

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

## 1.0 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. Many mental health conditions in adulthood show their first signs in childhood, and, if left untreated, can develop into conditions which need regular care. Early intervention is therefore a key focus of Barnsley's 'Future in Mind' Local Transformation Plan (LTP) 2015-2020. The LTP details how the additional transformation monies allocated to Barnsley CCG is being utilised to improve the emotional health and wellbeing of Barnsley's children and young people.
- 1.2 In previous years, all too often children and young people's emotional wellbeing and mental health has not been given the attention it needs. The 'Future in Mind' report of the Children and Young Peoples' Mental Health Task Force highlighted the significant changes needed to improve our children's emotional health and wellbeing and focused our attention on adopting a whole child, whole family approach, promoting good mental health from the earliest ages. In Barnsley we are improving access to intervention and support when and where it is needed and are improving the use of voluntary and digital services to ensure access to a more robust system.

## 2.0 Background

- 2.1 The table below details the Future in Mind additional investment received by Barnsley CCG over a four-year period to implement the recommendations of the Future in Mind report.

<b>Work Stream Priority</b>	<b>2015/16</b>	<b>2016/17</b>	<b>2017/18</b>	<b>2018/19</b>
	<b>£</b>	<b>£</b>	<b>£</b>	<b>£</b>
Develop a community based Eating Disorder Service (collaborative arrangement with Calderdale, Wakefield, Greater Huddersfield & Kirklees CCGs)	146,000	143,000	143,000	143,000
Building resilience in primary school children (THRIVE) (Public Health led)	111,000	98,000	111,000	98,000
School-led mental health therapeutic team (Wellspring Academy Trust taking the lead)	145,000	335,500*	320,038	330,000
CAMHS SPA/Youth Offending Team (YOT) (CAMHS is provided by South West Yorkshire Partnership Foundation Trust (SWYPFT))	60,000	103,500	103,100	103,100
Training Young Commissioners (led by Chilypep)	30,000	30,000	39,575	39,575
Belonging, Resilience, Vocabulary (BRV) – Boys Programme (led by Chilypep)				15,000
Accessing information ('One-stop shop') (Led by YOT Manager)	20,000	0	0	0
SYEDA – Eating Disorder Counselling Service in schools – pilot				30,000
<b>TOTAL INVESTMENT</b>	<b>512,000</b>	<b>710,000</b>	<b>716,713</b>	<b>758,675</b>

\*Incorporates peer mentoring work undertaken by Chilypep plus training provided by TADS/SYEDA

- 2.2 Within Barnsley, this investment has been, and will continue to be, ring-fenced, to ensure that it is only utilised on those services that will improve the emotional health and wellbeing of the children and young people of Barnsley.
- 2.3 Barnsley has strong, collaborative, mature partnerships which has enabled significant progress, at pace, to be delivered in improving the low level emotional health and wellbeing support services available to our young people. Partners come together at the bi-annual Stakeholder Engagement Event (held each April and October) to discuss things that are going well, things that could be even better and to agree on the priorities of the next 6-12 months.
- 2.4 Progress in implementing LTPs follows a stringent NHS England Assurance process and are refreshed annually, each October.

### **3.0 Trailblazer Pilot**

- 3.1 In December 2017 the Department for Education published a Green Paper: 'Transforming Children and Young people's Mental Health Provision.' The three key elements of this paper are:
  - i) To incentivise and support schools to identify and train a Designated Senior Lead for Mental Health with a new offer of training to help leads and staff to deliver whole school approaches to promoting better mental health.
  - ii) To fund new Mental Health Support Teams (MHST), supervised by NHS Children and Young People's Mental Health staff, to provide specific extra capacity for early intervention and ongoing help within a school and college setting.
  - iii) As the new support teams are rolled out, NHS England will trial a four week waiting time for access pilot to specialised NHS Children and Young People's Mental Health services.
- 3.2 NHS England has invited those CCGs who have passed their pre-qualifying criteria, to express an interest in becoming a Trailblazer site to pilot a Mental Health Support Team and/or to undertake a 'four-week wait' pilot. Barnsley is in a strong position to deliver the ambitions of the Green Paper as a Trailblazer site as we have already implemented a successful model within our secondary schools via MindSpace. As MindSpace delivers low level emotional health and wellbeing support to our secondary school pupils and has built up strong, collaborative partnerships with NHS Specialist CAMHS, Chilypep and Early Help services, our expression of interest is to deliver similar support to our primary school children, those in Post 16 education and vulnerable groups, such as those children educated at home.
- 3.3 Barnsley's expression of interest also includes a bid to deliver a four-week waiting time pilot targeting the CAMHS Mood and Emotional pathway. This pathway has been chosen by partners, and supported by the Barnsley Children's Trust Executive Commissioning Group, as it will complement the support provided by a Mental Health Support Team in schools and because anxiety, depression and associated self-harm are issues that our children and young people have been highlighting.
- 3.4 It is expected that NHS England will announce the successful Trailblazer sites at some point during the week commencing 22 October 2018.

### **4.0 Children and Young People's Empowerment Project (Chilypep)**

- 4.1 Chilypep is a charity dedicated to raising the voices of young people and giving them the confidence, influence and platform to shape their world. They work with all young people in Sheffield and South Yorkshire, in particular, the most vulnerable and excluded groups to protect and promote their wellbeing and rights. Appendix A shows the wide range of local activities conducted by Chilypep over the last 12 months, on behalf of the CCG, including:

- Developing young commissioners and strategic engagement
- The promotion of the CAMHS Single Point of Access (SPA)
- Involving young people in the recruitment of CAMHS employees
- Engagement with Looked After Children (LAC) to improve their pathways and access to services and to involve them in the design and delivery of services
- Giving young people the opportunity to feed into local and national consultations/campaigns
- Working with Public Health to develop an action plan to improve the support to young people with their mental health in schools
- Providing creative self-help wellbeing sessions for young people and teachers
- Development of a Mental Health First Aid Kit

## **5.0 NHS Specialist CAMHS**

5.1 The Future in Mind investment has clearly strengthened the emotional health and wellbeing support now available to children and young people in Barnsley and from the highly positive case studies and testimonials from those who have accessed services such as MindSpace, THRIVE, CAMHS Single Point of Access and the Youth Offending Team, this support is clearly enabling a brighter future for those children and people and a better quality of life. This enhanced offer for the children and young people of the borough truly involves the young people themselves, focuses on prevention and early intervention, reduces medicalisation and reaches schools and parents.

5.2 However, although these foundations are strong and the enhanced support is accessible throughout the Borough, the development of these low level support services is not currently having a direct, positive impact on reducing referrals to NHS Specialised CAMHS.

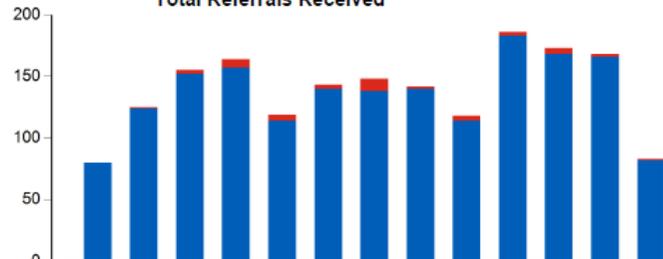
## **6.0 CAMHS Referral Data**

6.1 As can be seen from the graph below, despite indications in 2016/17 of a drop in a demand this has not been sustained and a rise in demand is reflected.

6.2 This indicates that there has previously been a huge unmet need for low level emotional health and wellbeing support which is likely to take a considerable length of time before we see a positive reduction on the demand on NHS Specialist CAMHS services in Barnsley.

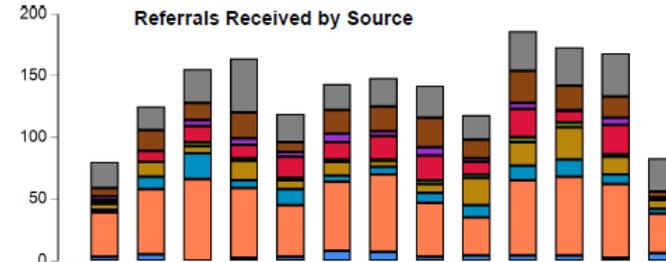
## Referrals Received

### Total Referrals Received



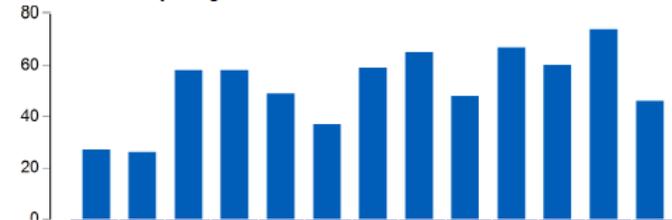
	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Barnsley CAMHS	80	124	152	157	114	140	138	140	114	183	168	166	82
Other SWYPFT CAMHS		1	3	7	5	3	10	2	4	3	5	2	1
<b>Total</b>	<b>80</b>	<b>125</b>	<b>155</b>	<b>164</b>	<b>119</b>	<b>143</b>	<b>148</b>	<b>142</b>	<b>118</b>	<b>186</b>	<b>173</b>	<b>168</b>	<b>83</b>

### Referrals Received by Source



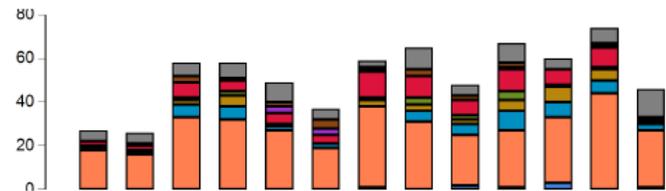
	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Self Referral	3	5		2	3	8	7	3	4	4	4	2	6
GP	36	53	66	57	42	56	63	44	31	61	64	60	32
Community based Paediatrics	2	10	21	6	13	5	6	8	10	12	14	8	4
Hospital based Paediatrics	5	12	6	16	7	11	5	7	22	19	26	14	7
School Nurse	2		3	2	2	2	1	3	3	4	4	2	1
Education Service	1	9	13	11	17	14	19	20	10	23	9	24	
Social Services	3		5	5	4	7	4	7	3	5	1	6	1
NHS Hospital Staff - Other	7	17	14	21	8	19	20	24	15	26	20	17	5
Other	21	19	27	44	23	21	23	26	20	32	31	35	27
<b>Total</b>	<b>80</b>	<b>125</b>	<b>155</b>	<b>164</b>	<b>119</b>	<b>143</b>	<b>148</b>	<b>142</b>	<b>118</b>	<b>186</b>	<b>173</b>	<b>168</b>	<b>83</b>

### Referrals not requiring Assessment and or Intervention



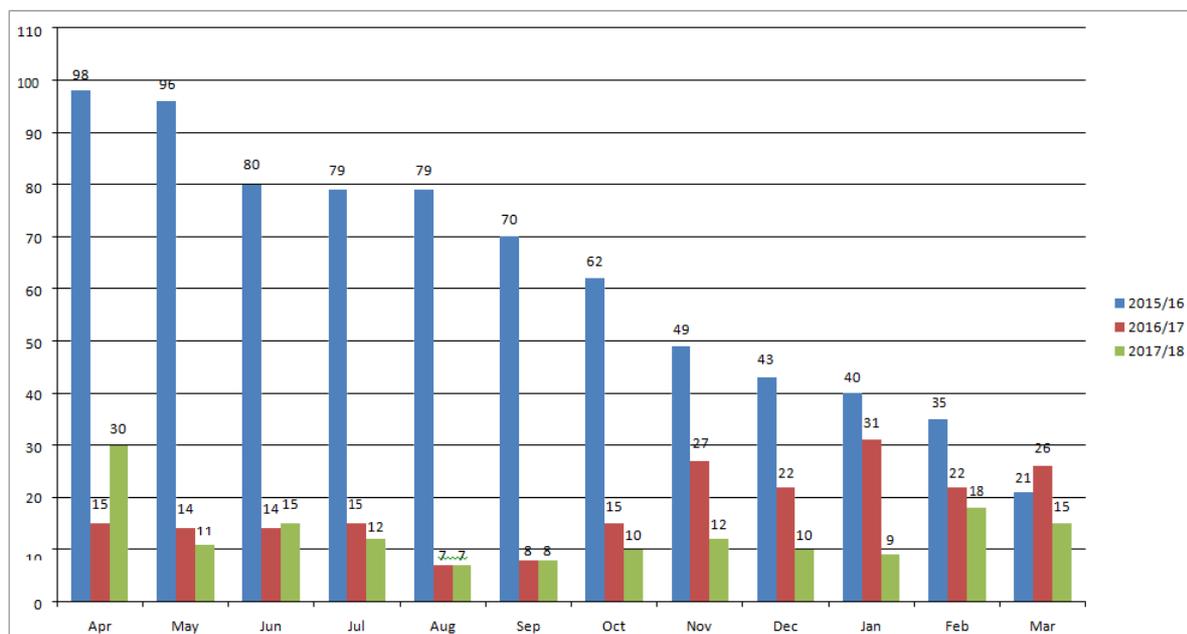
	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Barnsley CAMHS	27	26	58	58	49	37	59	65	48	67	60	74	46
<b>Total</b>	<b>27</b>	<b>26</b>	<b>58</b>	<b>58</b>	<b>49</b>	<b>37</b>	<b>59</b>	<b>65</b>	<b>48</b>	<b>67</b>	<b>60</b>	<b>74</b>	<b>46</b>

### Referrals not requiring Assessment and or intervention by Source



	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18
Self Referral							1		2	1	3		1
GP	18	16	33	32	27	19	37	31	23	26	30	44	26
Community based Paediatrics	1	1	6	6	2	2		5	5	9	7	6	3
Hospital based Paediatrics		1	2	5			3	3	2	5	7	5	1
School Nurse	1		1	2	1		1	3	2	4	1	1	1
Education Service	2	2	7	5	5	4	12	10	7	10	7	9	1
Social Services						3	3	1		1		1	
NHS Hospital Staff - Other		1	3	1	2	4	1	3	2	2		1	
Other	5	5	6	7	9	5	3	10	5	9	5	7	13
<b>Total</b>	<b>27</b>	<b>26</b>	<b>58</b>	<b>58</b>	<b>49</b>	<b>37</b>	<b>59</b>	<b>65</b>	<b>48</b>	<b>67</b>	<b>60</b>	<b>74</b>	<b>46</b>

## 7.0 Average Wait (in days) to Choice Appointment (Initial Assessment)



7.1 Looking at the graph above, it can be seen that the NHS Specialist CAMHS service continues to maintain the remediation achieved in 2016/17 of keeping waits to first appointment ('Choice' for assessment) to under 3 weeks against a commissioned KPI of 5 weeks (the current average being 10 days as in the August KPI report).

7.2 However, the table below highlights that access to actual treatment, in many instances, is still unacceptably long for all pathways.

<b>Average days wait by pathway</b>	<b>Oct 17</b>	<b>Nov 17</b>	<b>Dec 17</b>	<b>Jan 18</b>	<b>Feb 18</b>	<b>Mar 18</b>	<b>Apr 18</b>	<b>May 18</b>	<b>Jun 18</b>
Complex Behaviour	299	295	305	321	322	326	Data unavailable	324	309
Mood & Emotional	195	210	192	203	213	218		241	254
CIC (LAC)			0	52	51	42		38	38
Eating Disorder	The access and waiting time standard applies: 7 days for urgent and 28 days for routine and the service is meeting this.								

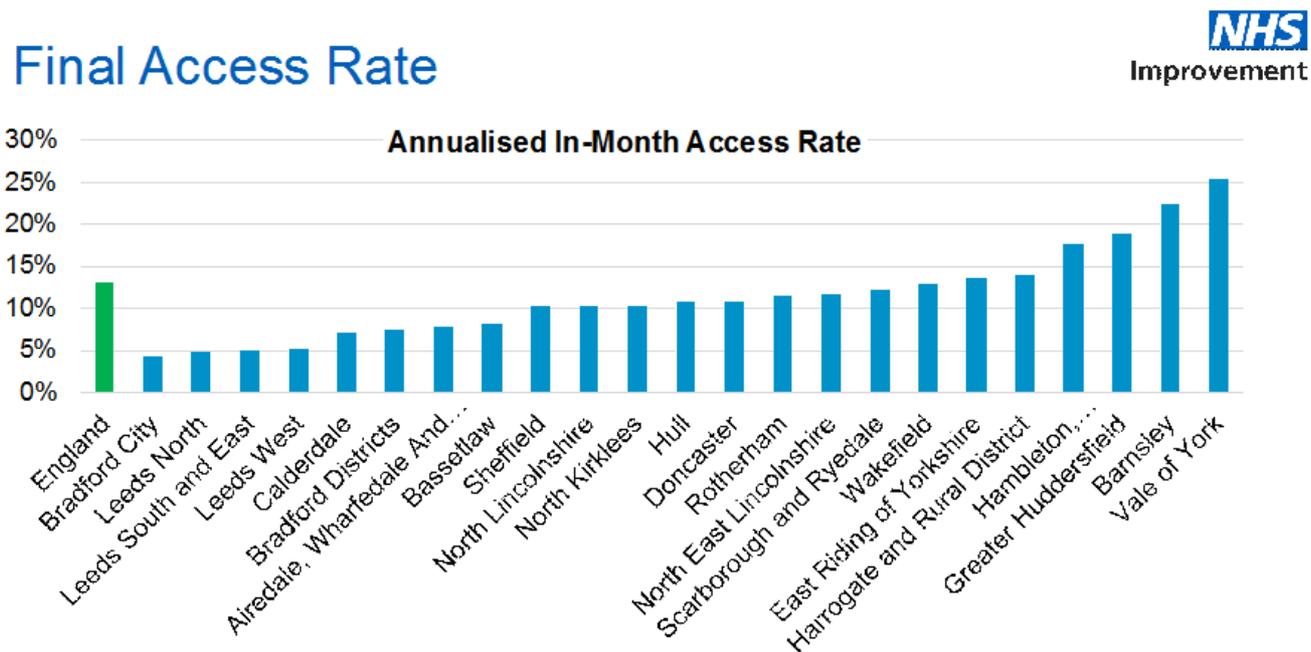
7.3 There is no longer a Solution Focused pathway but the service does still offer early intervention / short-term interventions via the CAMHS SPA (Single Point of Access) / Children and Young People Wellbeing Practitioner offer. However, solution focused interventions are offered across the pathways where indicated.

7.4 CAMHS have developed some of the other pathways to maximise skilled capacity, therefore the slight rise in days for the Complex Behaviour pathway has been influenced by the reallocation of the previous Learning Disability pathway patients to it.

- 7.5 This pathway is also dependent upon the right skill mix of other practitioners as need to be able to undertake some of the work that the consultants do (such as medication reviews), thereby freeing up consultation capacity to enable them to focus on new referrals (the ability to discharge is low on this pathway given the nature of conditions and medications associated with it). Equally the rise in referrals in 2017/18 from the previous year's drop will be influencing the access to treatment times and work is progressing to explore this.
- 7.6 Early indications suggest that although there is an overall increase of referrals in the last 12 months when compared with previous years, the longer waits are more reflective of an increase of the number of children on the CAMHS Complex behaviour pathway, particularly for children and young people with ADHD (Attention Deficit Hyperactivity Disorder). This can, to a large extent, be attributable to the current ADHD assessment and diagnosis process which is very lengthy, meaning that the young people remain on this pathway for a considerable length of time resulting in limited capacity for new referrals to be seen, which then increases the overall waiting time on this pathway.
- 7.7 In addition, it is apparent that approximately 75% of each CAMHS consultant's caseload is for children and young people with ADHD and a significant amount of their time is concerned with medication reviews. The Barnsley NHS Specialist CAMHS service are looking at alternative ways in which these medication reviews / issues could be dealt with by other practitioners, thereby freeing-up clinical capacity for the consultants to be able to assess new referrals.
- 7.8 SWYPFT (South West Yorkshire NHS Partnership Foundation Trust) who provide the Barnsley CAMHS service have advertised Nurse prescribing posts on a number of occasions but unfortunately have been unable to appoint to these posts. SWYPFT are continuing to look at alternative ways of delivering elements of this pathway and are preparing a business case.
- 7.9 The Barnsley Children and Young People's Trust CSI (Children's Services Improvement) Plan for 2018/19 has included a new strategic action whereby all providers across health, education and social care will work together to design a sustainable approach to the assessment, care and treatment of children and young people with ADHD. The interface between family centres, parenting programmes, school-based mental health services, educational staff, paediatricians and GPs will be integral to this work.
- 7.10 Specialist CAMHS and MindSpace are currently exploring how the offers of group work can be extended and promoted whereby engagement in group work can be increased.
- 7.11 The service has developed and introduced a process for the review and management of risk for children and young people whilst waiting on each of the pathways and continues to provide support and advice to families and professionals via the SPA i.e. is the child / young person deteriorating - if this is the case then the child/young person's priority becomes greater and they access the service sooner.
- 7.12 All of the historical cases waiting for Autism Spectrum Disorder (ASD) assessments were completed in March 2018. However, due to a continued high level of demand on this pathway, increased waiting times were being experienced on both the 0–5 ASD pathway but more significantly on the 5+ ASD pathway that is hosted by Barnsley Hospital NHS Foundation Trust (BHNFT). As the remedial ASD assessments had been completed by January 2018, a small limited resource became available. The ASD Steering Group agreed that this resource should be transferred from SWYPFT to BHNFT in order for it to be utilised on the over 11 pathway to reduce the significant waiting times for assessment that were now being experienced. This resource enabled weekday evening and Saturday morning clinic sessions to be undertaken which proved to be very successful. Transferring the resource however did mean that SWYPFT lost the potential to utilise this resource to make any positive impact on any of their pathways.

## 8.0 Metrics

- 8.1 The NHS Improvement Intensive Support Team are looking at developing a new set of metrics on which to assess providers and CCGs on their performance in relation to CAMHS to better reflect the level of interventions and support that is provided but not currently captured. Including these metrics in the table below shows that the Barnsley CAMHS service is performing well above the England average.



## 9.0 Workforce Development

### Children & Young People (CYP) – Increasing Access to Psychological Therapies (IAPT)

- 9.1 The service continues to actively engage in the CYP-IAPT training programmes in order to improve outcomes and experience of care for children, young people and their families by increasing access to effective services and evidence based therapies through system-wide improvements. The service was successful in recruiting two CYP well-being practitioner trainees who are located within SPA on the first national cohort training programme in July 2017 who completed training in June 2018. The CCG has invested in these two qualified CYP well-being practitioners for one year July 2018–June 2019. A further two trainees commenced the programme in June 2018 and this will enhance the offer for Barnsley. In addition a current Expression Of Interest (EOI) for two further trainees on the third cohort is pending.
- 9.2 Barnsley has four Recruit to Train posts of which three have remained on the programme. These are Post Graduate Diploma Parenting trainees and are based in Family Centres. This will further develop the local offer and the interface with CAMHS for parenting interventions. The CAMHS Parenting Specialist who is on the Parenting Supervisor programme is supervising the trainees and is exploring options for pathway development with the family centre manager. The first parenting programme has been delivered and a review of parent feedback is pending.
- 9.3 CAMHS also has one IAPT trainee who started the course in January 2018. Barnsley allocated two Enhanced Evidenced Based Practice programme (EEBP) places. One trainee is located on the Youth Offending Team and one in the 0-19 Public Health Nursing Service. Both trainees are supervised by a Cognitive Behavioural Therapy (CBT) Practitioner from Specialist CAMHS.

## General Workforce Development

- 9.4 Further skill mixing is underway within Specialist CAMHS as investment and vacancies arise to provide career progression and development in the service to maximise retention of well-trained experienced staff.
- 9.5 The introduction of CYP-Well-being Practitioners has brought an additional layer of opportunity. The team is now undertaking a skills and knowledge assessment within the pathways to inform training and development requirements and how we can develop a wider offer for evidence-based individual and group based interventions.
- 9.6 Dialectical Behaviour Therapy (DBT) training has been funded by the service for nine staff (the majority of which are within the Young Persons Outreach Service (YPOS) team. This team supports the most difficult, hard to reach young people.

### **10.0 Summary**

- 10.1 The recurrent transformation monies received from NHS England in support of delivering the recommendations of the 'Future in Mind' report continue to enable all health and social care partners to transform the delivery of services for children and young peoples' emotional health and wellbeing across the whole system in Barnsley.
- 10.2 The passion, commitment and drive amongst all partners to deliver better outcomes for Barnsley's children and young people has resulted in strong bonds between partners delivering key elements of the 'Future in Mind' programme in Barnsley, namely MindSpace, Chilypep, CAMHS, Youth Offending Team, Public Health, Early Years, parents, schools, voluntary sector organisations and the children and young people themselves.
- 10.3 Significantly, over the past few years, there has been full engagement from all key stakeholders across the borough through the agencies of the Future in Mind work which now sees schools actively pursuing their role in this key agenda and recognition of the need to effectively support parents of which the MindSpace service has been pivotal.

### **11.0 Future Challenges – Peer Review**

- 11.1 However, there is still much to do. We need to evaluate the effectiveness of the actions / redesigns taken to date to ensure the best possible outcomes are achieved. As part of this evaluation Barnsley CCG is to 'buddy' with Doncaster CCG to undertake a Peer Challenge Review of our children and young people's emotional health and wellbeing services. The Peer Challenge Review will occur in Autumn 2018 and is being both supported and facilitated by Rob Mayall, Director of SIMUL Ltd. and Local Authority North of England Transformation Lead.
- 11.2 It has been agreed that the Peer Challenge Review will focus on the following areas:
- School preparedness in relation to the Green Paper
  - Progress towards developing a sustainable workforce
  - Effectiveness of arrangements for children in crisis and or with acute needs
  - Effectiveness of Transforming Care arrangements
  - Effectiveness of Early Help arrangements
- 11.3 Both Doncaster and Barnsley CCGs will undertake a self-assessment of their services using a self-assessment tool. The self-assessments will then be swapped and critically analysed and the outcomes shared with each team of assessors. The teams will then come together on Friday 9<sup>th</sup> November to discuss and challenge the outcomes resulting in recommendations being made and agreed.