

Healthwatch LLR Quarterly Meeting with CEO LPT NHS Trust

Family, Young People and Children Question Submission April 2015

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Peter Miller	Chief Executive	LPT NHS Trust Board
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Healthwatch members and LPT service users have submitted their questions regarding FYPC services across Leicester, Leicestershire and Rutland.

Question 1	<p>What support is available for young children diagnosed with Autism Spectrum Disorder and if so how do families access this?</p> <p>Specialist Child and Adolescent Mental Health Services (CAMHS) initially contribute to the diagnosis of ASD, especially where cases are complicated by Mental health elements.</p> <p>Primarily these include children of secondary school age as primary age children will be seen by a Community Paediatrician. Speech and Language Therapists and/or Psychologists are also involved in diagnosis.</p> <p>Following assessment, and possible diagnosis, CAMHS provides support and treatment options for the emotional health components of the diagnosis including; depression and anxiety etc. The service provides some psychoeducational input in individual and group settings which will be determined in partnership with the family. Speech and Language Therapy and Occupational Therapy may be involved in the delivery of a treatment programme which may be set out in the individuals</p>
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	<p>Education, Health and Care Plan</p> <p>CAMHS can also assess motor sensory functioning and offer advice and short term support in understanding the impact of sensory functioning on a child.</p>
Background	<p>My five year old grandson was diagnosed with ASD in March 2014 and immediately signed off by the paediatrician so has no medical support for his condition. He has lots of behavioural issues but gets no support other than in school.</p>
LPT Response	<p>Due to the volume of assessments that are required LPT are not able to provide comprehensive post diagnostic support. Initially Autism outreach can offer targeted support to families and schools, along with support in understanding the impact of the diagnosis.</p>

Question 2	<p>Is there counselling available to young people and how can it be accessed?</p>
Background	<p>My 15-year-old son is DESPERATE for counselling/intervention for his high anxieties, he refuses meds & unless he gets help from someone trained I fear for our family's' future, as it's so difficult right now! We're with CAMHS but the turnover of staff is so high my son just doesn't get time to know them before someone else comes along & we start all over again!</p> <p>Another member of the public also wants to know why it is so hard to get counseling services for young people that have been witness to domestic violence.</p>
LPT Response	<p>The responsibility for the emotional health and wellbeing of young people lies with everyone who works with children and young people. Schools and partner agencies provide much of the pastoral and behavioural support. It has been noticeable during that last 18 months that some areas of counselling provision have been decommissioned e.g. Open Door in the City. In other areas such as Loughborough, school based projects such as Worth-it have been established to provide counselling support for</p>

	<p>students. School nurses will be able to signpost young people to their local early help offer. GP's can also advise/refer for counselling.</p> <p>Specialist CAMHS has limited capacity to deliver specific therapies, and often services have therapies that would be evidence based as dictated by NICE guidance, for specific conditions.</p> <p>We hope that the information contained in these websites will be useful.</p> <p>www.youngminds.org.uk www.relateleicestershire.org.uk 0116 254 3011</p>
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Question 3	Could LPT rethink their rationalisation of the Specialist Health Visitor service?
Background:	We have been told that there are to be significant cuts in the Specialist Health Visiting (SHV) service. General Health Visitors and School Nurses can't and shouldn't have take over this very specialised service. SHV's are specialised for a reason. As more and more children with complex conditions and severe, life limiting disabilities are living longer, the SHV service is needed more than ever. This is not a luxury service but an absolute lifeline and necessity to many many families.
Source:	
LPT Response	<p>The Specialist Health Visiting review is now nearing completion. The proposals changed significantly following consultation with staff and stakeholders, however due to the changes in commissioning of health visiting services, these staff have become part of the core health visiting team.</p> <p>Health Visitors have recently benefitted from a national investment programme and Leicester, Leicestershire and Rutland now have 91 extra qualified Health Visitors. The last students only qualified at the end of March and so the impact is just beginning to be felt by staff on the ground.</p> <p>This re-energised workforce will be supported by two specialists in the area of disability and additional needs and one in the area of continence. These staff will also</p>

	support and work with their nursing and therapy colleagues in Special Schools to ensure a co-ordinated and flexible service.
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Question 4	How are LPT going to resource CAMHS sufficiently so that children in crisis are seen urgently? In particular, when are they going to sort the situation in Charnwood where it is virtually impossible to get a CAMHS referral, no matter how seriously ill the child, because of a lack of clinicians?
Background:	<p>It is worryingly difficult to get a successful referral to CAMHS - particularly to LD CAMHS. Children can wait years to get seen. I know of two cases where calamities almost happened because of CAMHS refusal/inability to take on cases. In one case, a child with a complex chromosomal condition, was referred to CAMHS by his paediatrician as the whole family were suffering due to his autism - CAMHS refused to take the referral, because the child was at a Special School and it was felt that he should be getting enough help there. In another case, an 8yo boy who didn't have learning difficulties but was self-harming and in great distress was told that he would have to wait two years for a CAMHS appointment. He then started attacking his classmates and school and threatened to kill his teacher because 'if I kill my teacher or another kid, they have to do something, right?' This situation cannot continue.</p> <p>HWL: Responded with a LPT response provided for a similar question (February 2015: Question 2) last quarter but our member still wanted their question put forward with more elaboration around future plans for Charnwood district.</p>
LPT Response	Most of our resource is directed to the acute children and young people who are seen on the day of referral or urgent cases who receive an assessment within 2 weeks. Some children who have been screened as meeting the criteria for a routine assessment, wait from between 13 weeks to a maximum of 44 weeks to be seen. This means

	<p>that on average a child waits around 8 weeks to be seen.</p> <p>Criteria for acceptance of a referral into specialist CAMHS is specific, and includes psychiatric presentation. We are the only service for patients with diagnosable mental illness, and must prioritise this function.</p> <p>Outpatient CAMHS are engaged in service redesign work to bring down waiting times and ensure input is provided at the time of clinical need.</p>
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Question 5	<p>Many children benefit from Sensory Integration Therapy from the Occupational Therapy service. This therapy is very difficult to access. How are LPT going to alter their funding so that more children can be seen?</p>
LPT Response	<p>Children's services within Leicestershire Partnership Trust have never been commissioned to provide sensory integration therapy which is a specific form of assessment and treatment for people with sensory processing difficulties. Sensory integration is normally provided by therapists' predominantly occupational therapists. In order to practice you need to have attended an accredited post graduate course, completion at the highest level is a Masters qualification. Currently the service has 2 fully qualified therapists and 4 who have the basic requirement.</p> <p>General sensory assessments have been completed (and still are) to assist with differential diagnosis in both the CAMHS services and Occupational Therapy Service.</p> <p>In 2011/2012 the Occupational Therapy Service requested additional funding to deliver a sensory integration service and the commissioners initiated a consultation period including a stakeholder event. At the end of this consultation the request for additional funding was rejected and the following statement was issued by the commissioners:</p> <p>STATEMENT ON SENSORY PROCESSING DIFFICULTIES AND SENSORY INTEGRATION THERAPY</p>

FAMILY, YOUNG PEOPLE AND CHILDREN CLINICAL SUB-GROUP

The Family, Young People and Children Clinical Sub-Group has considered a request to commission sensory integration therapy from Leicestershire Partnership Trust. The Group has investigated the research evidence for this therapy and received representations from clinicians and parents.

The Group has concluded that there is insufficient evidence that sensory integration therapy is a clinically effective intervention which should be commissioned as a stand-alone service. This is based on a review of research evidence including analysis conducted by the American Academy of Paediatrics in 2011.

Sensory integration therapy has never been commissioned by health services in Leicester City, Leicestershire or Rutland. Health services do commission an occupational therapy service for children and young people based on national guidance, local need and financial constraint.

December 2012

Following this consultation the Occupational Therapy Service decided that they would be able to provide advice to families where sensory processing difficulties affecting every day function were identified or suspected that would support families finding their own strategies to support the child. After consultation with parents it was decided that a parent workshop would be useful. Parent workshops have been delivered and developed based on feedback from parents and now consists of a 3 hour workshop delivered to 12 parents at a time. Each family is offered 2 places. We currently deliver 3 sessions a month and on average support 24 children. At the end of the session the families receive a pack of information including 2 books that are specially imported from America that are written for parents to support their child. After 8 weeks of following these strategies parents are offered the opportunity to phone in to talk to a therapist who will be able to offer further advice.

If at any point a child is identified who would benefit from

	the mainstream Occupational Therapy Service then this service is offered and may include a detailed assessment, individual or group therapy, school visit or the provision of equipment.
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Question 6	<p>a) What support can families receive whilst waiting (possibly up to a year) for an appointment for a child to be seen at CAHMS?</p> <p>b) Also why is it that the community paediatrician cannot see a child of age 12?</p>
LPT Response	<p>a) Specialist CAMHS are currently reviewing the service they offer specifically looking at options for delivery of quicker assessments and the options of supporting families with advice, signposting and consultation to young people, families and wider professionals. We are aiming to start to change the way we do things before the summer.</p>
	<p>b) New referrals will be accepted for the Community Paediatric Service for children and young people up until the age of 16 years and 19 years if the young person is still at school. The service is provided to children and young people registered with any GP within Leicester, Leicestershire and Rutland. Please do contact our complaints/PALS department if you require help on 0116 295 0830.</p>

Question 7	Why does my Son's Consultant Psychiatrist keep changing at the Loughborough family Unit?
Background: Source:	We had successfully seen Dr Coffey for years, then a period of no one in post last autumn, then we met Dr Anukwe. I have just received notification that he has left. Are we to get any stability at Loughborough CAMHs, particularly as the waiting list for new patients is running at a years wait at present. The knock on result will be Children out of school, extra pressure on GPs not to mention the pressure on families.

LPT Response	Dr Ghafoor was appointed to the permanent psychiatrist post, and has commenced working with the wider multidisciplinary team at Loughborough.
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Question 8	What assessments are being used to decide which cases are urgent for the Phlebotomy Services now provided at Merlyn Vaz Health and Social Care Centre?
Background	Our GP believed we had an urgent case and has made two referrals but we had our appointments dated changed and then the 2nd date cancelled. I have resorted to booking and chasing this up myself and finally have something set.
LPT Response	The referring GP decides the urgency and priority of cases and writes on the referral form. LPT were initially slow to mobilise the new contract to provide the Phlebotomy Service due to staffing issues which may account for some of the difficulties described. We are now working at full capacity and have experienced unprecedented demand. We aim to see urgent cases in 2 days and routine cases in 5 days

Question 9	What work does Community Health and Nutrition Services do to work with schools in Leicester city?
Background	My daughter is severely overweight and after many appointments with our GP we have been to see a dietician who has been very helpful with identifying the issues my child has had with food and how to resolve it. But I feel I am struggling to get the message across to her school that I feel need to support her more during the day. Do you visit schools to discuss nutrition issues?

LPT Response	<p>We are pleased that dietetic input has been helpful, and agree it is essential for everyone to support and contribute to healthy eating.</p> <p>The Nutrition and Dietetic Service works with schools in the city and county to provide advice on individual dietary modifications and school meals, where schools contract with the council to receive this service. Not all schools participate in this programme, and it may be that the particular school referred to is one which doesn't.</p> <p>We also provide support for schools relating to food and packed lunch policies. This project relates to general principles, rather than advice regarding individual children.</p> <p>If it would be beneficial for a dietitian to contact a school to discuss a specific nutritional issue with the relevant school staff, this could be arranged directly with the relevant dietitian, or via the nutrition and dietetic service.</p>
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Question 10	What support to Health Visitors get from their employers regarding their health and wellbeing?
Background	<p>The Health Visitor that visits my 10 month old boy always seems tired, fed-up and can sometimes come off as aggressive. I do believe she works hard and wouldn't want to complain about her personally but I am concerned about the way HVs might be working in general and the level of stress because the HVs that visited my older children seemed to have the same attitude. I think its becoming a culture and its worrying because I now feel I can not engage with our HV and it could lead to avoidable problems for my child.</p>

LPT Response	<p>Health Visitors have recently benefitted from a national investment programme and Leicester, Leicestershire and Rutland now have 91 extra qualified Health Visitors. The last students only qualified at the end of March and so the impact is just beginning to be felt by staff on the ground.</p> <p>We have a multifaceted approach to improving health and wellbeing, with a new wellbeing zone on our staff website with an app for ease of access and use; LPT have supportive line management in place, stress awareness training for both managers and staff and a stress toolkit. Staff have access to a counselling service AMICA and we have introduced a new approach to help staff deal with the pressures of work called restorative supervision.</p> <p>We are sorry that one of our families has experienced a practitioner who presents as tired and fed-up and are optimistic that the newly energised workforce should start to positively impact on the culture of the existing workforce.</p>
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Question 11	<p>a) Who are the Childrens' Commissioning leads for each of the 3 CCG areas that sit on the board when discussing FYPC services?</p> <p>b) Who are the lead CAMHS professionals for each area?</p>
Background	
LPT Response	<p>FYPC includes a wide range of universal to specialist services which are commissioned by Local Authorities, NHS-England and the 3 CCG's. When discussing CCG commissioned services there are 3 clinical leaders representing the CCG's:</p> <ul style="list-style-type: none"> • Dr Sat Jassall - West Leicestershire CCG • Dr Teck Khong - Leicester City CCG • Dr Tabitha Randall - East Leicestershire CCG • In addition there are four key commissioners who work on behalf of all 3 CCG's. These are Mel Thwaites, Sam Little, Leon Charikar and Maria Smith

	<p>The specialist CAMHS outpatient services are clinically led by Neil Hemstock - Lead Nurse and Adam McKeown - Service Manager. Adam has 2 team leaders and in the County this is Alan Evans and in the City this is shared between Zoe Thistlewood and Dr Nisha Dogra.</p>
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Question 12	<p>Why are there no female Psychiatrists or Psychologists in the Leicester NHS and why have I been denied having access to a female in one of the partner trusts or contracts held with the NHS?</p>
Background	<p>I have never been referred to mental health services before, I requested to be seen by a female Psychiatrist, I was told there were none in Leicester NHS? I was also referred to a Psychologist I requested to be seen by a female Psychologist, again I was told there are none in Leicester? I wrote and asked if I could be referred to a female Psychologist in one of the partnership trust this was denied to. I do not understand why I have been denied seeing a female psychiatrist or Psychologist and why are there no female clinicians in Leicestershire Trust? Consequently it has been a distressing experience for me having to see male clinicians and I have not been able to communicate my difficulties or feel comfortable to talk to either Male clinicians.</p>
LPT Response	<p>It is possible that this enquiry relates to adult mental health services rather than CAMHS as the majority of child psychiatrists in the CAMHS are female, and all the Clinical Psychologists are female. Please do advise the enquirer to contact us as we are happy to help investigate this further on their behalf if we can gather more information.</p>

Question 13	<p>a) What provision is made to address the individual issues affecting young lesbian, gay and bisexual young people?</p> <p>b) How are young transgender people dealt with within mental and primary care services?</p>
Background	
LPT Response	<p>Young people are assessed and their individual needs reflected in the care plan that they agree with their worker. LPT is committed to respecting diversity and differentiating their approach where needed.</p> <p>The Trust provision and support for the LGBT agenda is reflected through the positive movement in the Stonewall index, which has now moved LPT into the top 100 organisations nationally. LPT are also ranked 8th in the Stonewall Healthcare Equality Index 2015.</p>

Question 14	What steps are being taken to create a purpose built in-patient provision for young people with mental health conditions?
Background	The temporary facility in Coalville is inadequate with too few beds to meet the demand and a fragile infrastructure.
LPT Response	<p>The options for the longer term future location and capacity for inpatient CAMHS is currently being worked through. It is recognised nationally that there is insufficient capacity in the system currently and LPT are working with stakeholders, families and commissioners to determine an affordable solution. There is a webpage (below) with links to the stakeholder briefings and meetings are taking place every three weeks to keep pace on the option appraisal work and development of the outline business case.</p> <p>http://www.leicspart.nhs.uk/_InvolvingYou-Engagement-CAMHSinpatientservicerelocation.aspx http://www.leicspart.nhs.uk/Library/FYPC_012_15_CAMHSInpatientServiceRelocation.pdf</p>

Question 15	Why is it that this authority does not have a school vision service, when this can be found in other authorities?
Background	As a member of the Special Educational Needs and Disability Support Service, working within the field of Visual Impairment, I regularly come across pupils in need of refraction whilst I'm in schools supporting pupils. I also feel that this would lead to the identification of congenital, deteriorative conditions much sooner than happens at present. A pre-school eye check would be ideal.
LPT Response	Leicestershire Partnership Trust is not commissioned to provide a school vision service. Our School Nurses provide information to parents and carers about how to access high street Optometry services. Public Health England would be able to provide a more detailed response to this question.