Report to the Overview and Scrutiny Committee by Barnsley CCG regarding Child and Adolescent Mental Health Services (CAMHS) in Barnsley

1. Introduction

1.1 CAMHS (Child and Adolescent Mental Health Services) is used as a term for all services that work with children and young people who have difficulties with their emotional or behavioural wellbeing. Children and young people may need help with a wide range of issues at different points in their lives. Parents and carers may also need help and advice to deal with behavioural or other problems their child is experiencing. Parents, carers and young people can receive direct support through CAMHS.

1.2 Specialist CAMHS are NHS mental health services that focus on the needs of children and young people. Given the ongoing concerns regarding extensive waiting times to access Barnsley CAMHS this is the third annual report to the Overview and Scrutiny Committee to focus on the service being delivered by specialist CAMHS. The Barnsley CAMHS service, commissioned by Barnsley CCG (Clinical Commissioning Group)/BMBC (Barnsley Metropolitan Borough Council), continues to be delivered by South West Yorkshire Partnership NHS Foundation Trust (SWYPFT).

2. Background

2.1 In March 2015, NHS England published the report of the Children and Young People's Mental Health Task force, 'Future in Mind'. The 'Future in Mind report contained a number of recommendations that, once implemented, would significantly enhance the emotional health and wellbeing of our children and young people. The 'Future in Mind' recommendations are at the core of NHS England's 'Five Year Forward View for Mental Health' and NHS England has provided significant, recurrent financial resources to each CCG to assist them in implementing these recommendations.

2.2 The recurrent financial investment allocated to Barnsley CCG to implement the recommendations of Future in Mind was £512,000 for 2015/16, £567,000 for 2016/17 and is £576,000 for 2017/18 (all figures exclude the resource allocated for Eating Disorders which was £146,000, £143,000 and £143,000 respectively). These resources have been ring-fenced within Barnsley to ensure that they are invested in only those services that will improve the emotional health and wellbeing of the children and young people of Barnsley.

2.3 In order to access this resource, CCGs, working closely with partners, had to develop a local transformation plan outlining in detail how the resources would be utilised.

2.4 Since early 2014 (pre 'Future in Mind'), through the Barnsley Children and Young People Trust, led by the CCG, we had worked on an Emotional Health and Wellbeing offer but, at that time, were unable to resource it. The Emotional Health and Wellbeing offer therefore became the framework of our Local Transformation Plan.

2.5 The Local Transformation Plans underwent a stringent NHS England assurance process and progress update reports are submitted to NHS England on a quarterly basis to maintain that assurance. Local Transformation Plans are refreshed annually, at the end of October.

2.6 The overarching aim of Barnsley's Local Transformation Plan is to develop services that are able to support children and young people's lower levels of emotional health and wellbeing to prevent escalation of the need for more specialist support and thereby negating the need for access to CAMHS.

2.7 As highlighted by the NHS Benchmark report 2016 long waiting times for treatment to start in NHS CAMHS services is a national as well as local issue. In recognition of this, NHS England announced in October 2016, that they would be making available to all CCGs non-recurrent investment to be utilised for the sole purpose of reducing waiting times. This non-recurrent investment was distributed to CCGs in two tranches, the first, received in November 2016 represented 50% of the investment.

2.8 The second tranche, representing the remaining 50% of the allocation and received in January 2017, was distributed to CCGs following a rigorous NHS England assurance process. As part of that process the CCG, working with the CAMHS service provider SWYPFT had to submit an action plan detailing how the additional investment would be used to reduce waiting times. Barnsley CCG's Action Plan (Appendix 1) was assured by NHS England who commented that the Barnsley Action Plan, although ambitious, was exemplar.

2.9 The total non-recurrent investment to reduce waiting times received by Barnsley CCG was £119,000 and this has enabled 208 children and young people to commence their treatment earlier than anticipated, thereby removing them from the waiting list. Appendix 2 has the latest progress update on this initiative.

3. Links with Schools

3.1 A key focus of the Transformation Plan has been the development of a schools-led mental health therapeutic team named (by a CAMHS service user) '4: Thought'. The '4: Thought' team work across the 10 Barnsley mainstream secondary schools and in their first 6 months of operation 121 young people have accessed early interventions from the Primary Mental Health Practitioner and 33 parents have self-referred in to the service.

3.2 The Primary Mental Health Practitioners work closely with the Educational Psychologists within schools. Joint working and collaboration is the key to success for young people who access the service. The '4:Thought' team are currently developing a bespoke training package for parents, which aims to provide parents access to training on a specific parenting skill they have requested.

3.3 '4:Thought' has a Single Point of Access interface with the NHS Specialist CAMHS service, enabling both step-up from '4:Thought' to CAMHS and step-down from CAMHS to '4:Thought'.

3.4 In parallel to the development of '4:Thought', Mental Health awareness training has been delivered to all teaching staff of the 10 Secondary mainstream schools in Barnsley by Chilypep (Children and Young People's Empowerment Project) and SYEDA (South Yorkshire Eating Disorder Association). This training covers Youth Mental Health First Aid and modules in anxiety and depression, self-harm and Eating Disorders. In 2017/18 this training will be delivered to all non-teaching staff of the 10 secondary mainstream schools in Barnsley.

3.5 At the request of the Department of Education a number of '4:Thought's' case studies will be included in a forthcoming Green Paper as examples of good practice. Similarly,

NHS England has asked for the case studies to be shared amongst the various national clinical networks.

3.6 The focus on primary aged school children has been on the implementation of a resilience programme (using the THRIVE model) led by Public Health. The aim of this project is to improve the social and emotional mental health (SEMH) and resilience of young people in Barnsley through increasing the number of Primary Schools providing exemplary mental health support for their pupils delivered through a whole-school approach. This service is already making strong links with '4:Thought' and up to 30 schools are currently engaged in delivering this approach. Evidence of the impact of this project is expected to be reported in October 2017.

4. Service Developments

4.1 Future in Mind monies have been invested in the local NHS CAMHS service to enable the Single Point of Access to be operational every day between 08:00am – 08:00pm. This allows priority access to CAMHS services for vulnerable groups of children, especially Looked After Children and those children who need to access the Youth Offending Team.

4.2 A very recent development has been the commencement, in May 2017, of a Dialectical Behavioural Therapy (DBT – a talking therapy) group, to offer evidenced based group intervention for those young people with complex presentation and intense difficulties with emotions which often leads to self-harm.

4.3 A regional evidence-based community eating disorder service has been collaboratively commissioned between Kirklees, Calderdale, Wakefield and Barnsley CCGs. This service is currently achieving the relevant, nationally recommended access and waiting time standards and is provided on a hub and spoke model.

4.4 To ensure that we commission services for children and young people in Barnsley that the children and young people have helped to shape, Chilypep, a charitable organisation, are working alongside Barnsley children and young people aged 8-25 to find fun and creative ways of involving them in decisions that affect their lives. As part of the transformation plan, Chilypep have been commissioned to develop and provide training for 'Young Commissioners' in order that these young people can directly influence our commissioning decisions.

4.5 Services commissioned to deliver the 'Future in Mind' transformation plan are now active and starting to make an impact on lower level demand.

5. Current Performance

<u>Referrals</u>

5.1 The hugely positive impact of the Future in Mind investment is clearly being evidenced from case studies and testimonies undertaken and the feedback received from children and young people and their families and from schools and all interested partners. This early intervention and prevention support will reduce future demand for CAMHS services and without doubt will improve the quality of life for many of Barnsley's children and young people and their families. The immediate focus is to reduce the length of time that children and young people wait for their treatment to start and the success of this will depend not only on more effective use of current resources but also on delivery

of the NHS England workforce pledges outlined in the Mental Health Five Year Forward View.

5.2 The table below shows the total number of referrals received by the NHS Barnsley CAMHS service since 2012:

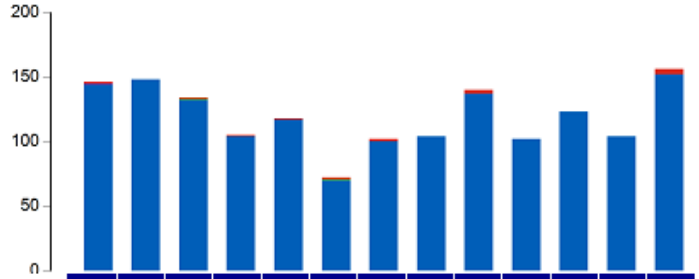
Year	Number of referrals
2012/13	1,424
2013/14	1,630
2014/15	1,544
2015/16	1,567
2016/17	1,450

5.3 Although the demand for CAMHS locally appears to be plateauing, demand for CAMHS services, nationally and locally, has remained significantly high over the last 5 years. In order to meet this consistently high demand the national CAMHS workforce has also grown, but at a much slower rate. Difficulties in recruiting to CAMHS locally have been, and continue to be an issue. This reflects the high national demand for such skilled practitioners.

5.4 The extract below is taken from the Performance Report of the Barnsley CAMHS service and shows the number of referrals in 2016/17 by month and source and the total number of inappropriate referrals, also by month and source:

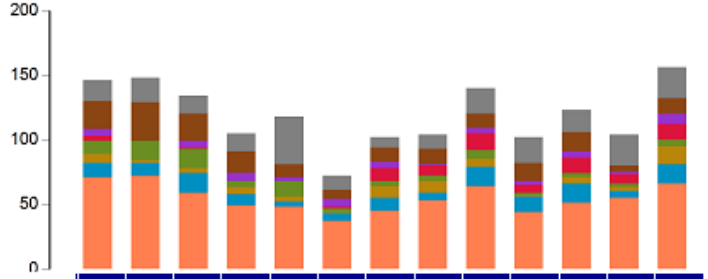
Referrals Received

Total Referrals Received



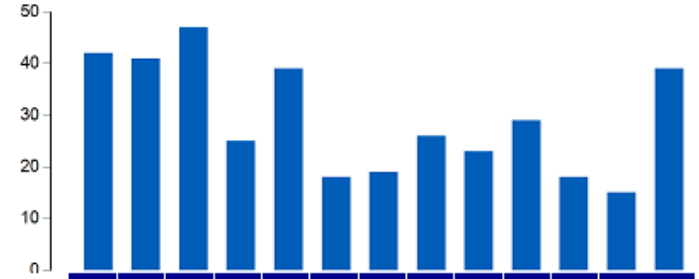
	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Barnsley CAMHS	144	148	132	104	117	70	100	104	137	102	123	104	152
Wakefield CAMHS Crisis Team	1												
Wakefield CAMHS West			1			1							
Other SWYPFT CAMHS	1		1	1	1	1	2		3				4
Total	146	148	134	105	118	72	102	104	140	102	123	104	156

Referrals Received by Source



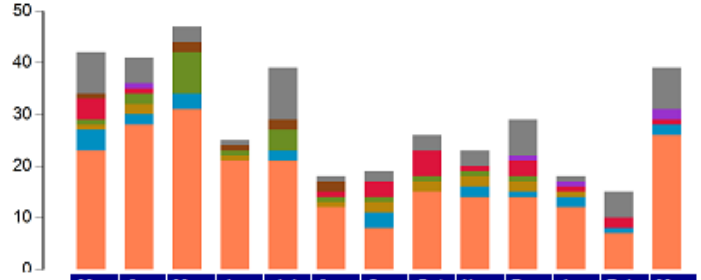
	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
GP	71	72	59	49	48	37	45	53	64	44	51	55	66
Community based Paediatrics	11	10	15	9	4	6	10	6	15	12	15	5	15
Hospital based Paediatrics	7	2	4	5	4	1	9	9	6	1	5	3	14
School Nurse	10	15	15	5	12	3	4	4	7	2	3	3	5
Education Service	4		1			1	10	8	13	6	12	7	12
Social Services	5		5	6	3	6	5	1	4	3	5	2	8
NHS Hospital Staff - Other	22	30	21	17	10	7	11	12	11	14	15	5	12
Other	16	19	14	14	37	11	8	11	20	20	17	24	24
Total	146	148	134	105	118	72	102	104	140	102	123	104	156

Inappropriate Referrals



	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Barnsley CAMHS	42	41	47	25	39	18	19	26	23	29	18	15	39
Total	42	41	47	25	39	18	19	26	23	29	18	15	39

Inappropriate Referrals by Source



	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
GP	23	28	31	21	21	12	8	15	14	14	12	7	26
Community based Paediatrics	4	2	3		2		3		2	1	2	1	2
Hospital based Paediatrics	1	2		1		1	2	2	2	2	1		
School Nurse	1	2	8	1	4	1	1	1	1	1			
Education Service	4	1				1	3	5	1	3	1	2	1
Social Services		1								1	1		2
NHS Hospital Staff - Other	1		2	1	2	2							
Other	8	5	3	1	10	1	2	3	3	7	1	5	8
Total	42	41	47	25	39	18	19	26	23	29	18	15	39

5.5 These extracts show that of the 1,450 referrals received in 2016/17, 714 of these (that's almost 50%) were from GPs (General Practitioners). The CAMHS service is keen to ensure that schools are aware (as are healthcare professionals other than GPs) that they may also directly refer children and young people to CAMHS. Often the schools are much more informed about the child or young person and therefore best placed to provide the necessary information for the mental health services to act upon.

5.6 This is evidenced when we consider the number of inappropriate referrals by source. Of the 714 GP referrals received 232 (that's 33%) were deemed to be inappropriate referrals. Working with GPs to significantly reduce the number of inappropriate referrals has been a key focus of the CAMHS service and as part of this work the CAMHS referral form is currently being redesigned to ensure that the information required is clear. Significantly reducing the number of inappropriate referrals will assist in providing additional capacity within the system as each referral review takes up valuable clinical time.

5.7 Work therefore continues to encourage schools to utilise the '4: Thought' service and refer directly to CAMHS (to reduce inadequate GP referrals), refine the pathways within the service to maximise specialist practitioner resource and consider step down support.

Waiting Times

5.8 Currently there are no nationally recommended waiting times and access standards for Children and Young People's mental health services (excluding Eating Disorders (within 4 weeks from first contact with a designated healthcare professional for routine cases) and Early Intervention Psychosis Services (2 weeks from referral to treatment)). However, it is evident that NHS England are intending to publish national waiting time and access standards for children and young people's mental health services fairly imminently and it is anticipated that the standard to achieve will mirror the 18 week (126 days) referral to treatment standard which has long been embedded within the acute, physical healthcare sector.

5.9 Historically in Barnsley there have been very limited services available for children and young people to access to support them with their emotional health and wellbeing needs. This combined with the high demand for CAMHS services and the limited workforce capacity has resulted in long waiting times for appointments.

5.10 The effective remediation of access to an initial assessment ('Choice' appointment) to 3 weeks or under has been successfully maintained.

5.11 The local Barnsley CAMHS service do not currently report an overarching average waiting time between initial assessment and the commencement of treatment. This is because there is not just one, single CAMHS pathway but several currently being followed. The current CAMHS pathways include Complex Behaviour, Mood and Emotional, Solution Focused work, Learning Disabilities, Eating Disorders and Looked After Children. The waiting time for each child and young person entering CAMHS is therefore very much dependent upon which pathway has been deemed as the most appropriate pathway for that child or young person and is often reliant upon another child or young person being discharged thereby releasing therapist capacity.

5.12 NHS Benchmarking undertake an annual report of all national CAMHS service providers. In 2016 the NHS Benchmark report suggested that the national average waiting time for a child and young person accepted into the CAMHS service is

approximately 27 weeks (189 days) to the start of treatment. The most recent, local data reported suggests that the waiting times for each of the pathways are as follows:

CAMHS Pathway	Waiting time to start of treatment	
	(in days)	(in weeks)
Eating Disorders	28 (Emergency is 24 hours; Urgent within 7 days)	4 (Emergency is 24 hours; Urgent within 7 days)
Looked after children	14	2
Complex Behaviour	313	45
Mood and Emotional	205	29
Solution Focused Work	208	30
Learning Disability	243	35

5.13 All partners are in agreement that the waiting times from assessment to treatment remain unacceptable. Over the next 12-18 months we will continue to work together to reduce the waiting times toward the expected nationally recommended standards.

5.14 Review work has been carried out to identify those children waiting the longest and treating these as a priority has had an impact upon the 'average' wait time figure (it is calculated on the number of days actually waited as they enter treatment). All emergency escalations are responded to on the same day.

6. Background Papers and Useful Links

- BMBC/Barnsley CCG - 'Future in Mind' Barnsley Transformation Plan for Children & Young People's Mental Health & Emotional Well Being 2015-2020: http://www.barnsleyccg.nhs.uk/CCG%20Downloads/strategies%20policies%20and%20plans/Future%20in%20Mind%20-%20LTP%20Refresh%20October%202016.pdf
- THRIVE Model: http://www.annafreud.org/media/2552/thrive-booklet_march-15.pdf
- Mental Health 5 Year Forward View: https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf

7. Glossary

BMBC	Barnsley Metropolitan Borough Council
CAMHS	Child & Adolescent Mental Health Services
CCG	Clinical Commissioning Group
Chilypep	Children and Young People's Empowerment Project
DBT	Dialectical Behavioural Therapy
GP	General Practitioner
NHS	National Health Service
SEMH	Social & emotional mental health
SWYPFT	South West Yorkshire Partnership NHS Foundation Trust
SYEDA	South Yorkshire Eating Disorder Association

Appendix 1 - CYP IAPT – Waiting List Initiative - Action Plan November 2016

Region:	
DCO:	
CCG:Barnsley	
Narrative summary of local plans for reducing average waiting times for treatment by March 2017	Initiatives will include recruitment of additional staff to enable increased and targeted use of individual and group approaches using CBT and solution focused interventions. Recruitment of additional staff to target the extended waits for Complex Behaviour assessment . Offer to extend existing opening hours and evaluate uptake . Scoping the availability, cost and feasability of online treatment options. An action plan is detailed on worksheet 3.

Service Description:	**Column A**	**Column B**	**Column C**	**Column D**	**Column E**
Numbers on CYP under 18 on waiting list	**Latest position known as at 30/09/2016**	**Quarter 3 31/12/2016**		**Quarter 4 31/03/2017**	
		Planned reduction	**Actual reduction**	**Planned reduction**	**Actual reduction**
Total number of CYP waiting for treatment **(as at 31/08/2016)**	**699**	**50**		**125**	
Average waiting time from referral to treatment (days) **(as at 31/08/2016)**	272	**20**		**195**	
Total number of CYP referred in last quarter **(Q1)**	387				

Mental Health Services Data Set	**Q1 2016/17**	**Q2 2016/17**	**Q3 2016/17**	**Q4 2016/17**	
Average waiting time from referral to treatment (days)	**271**				
Number of CYP waiting for treatment for 4 - 6 weeks	20				Indicative data items. These data will be provided from the MHSDS in Q3 2016/17 to support comparison and analysis with CCG-reported information.
% waiting for 4 -6 weeks	2.6%				
Number of CYP waiting for treatment for 6 - 8 weeks	31				
% waiting for 6 - 8 weeks	4.1%				
Number of CYP waiting for treatment for 8 - 10 weeks	34				
% waiting for 8 - 10 weeks	4.5%				
Number of CYP waiting for treatment for more than 12 weeks	559				
% waiting more than 12 weeks	73.7%				

<u>Appendix 1 Continued</u> - Action Plan

Proposed actions for immediate implementation and funding

The needs of children and young people on the waiting list will be targeted by an increased use of CBT.

CAMHS to offer increased hours to existing staff and the recruitment of temporary staff to offer interventions and increased provision of CBT to cases waiting on the Mood and Emotional pathway.

CAMHS to undertake a review of the cases waiting on the Mood and Emotional pathway and offer increased hours to existing staff and the recruitment of temporary staff to support the design and delivery of increased numbers of CBT based psychoeducation and intervention in groups for mental health problems such as anxiety, low mood etc.

CAMHS to offer increased hours to existing staff and the recruitment of temporary staff to enable cases waiting on the Solution Focused pathway to be seen more quickly.

Costs
Band 7 CBT / psychology staff x 3 wte (whole time equivalent) for 4 months - circa £65k

Approx. 60 cases from assessment to completed intervention

Band 6 generic CAMHS staff x 3 wte for 4 months - circa £45 k
Approx. 75 cases from assessment to completed intervention

Group work approximately 30 cases

Proposed actions for implementation and funding from January

CAMHS to scope the availability and cost of online treatment options such as mindfulness and pilot use in the 16 and 17 year olds waiting with the support of a CYP-IAPT trained clinician offering telephone support during the treatment and review of online outcome measures.

CAMHS offer increased hours to existing staff and the recruitment of temporary staff to extend existing opening hours and develop and pilot a drop in for children and young people waiting and / or psychoeducation group focused work for self-harm.

Costs
To be scoped for the % of suitable cases aged 16 years and over currently waiting to start an intervention which is 50 cases of which 18 are aged 17 - 18 years of age

Proposed further developmental actions for implementation and funding from January

CAMHS to work with local Family Intervention Service (FIS) to scope the demand for a FIS 'key worker' attached to the CAMHS service for , delivering of the existing model of support at both early help and intensive support levels solely for CAMHS clients and their families currently waiting for CAMHS that meet the FIS criteria

Costs
Family Support Worker 1wte 3 months - circa £12k
Approx. 15 - 20 families complex behaviour in children

Longer term development proposals 2017/18

CAMHS consultation surgery in family centres where families could attend and meet with a CAMHS worker and family support worker to get advice and develop an intervention plan that the FSW would then support the family to implement

Other pathway specific proposal

Re-model recurrent funding for the ADHD and ASD assessments and transitions to adult services as the cases exceed the commissioned pathway and this is having an impact for CAMHS

Appendix 2 - CYP IAPT – Waiting List Initiative – Updated Action Plan – April 2017

Region:				
DCO:				
CCG:Barnsley				
Service Description:		**Column A**	**Column D**	**Column E**
Numbers on CYP under 18 on waiting list	**Latest position known as at 30/09/2016**	**Latest position known as at 31/03/2017**	**Quarter 4**	
			Planned reduction	**Actual reduction**
Total number of CYP waiting for treatment **(as at 31/03/2017)**	699	522	125	reduction of 177
Average waited time from referral to treatment (days) **(as at 31/03/20**	272	316	195	**
Total number of CYP referred in last quarter **(Q4)**	387	380		
Service Description:		**Column A**	**Column D**	**Column E**
Numbers on CYP under 18 on waiting list	**Latest position known as at 30/09/2016**	**Latest position known as at 30/04/2017**	**Quarter 1 as at 30.04.17**	
			Planned reduction	**Actual reduction**
Total number of CYP waiting for treatment **(as at 30/04/2017)**	699	491	125	reduction of 208
Average waited time from referral to treatment (days) **(as at 30/04/20**	272	396	195	**
Total number of CYP referred in last quarter **(Q1) (April 2017)**	387	119		
	***As part of the waiting list initiative we have been allocating the longest genuine waits therefore the average wait for those seen for assessment to treatment has increased initially. This is because as they have started treatment the longest waiting appointments have been drawn into the data and impacted negatively on the whole.			

Appendix 2 Continued

Title of paper	**Waiting List Initiatives Barnsley CAMHS Q4 update**			
Purpose of paper	Provide Q4 assurance regarding the position reached against the waiting list initiative action plan			
Date :	24.05.17			
Author :	Claire Strachan General Manager CAMHS			
Context:	Actions Proposed in the approved plan were: • The needs of children and young people on the waiting list will be targeted by an increased use of CBT (Cognitive Behavioural Therapy) • The recruitment of temporary staff to offer interventions and increased provision of CBT to cases waiting on the Mood and Emotional pathway and Complex behaviour pathway has started • A review of the cases waiting on the Mood and Emotional pathway and offer increased hours to existing staff and the recruitment of temporary staff to support the design and delivery of increased numbers of CBT based psycho-education and interventions in groups for mental health problems such as anxiety, low mood etc. • CAMHS to offer increased hours to existing staff and the recruitment of temporary staff to enable cases waiting on the Solution Focused pathway to be seen more quickly • CAMHS to scope the availability and cost of online treatment options such as mindfulness and pilot use in the 16 and 17 year olds waiting with the support of a CYP-IAPT (Children and Young People's-Improving Access to Psychological Therapies) • CAMHS offer increased hours to existing staff and the recruitment of temporary staff to extend existing opening hours and develop and pilot a drop in for children and young people waiting and / or psychoeducation group focused work for self-harm			
	Position as at Sep 2016	**Latest position known as at 31.03.17 (* data refresh)**	**Latest position known as at 30.04.17**	**Narrative**
Numbers of CYP under 18	**699**	**522** reduction	**491** reduction	This figure illustrates a reduction as at 30.04.17 of 208 children and young people from the waiting list which includes those children on

on waiting list		of 177	of 208	the Autism waiting list which has a number of the longest waits. The figure is also inclusive of all referrals that have not had any contacts and therefore can include those that may not progress into treatment after assessment if signposted to an alternative service.
Average waiting time from referral to treatment (days)	**272**	**316**	**396 ****	This figure is also inclusive of all referrals that have not had any contacts and therefore can include those that may not progress into treatment after assessment if signposted to an alternative service. **As part of the waiting list initiative we have been allocating the longest genuine waits therefore the average wait for those seen for assessment to treatment has increased initially. This is because as they have started treatment the longest waiting appointments have been drawn into the data and impacted negatively on the whole.
Total number of CYP referred in previous quarter	**387 (Q1)**	**380 (Q4)**	**119 (Q1) (April 2017)**	
Update against action plan	Our plan was ambitious and we agreed this in the context of assumptions that our existing referral rates remained consistent, our existing permanent staffing did not alter, we could successfully recruit temporary staff and that the cases allocated would prove responsive to a NICE (National Institute for Health and Care Excellence) treatment pathway e.g. sessional CBT. **General update and challenges:** Referral rates have remained stable; we experienced challenges in recruiting staff with the correct skills and experience to support the allocation of cases for intervention on the complex behaviour pathway. We have been unsuccessful in recruiting a psychologist to a substantive lead post for ASD (Autism Spectrum Disorder) that became vacant in November 2016. We have had agency cover for the post during this time. A substantive psychologist who was the lead for the			

	complex behaviour pathway has been on maternity leave since October 2016. The feedback from staff recruited to see the cases waiting on the complex behaviour pathway is that a significant number of the children / young people have co-existing complex presentations often associated with Autism and therefore modified interventions are required. This often means that the duration of intervention is protracted and is a significant factor in explaining the longer waits on the complex behaviour pathway. There are also a number of cases with similar complexities associated with co-existing autism and low mood / anxiety on the mood and emotional pathway that have been assessed as not best suited to typical CBT intervention. The service has extended the contract for a temporary art therapist until June 30th 2017 to enable access to a flexible range of interventions and to ensure that children will complete the intervention with a consistent member of staff. The service was keen to ensure that the progress and completion of any intervention with a consistent member of staff could be assured to avoid compromising service user experience and treatment outcomes. The service has therefore extended a number of temporary staff until 30th June 2017. This has resulted in a number of cases being identified for allocation in April. We have not progressed scoping the availability and cost of online treatment options such as mindfulness as this did not appear to be the best use of the funding however can be a consideration for the future. The Band 6 Mental Health Practitioner vacancies that existed as at September 2106 have now been recruited to and staff are due to commence in April and May. There has been long term absence during this time for 3 staff members. **Action plan progress update:** Cases waiting on the Mood and Emotional pathway were reviewed which enabled those most suitable for allocation to the temporary staff. All those aged 17 years as at 12.12.16 were allocated to ensure that they began an intervention before their 18th birthday and enabled us to subsequently identify those who required a transition. An existing member of staff who provides CBT to the Eating Disorder pathway is working a small number of additional hours and has 7 cases which were waiting for intervention on the Mood and Emotional pathway. An existing member of staff had their hours permanently increased by 6 hours and this has enabled a sustainable offer for an additional group based intervention for children/ young people. This member of staff will

	also provide supervision to the 4 new members of staff attending the CYP-IAPT Enhanced Evidenced Based Practice programme (EEBP) which will further embed and sustain early evidenced based interventions. Families have been contacted and screening assessments undertaken for those cases deemed suitable for a group based intervention. April 2017 will see 4 groups start with the provision for 40 places (10 each group). It is anecdotally reported that the typical uptake and continued attendance is on average 6 per group. The groups are: A low mood focused CBT group for young people within the age range of 14-18, anxiety management groups for young people aged 15-18 years and a CBT group for children ages 9-14. In addition a Dialectical Behavioural Therapy (DBT) group is being planned to offer evidenced based group intervention for those young people with complex presentations and intense difficulties with emotions which often leads to self-harm. Job plans reviewed with existing staff have enabled the offer for intervention on the Solution Focused pathway to be timelier. This will be part of the development and modelling of the new CAMHS Single Point of Access (SPA). A permanent member of staff who is a parenting specialist has returned from maternity leave and is planning a parenting group for families with a child diagnosed with ADHD (Attention Deficit Hyperactivity Disorder). A meeting took place in May with the manager of a local family centre to explore how the CAMHS parenting specialist and the Family Support Service can offer early intervention for families with children who have behavioural problems. The service has developed and introduced a process for the review and management of risk for children and young people whilst waiting. In March we hosted a waiting list management session on a Saturday implementing the revised process. This was a telephone based offer for children and young people on the mood and emotional pathway and we are planning some brief face to face review clinics in response to the feedback from staff and families. The first waiting list face to face review clinic took place on Saturday 29th April 2017 and offers an extended opening opportunity for a brief review of needs and risk for those children waiting on the complex behaviour pathway. This was well attended and resulted in some referrals for early help assessment for families whilst they are waiting for intervention (including diagnostic assessment from CAMHS).