholds for Referral

CAMHS referrals are made through the YOUNited referral hub as a single point of access. The information requested from the referral source needs to be comprehensive and detailed so that the referral hub is able to select the most appropriate pathway for the service user. Examples of the referral information requested are provided below. Please note that CPFT provides specialist service for severe mental illness and as such the examples below are extracts only from the comprehensive referral information to be received by the specialist healthcare professionals.

Example 1: CAMHS Core, moderate to severe mental health needs for a service user up to 17th birthday. Information may include but not be limited to a requirement for specialist treatment for mental health symptoms that affect their ability to function and participate in daily activities, e.g. depression, anxiety, trauma. Evidence of previous interventions (from universal or primary services or CAMHS) such as school and other one to one evidence-based interventions.

Example 2: Existing ADHD or ASD diagnosis, all ages. Information may include but not be limited to a an established and up to date copy of Early Help Assessment, reports, such as those from an educational psychologist and SEND involvement, evidence of support and initial or primary intervention for mental health needs being carried out in school and at home.

Example 3: CAMHS ED pathway, up to 18th birthday. Information may include but not be limited to a description of eating patterns, calorie intake, patterns of restricting intake, description of purging patterns and frequency. Thoughts about being overweight and poor body image.

4.2.9 Alternative Pathways

The Committee requested information on “Other alternative pathways to access in the interim and their waiting times”

The waiting list initiative assesses what can be done to support and manage CYP waiting for appointments. Those who are waiting are triaged within three levels of urgent, moderate or routine. Waiting list reviews are undertaken regularly and more often when waits exceed target. Referrers and CYP are encouraged to inform the CAMHS teams of any changes to the initial referral information. The waiting list initiative assesses what can be done to support and manage patients waiting for appointments and has contracted additional capacity from third parties to reduce the backlog. Additional capacity has been sourced from Young Peoples Counselling Service and Healios to assist with Getting Help and Getting More Help.

To support the surge in eating disorder presentations in the community during the pandemic, BEAT (UK eating disorder charity⁶) were commissioned to support routine referrals.

The PCC Adult and Health Scrutiny Committee will be aware of Fullscope - a consortium of leading organisations supporting the mental health and wellbeing of children and young people in Cambridgeshire and Peterborough. Fullscope partners⁷ share the vision of positive mental health for all and believe this can only be achieved through collaboration between children, young people, families, specialist organisations and the wider community. Mental health and wellbeing services for children, young people and adults across Cambridgeshire & Peterborough are available via the Keep Your Head website⁸

4.2.10 Patient safety and waiting time support

The waiting lists are regularly reviewed. The service teams ensure that patients and families know that they can contact the service if the patient’s condition deteriorates. The service team will telephone and/or meet patients face to face for those who may be deteriorating and offer rapid appointments to those at risk. Holding interventions are offered whilst waiting for specialist input. These are offered and accessible via Kooth⁹, digital apps and website support.

The services are engaging with young people as part of the 'Our Voices' focus group to define what would be helpful while young people are waiting. CPFT are also supporting the roll out of a local Discovery college which will offer group sessions to support young people with looking after their wellbeing.

In terms of equity of access, the waiting list work has begun to focus on ensuring that waiting times are equitable across the Trust localities and that resource is used flexibly to achieve and maintain this.

4.3 Counselling

The Committee requested information on Counselling services and waiting times with caseload of patients.

4.3.1 Children and Young People

Two providers within the YOUnited partnership, Ormiston Families and Centre 33, provide counselling for children and young people. These services provide evidence-based non-directive counselling, working with young people on their goals and agreeing and adopting the most suitable approach. Presenting issues can include, developmental trauma, emotional

⁶ [The UK's Eating Disorder Charity - Beat \(beateatingdisorders.org.uk\)](http://beateatingdisorders.org.uk)

⁷ [Partners — Fullscope \(fullscopecollaboration.org.uk\)](http://fullscopecollaboration.org.uk)

⁸ [Cambridgeshire & Peterborough Children & Young People Mental Health Support - May 2016 \(keep-your-head.com\)](http://keep-your-head.com)

⁹ [Home - Kooth](http://kooth.com)

dysregulation, self-harm, significant emotional wellbeing or behavioural difficulties, recent single life events such as divorce/separation, or difficult life events such as attachment issues, bullying.

4.3.2 Adults

CPFT does not provide adult counselling services but is commissioned to provide NICE approved psychological therapy services in the psychological wellbeing service (PWS), under the programme of Improving Access to Psychological Therapies (IAPT). IAPT has, in January 2023 been renamed as NHS Talking Therapies for Anxiety and Depression, following a public consultation. CPFT can provide information on PWS if required at a future meeting of the Committee. In the interim, CPFT performance on the national standards for waiting times is provided [Table 7]

Table 7 CPFT consistently met National standards for access waiting times for Psychological Wellbeing Service (PWS) in 2022

Waiting time to begin treatment	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Target
Within 6 weeks	92%	93%	91%	93%	92%	94%	94%	96%	96%	95%	96%	96%	>75%
Within 18 weeks	99%	99%	98%	98%	99%	99%	99%	99%	99%	99%	99%	99%	>95%

[data source: CPFT IPR Dec22]

4.3.3 Voluntary sector counselling services

C&P ICS commissions several adult counselling services from the voluntary and community sector, some of which are provided [Table 8].

Table 8: Examples of counselling services commissioned by C&P ICS

Choices Counselling Services	Specialist counselling services for victims and survivors of sexual abuse
Cruse Bereavement Services	Confidential support for people suffering as a result of bereavement
Lifecraft	Long term counselling to service users with a severe and enduring mental illness.

[data source: C&P ICS]

4.4 Services and management of psychosis

The Committee requested information on

- Follow up of patients who suffer from psychosis
- Pathway of care for complex psychosis patients and uptake
- How many see specialists

4.4.1 What is Psychosis?

Psychosis is characterised by hallucinations, delusions and a disturbed relationship with reality, and can cause considerable distress and disability for the person and their family or carers. A diagnosis of schizophrenia, bipolar disorder, psychotic depression or other less common psychotic disorder will usually be made, although it can take months or even years for a final diagnosis. Treatment can begin as soon as a provisional diagnosis of first episode psychosis is made – it does not have to wait for a final diagnosis. Treatment should be provided by an early intervention in psychosis (EIP) service. These services are evidence-based, cost-saving and preferred by service users and carers over generic services¹⁰.

4.4.2 Early Intervention in Psychosis

The Cambridgeshire and Peterborough Assessing, Managing and Enhancing Outcomes (CAMEO) service is a mental health service for people aged between 14 and 65 years, who are experiencing a first episode of psychosis, and those at risk of developing a psychosis, with distressing experiences like hearing voices or feeling paranoid.

¹⁰ [Implementing the Early Intervention in Psychosis Access and Waiting Time Standard: Guidance \(nice.org.uk\)](https://www.nice.org.uk/guidance/TA254)

The early intervention in psychosis (EIP) model¹¹ is nationally prescribed and monitored by NHSE. CPFT provides this service across Cambridgeshire, Peterborough, Huntingdon and Fenland.

The CAMEO service supports people with an active treatment protocol in addition to a learning to live with psychosis pathway that extends to three years post diagnosis. Treatment offered includes psychological therapies, medical consultation, emotional support, practical help with housing and finances, support with education and employment and physical health assessments with targeted interventions as required.

4.4.3 Other Pathways for patients with psychosis

In addition to CAMEO, patients with psychosis may enter and progress through CPFT services via different routes. They may enter services through emergency services, such as A&E via Liaison Psychiatry teams, or potentially via the Section 136 suite (if they have become unwell in the community and the police were involved¹²) and be admitted to an inpatient ward for more intensive treatment and support.

Alternatively, patients may self-refer to PWS if it becomes apparent at assessment or during treatment that they are experiencing psychotic symptoms. In this event PWS would liaise with CAMEO for guidance and to refer patients where appropriate.

Longer term support and treatment, beyond that available in CAMEO services is provided by adult locality community mental health teams.

4.4.4 Follow up for Psychosis

The Committee requested information about the follow up for people with psychosis. People who have been supported by the CAMEO service for up to three years may subsequently move on to other services for further treatment. Those people who are severely unwell may be admitted to an inpatient unit. As such this is not explicitly “follow up” but continuation of support and treatment. If a person is discharged from services, follow up is provided as appropriate for their circumstances, and **a policy of rapid re-access is applied where necessary**.

Service users suffering severe mental illness (SMI) with psychosis that are discharged from CAMEO to the community setting are managed by Adult Locality Teams. The Peterborough Adult Locality Team (PALT) is for those people over 17 years of age, living in the locality and registered with a Peterborough GP. Following assessment by senior qualified staff, support can include the provision of advice and information, signposting to community resources and support networks, involving family/carers and relapse prevention, including a plan of what to do in a crisis. PALT is located on Bridge Street, Peterborough. Other adult locality teams are based in Wisbech (for Fenland), Huntingdon and Cambridge.

4.4.5 National standards

The introduction of the access and waiting time standard for early intervention in psychosis (EIP) services and improving access to psychological therapy (IAPT) services remains a clear national priority for the NHS¹³.

The standard requires that 60% of people experiencing first episode psychosis commence a National Institute for Health and Care Excellence (NICE)- recommended package of care within two weeks of referral. Treatment will be deemed to have commenced when the person: a. has had an initial assessment; AND b. has been accepted on to the caseload of an EIP service capable of providing a full package of NICE-recommended care; AND c. has been allocated to and engaged with by an EIP care coordinator.

¹¹ [Early care for people with psychosis supports recovery | ARC East of England \(nihr.ac.uk\)](https://www.nihr.ac.uk/about/early-care-for-people-with-psychosis-supports-recovery/)

¹² [What is section 136 of the Mental Health Act? \(rethink.org\)](https://www.rethink.org/what-is-section-136-of-the-mental-health-act/)

¹³ [Implementing the Early Intervention in Psychosis Access and Waiting Time Standard: Guidance \(nice.org.uk\)](https://www.nice.org.uk/guidance/implementation-guidance-for-early-intervention-in-psychosis-access-and-waiting-time-standard/)

The data for 2022 for CPFT’s Early intervention in psychosis (EIP) provided by CAMEO is presented [Table 9]. This measure is mandatory and captured under the Responsive component of the Key Lines of Enquiry (KLoE) for healthcare services of the NHS regulator, the Care Quality Commission (CQC)¹⁴.

Table 9 In 2022 CPFT consistently met and exceeded the national mandated target of 60% of people being able to access EIP in less than two weeks.

EIP Access Target	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Target
Waiting less than 2 weeks	88%	77%	100%	90%	92%	89%	90%	100%	83%	100%	93%	100%	60%

4.4.6 Pathway of care for complex psychosis

The Committee asked about the Pathway of care for complex psychosis. This is described in sections 4.4.2 to 4.4.4

4.4.7 How many people see specialists?

The Committee asked about how many people see specialists: All people with a psychosis will see specialist staff appropriate to their needs and stage of treatment. Assessments are conducted by a nurse, social worker, occupational therapist and/or a medic. During treatment all those with psychosis will be seen by a consultant psychiatrist, or a junior doctor under consultant supervision. In CAMEO they will also be seen by staff trained in psychological therapies for psychosis and be supported by staff trained as appropriate to their needs in the community.

4.5 ICB Commissioning responsibilities for mental health services

The Committee is asked to note that the ICB commissions services through CPFT for secondary mental health services and specialist inpatient and community services for Cambridgeshire and Peterborough and across the East of England

4.6 Mental Health, Learning Disability and Autism Accountable Business Unit

CPFT is host organisation for the Mental Health, Learning Disability and Autism (MHLDA) Accountable Business Unit (ABU) for the Cambridgeshire and Peterborough (C&P) Integrated Care System (ICS). The MHLDA priorities are depicted aligned to the Integrated Care Board (ICB) five pillars in Appendix 3.

5. CONSULTATION

5.1 Not applicable

5.2 Not applicable

6. ANTICIPATED OUTCOMES OR IMPACT

6.1 Not applicable

7. REASON FOR THE RECOMMENDATION

7.1 Not applicable

8. ALTERNATIVE OPTIONS CONSIDERED

8.1 Not applicable

9. IMPLICATIONS

Financial Implications

¹⁴ [Key lines of enquiry for healthcare services - Care Quality Commission \(cqc.org.uk\)](https://www.cqc.org.uk/publications/key-lines-of-enquiry-for-healthcare-services)

9.1 Not applicable

Legal Implications

9.2 Not applicable

Equalities Implications

9.3 *Summarise here any equalities implications related to this.*

Rural Implications

9.4 *Summarise here any rural implications related to this item.*

10. BACKGROUND DOCUMENTS

Used to prepare this report, in accordance with the Local Government (Access to Information) Act 1985

10.1 Children and Young People's Mental Health – Access to Support. Adults and Health Committee, NHS Cambridgeshire and Peterborough Integrated Care Board, October 2022
[Document.ashx \(cmis.uk.com\)](#)

11. APPENDICES

11.1 *Appendix 1* Children and Young People's Mental Health – Access to Support. Adults and Health Committee, NHS Cambridgeshire and Peterborough Integrated Care Board, October 2022

Appendix 2 YOUnited referrals patient flow (Children's and Young People single point of access)

Appendix 3 The MHLDA priorities aligned to the five pillars of the Integrated Care Board (ICB)

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