

Report to the Overview and Scrutiny Committee (OSC) by Barnsley Clinical Commissioning Group (BCCG) and South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) regarding Children and Young People's Mental Health Services in Barnsley

1.0 Introduction

- 1.1 Children and Young People's Mental Health Services (CYPMHS) refers to all the services that work with children and young people (CYP), up to the age of 18 years of age, who may need help and/or support with their emotional health and wellbeing.
- 1.2 The aim of this report is to provide an update to the Overview and Scrutiny Committee (OSC) on the work that has been undertaken since October 2018 by both Barnsley Clinical Commissioning Group (the Commissioner) and South West Yorkshire Partnership NHS Foundation Trust (the Trust) to improve and transform CYPMHS within Barnsley. The main focus will be on the following services:
- Mental Health School Teams (MHSTs)
 - Children and Young People's Empowerment Project (Chilypep)
 - Specialist Child and Adolescent Mental Health Services (CAMHS) provided by the Trust
- 1.3 Within this report, the current waiting list position for CAMHS is provided so that the OSC can see the significant improvements that have been made to date to reduce the number of CYP waiting for initial treatment as well as waiting times for this treatment to commence. This work has been undertaken alongside other aspects of CAMHS improvement work which commenced 15 months ago and is ongoing.

2.0 Background

- 2.1 As reported previously to the OSC, it has been acknowledged at a national level (with the production of the Department of Health's 'Future in Mind' report¹) that service provision to support CYP's emotional wellbeing and mental health needed to focus on a number of aspects including:
- Promoting resilience, prevention and early intervention
 - Improving access to effective support
 - Care for the most vulnerable
- 2.2 At the OSC meeting, in October 2018, the Commissioner reported that they had commissioned work from MindSpace to deliver low level emotional health and wellbeing support to Barnsley secondary schools in the form of a Mental Health School Team (MHST). Chilypep had been commissioned to deliver aspects of work alongside MindSpace to promote resilience, prevention and early intervention. Their work included developing young Commissioners, promoting the CAMHS Single Point of Access (SPA) and engaging with Children in Care to improve their access to services.
- 2.3 In addition, the Commissioner had submitted a bid for national funding to create a second MHST who would focus on primary school children, those in post 16 education and vulnerable groups (for example, those who are educated at home) and to deliver a four-week waiting time pilot for one of the CAMHS pathways as supported by the Barnsley Children's Executive Commissioning Group.
- 2.4 Commissioning low level emotional health and wellbeing support services, such as MindSpace and Chilypep, was not primarily to reduce direct referrals to CAMHS but rather to meet what has previously been an 'unmet' need. Referrals into CAMHS cannot be reduced until the whole local system is more robust and an acknowledgement of this has led to the development of stronger collaboration between local partners.

¹ 'Future in Mind' report, published in March 2015, 'considered ways to make it easier for children, young people, parents and carers to access help and support when needed and to improve how children and young people's mental health services are organised, commissioned and provided'.

2.5 In 2018 the position for the CAMHS service, as reported to the OSC at that time, is summarised as follows:

- A high proportion of CAMHS caseload includes children and young people who have complex mental health needs and those who have been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD)
- 75% of each CAMHS consultant's caseload is for children and people with ADHD
- Access to treatment waits were unacceptably long for all aspects of CAMHS
- The referrals to CAMHS had risen in the early part of 2017/18 and thus having an impact on waiting times for treatment
- Recruitment to nurse prescribing posts had been unsuccessful
- Assessment of all children and young people with Autism Spectrum Disorder (ASD) was to be provided by Barnsley Hospital NHS Foundation Trust rather than by CAMHS

3.0 Current Position

3.1 Since October 2018, a significant amount of work has been progressed to improve and transform the provision of CYPMHS within Barnsley. The key activities that have been completed and/or in progress are summarised below:

- Independent Review of CYPMHS
- Co-production of service specification for CYPMS moving away from the traditional medical Tiered model and Tendering Process
- Establishment and Work of CYPMHS Steering Group
- CAMHS Improvement Programme of Work
- Addressing and Improving the CAMHS Waiting List Position
- Mental Health School Teams – New Provider
- Strengthening support and focus on CYPMHS

Independent Review of CYPMHS

3.2 The NHS Improvement Team (which is part of NHS England) was commissioned to undertake a review of CYPMHS within Barnsley in early 2019 with a specific focus on the services provided by both MindSpace and the Trust. The main areas covered in the review were waiting times, effectiveness of the Single Point of Access (SPA), relationships between the Commissioner and providers, as well as value for money for the services provided.

3.3 Following the visit to Barnsley by the NHS Improvement Team, a report was produced which made a number of recommendations for Barnsley as a whole system including:-

- a) the development of a service specification with key performance indicator targets relating to access, activity, clinical quality, throughput and productivity; and
- b) the establishment of a joint forum across Commissioner and the providers with clinical and managerial representation

Co-production of service specification for CYPMHS moving away from the traditional medical Tiered model and Tendering Process

3.4 In October 2019, the Commissioner made the decision to put the CYPMHS out to tender following the development of a service specification for CYPMHS. Within this specification, the Commissioner described the service that they expected to be delivered by the successful provider(s) within the Thrive framework. As part of developing this service specification, focused engagement was undertaken with CYP, their carers and/or family members, professionals working in services delivered to CYP (including health, social care and education), and the wider public – a total of 142 people. People were given the opportunity to sense check the specification i.e. if anything should change and/or had been missed. Overall, the general viewpoint was that the proposed new model was the right thing to do in Barnsley.

- 3.5 The Thrive Framework for system change (Wolpert et al, 2019) is an integrated, person-centred and needs-led approach to delivering mental health services for children, young people and families which conceptualises need in five categories: Thriving, Getting Advice and Signposting, Getting Help, Getting More Help, and Getting Risk Support – as shown in the diagram below.

Diagram 1: Thrive Framework – Conceptualising the mental health needs of CYP



- 3.6 In relation to the Thrive Model, a significant proportion of the CAMHS work is expected to focus on the 'Getting Help' and 'Getting More Help' quadrants, as well as working in partnership with and supporting other agencies such as Chilypep and MHSTs, especially for the 'Getting Advice' quadrant, and Barnsley Social Services / Safeguarding Teams for the 'Getting Risk Support' quadrant.
- 3.7 The Trust submitted a bid in November 2019 with a community sector partner which was considered to be a failed bid by the Commissioner due to the costs exceeding the monies that were being made available by the Commissioner to fund CYPMHS. The Commissioner made the decision to undertake a further tendering exercise which was then suspended due to the pandemic situation.
- 3.8 In June 2020, the Commissioner sent a letter to the Trust to indicate its Governing Body has made the decision to cancel the tender exercise and extend the contract with the Trust for CAMHS to the end of March 2021 with a view to working together during the next few months to develop a future CAMHS model from April 2021 onwards. In parallel, the Commissioner had decided to tender the MHST aspect of CYPMHS as a separate contract.

Establishment and Work of CYPMHS Steering Group

- 3.9 In October 2020, a CYPMHS Steering Group was established, which has senior clinical (lead consultant psychiatrist and the two lead GPs for Mental Health and Children) and management representatives from both Commissioner and the Trust, with the intention that they oversee the development, delivery and implementation of the new CAMHS model. Barnsley Public Health Children's Transformational Lead is also a member of this Group. This reflects one of the key recommendations from the NHS Improvement Team report.

3.10 The focus of the CYPMHS Steering Group's work to date has been:

- Developing a mutual understanding of the elements of the service specification including clarity of Commissioner expectations where required/appropriate
- Enabling transparency of the CAMHS team's interpretation of the service specification when undertaking the demand and capacity modelling for the proposed clinical pathways of the new CAMHS model, which reflect the Thrive four quadrants
- Reviewing and signing off the proposed clinical pathways
- Ongoing updates of the CAMHS waiting list position in terms of numbers and waiting times
- Highlighting service pressures (e.g. ADHD) and service gaps in terms of current resourcing shortfalls specifically for Children in Care and Eating Disorders therapeutic interventions

3.11 At the December 2020 meeting, the CCG representatives agreed the proposed clinical pathways in principle, thus allowing the next stage to progress in terms of costing these pathways. This enables a fuller understanding of the totality of service provision costs with the acknowledgement that a prioritisation and/or phasing exercise may be required to reflect what monies the Commissioner has available to spend on CYPMHS – this is covered in more detail in section 4 – Future Plans and Challenges.

3.12 There is an expectation that the CYPMHS Steering Group will be progressing and overseeing the delivery of the new CAMHS model in conjunction with the mobilisation of the new Mental Health School Teams (MHSTs). With effect from February 2021, the membership will be extended to include representatives from Compass who is the new provider for MHSTs.

CAMHS Improvement Programme of Work

3.13 In recognition of the issues and challenges within the Trust regarding waiting times, the Trust Board included CAMHS as one of its key priority areas in August 2019, thus enabling appropriate support to be provided and a fuller understanding of issues and challenges. The work is overseen by the CAMHS Improvement Board which meets monthly and is chaired by the Director of Operations and includes the Director of Nursing/Quality & Deputy Chief Executive as part of its membership.

3.14 Since November 2019 onwards, the key areas of improvement for CAMHS that have been made include:

- The development of a CAMHS Improvement Plan which incorporates a number of strands of work (including NHS Improvement Team's recommendations for the Trust and Care Quality Commission recommendations) into a single improvement plan – a brief summary of which is provided in section 5 of the report.
- Full implementation of the CAMHS Crisis & Home Based Treatment Team (CAMHS CHBTT) and All Age Mental Health Liaison Team (AAMHLT) – As part of the Commissioner's plans and following successful bids for additional funding, the Trust has extended the functionality of its CAMHS CHBTT from a Monday to Friday service to a 7-day service operating from 9am to 5pm every day. This has been in place since September 2019.

To complement this service and in line with national plans, the Trust has established a fully operational AAMHLT in Barnsley Hospital since October 2020. The MHLT is responsible for seeing any person, including those under 18 years of age, who present at A&E in mental health crisis and the service operates on a 24-hour/365 day basis.

When a CYP has been seen in the Accident & Emergency Department and requires a follow-up appointment, the case is transferred from the AAMHLT to the CAMHS CHBTT who will see the CYP within 7 days after their visit to the hospital.

- Review of existing pathways – One aspect of the CAMHS improvement plan has been for the senior CAMHS staff to consider the way that current clinical pathways function and to consider what area(s) need to be improved, with appropriate consideration of the Commissioner's service specification for CYPMHS, with the CYP being at the 'centre' as well as ensuring it is the most 'effective' way of using CAMHS resources.

- Strengthening relationships with key partners including liaison - CAMHS continues to strengthen its working relationships and liaison role with key partners including MindSpace, Chilypep, 0-19 services, thus ensuring that CYP are able to gain the right level of advice and/or support from the most appropriate provider. Weekly liaison meetings have been held with Chilypep and MindSpace at which referrals are discussed as to who is the most appropriate service to support the CYP. CAMHS have supported the development of the emotional health and wellbeing pathways within the 0-19 offer and the 0-19 service are now included in the CAMHS discharge process to ensure robust systems of support for CYP.

CAMHS is also actively involved in the CYP Emotional Health and Wellbeing Board and values the importance of both being involved and contributing to the wider system development, working together and engaging with all of the members on this Board.

- Changing the way the Barnsley CAMHS service works - In light of Covid-19 and during the first national lockdown, CAMHS took the initiative to capture the staff's experience of what it meant for them to work differently (including delivery of virtual groups and telemedicine consultations) and how they were continuing to support CYP with their mental health concerns (which dovetailed with the 'leanness and service effectiveness' workstream of the CAMHS improvement plan). The resulting report was shared with the Commissioner – a summary of the findings is provided in section 5 of this report. Work has been ongoing to encourage and facilitate staff to adopt and adapt the way that they work.
- Review of all cases open to CAMHS – Work commenced in December 2020 to review the cases that are 'open' to CAMHS to enable there to be a full understanding by the CAMHS Senior Leadership Team as to what treatment(s) CYP may require after they have their initial episode of treatment. This will assist CAMHS and the Commissioner to have a fuller and robust picture of the complexity of cases and where there may be additional service pressures. CAMHS is expecting to complete this aspect of work by the end of March 2021.
- Introducing new models of working – CAMHS has been successful in recruiting to a number of its vacant posts including nurse prescriber and pharmacist prescriber which provides an opportunity for CAMHS to consider the best way to deliver some of its services and provide support to the medics who have a high number of CYP with ADHD on their caseloads.
- Improving data capture and reporting - Barnsley CAMHS has taken the lead in working with the Trust's Performance and Information Team to improve data capture and reports for use within the service. Two examples are a) the establishment of a daily waiting list report which allows the senior leadership team to have a clear picture of the waiting list position within CAMHS and b) the development of the waiting list module within the Trust's clinical patient record system, thus enabling the capture of those on the waiting list for first episode of intervention and 'secondary waits'². This gives clarity throughout the service as to what intervention and/or support the CYP needs following initial assessment by the Single Point of Access (SPA) Team.
- Addressing the CAMHS waiting list position – The major priority for both CAMHS and Commissioner has been to address the CAMHS waiting list position which was resulting in CYP having to wait an unacceptable time for treatment following being accepted by CAMHS due to requiring specialist support for their mental health issues/needs. The work undertaken by CAMHS is described in fuller detail (in paragraphs 3.15 to 3.25 of this report).

² A secondary wait is where a CYP has completed their first episode of treatment and it has been identified that they need some additional intervention and/or support. An example would be a CYP who may have complex mental needs and the dynamics within the family may contribute to the CYP's mental health and wellbeing and they would benefit from having some individual therapy as well as family therapy involving family members.

Addressing and Improving the CAMHS Waiting List Position

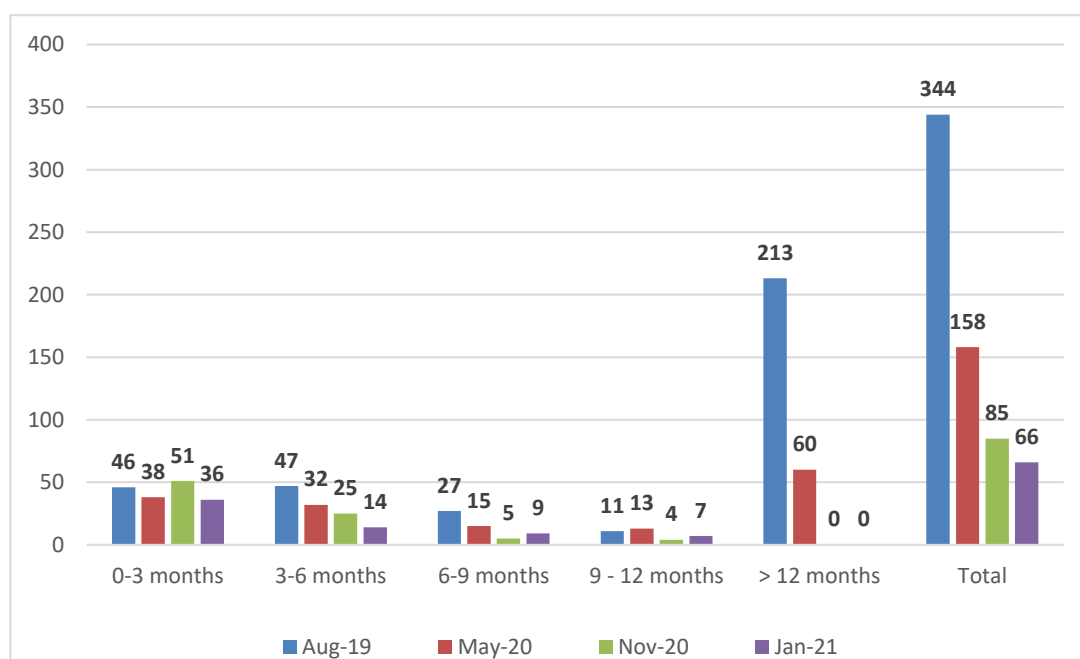
- 3.15 The Commissioner has funded two initiatives to improve the CAMHS waiting list which were:
- Additional temporary medical staffing services to enable an additional 100 CYP who were awaiting commencement of ADHD medication to commence this treatment prior to the end of March 2020
 - Reduce the number of CYP waiting for specialist mental health intervention (214 CYP) and associated waiting times as well as preventing 50 CYP coming on to the CAMHS waiting list as a result of re-directing/signposting CYP to be supported by Chilypep and/or MindSpace
- 3.16 By the end of March 2020, 78% of the 100 cases had been offered appointments and the remaining 22 cases had been accepted into treatment by the end of April 2020. The slight delay is attributed to the first lockdown associated with Covid-19 situation. CAMHS service along with other Trust services took the decision to minimise the number of face-to-face contacts and were in the early stages of learning how to offer services in a different way. The Trust has continued with these temporary staffing resources throughout 2020/21 to enable continuation of medication reviews (every six months) for those who were commenced on ADHD medication as well as offering appointments to other CYP who were awaiting ADHD medication.
- 3.17 Prior to the start of the second initiative, in September 2019, there were a total of 330 CYP waiting for a CAMHS treatment/intervention following initial assessment and included CYP waiting for ADHD diagnostic assessment. The delivery of this initiative commenced in December 2019 and was expected to run until the end of July 2020. Chilypep was funded to deliver additional lower level interventions, thus allowing some referrals to CAMHS to be re-directed to Chilypep appropriately, as well as some cases being 'stepped down' from CAMHS for ongoing mental health support. Where a CYP was 'stepped down', this was done in agreement with the CYP and their families.
- 3.18 Table 1 (below) shows the waiting list reductions for CAMHS on a month by month as well as on a cumulative basis. November 2019 has been used as the baseline month to take account of the Commissioner approval for the waiting list initiative. It should be noted that CAMHS continued to accept new cases for treatment.
- 3.19 As a result of the second initiative, there were 108 CYP on the waiting list at the end of July 2020 compared with 330 CYP at end of September 2019. During this period, CAMHS accepted 146 CYP as new cases for treatment. CAMHS achieved a total of reduction of **335** cases. In addition, 105 CYP were re-directed to Chilypep (71 cases) and/or MindSpace (34 cases) and thus prevented appropriately from coming onto the CAMHS waiting list.
- 3.20 The opportunity to re-direct referrals to other partners appropriately is not to be under-estimated. This has been a key 'enabler' for referrers, CYP and their families as well as other professionals including CAMHS staff to recognise that CAMHS should not be seen as the 'only service' who supports CYP with mental health issues.
- 3.21 In recognition of the significant progress to reduce waiting list numbers and waiting times, the temporary resources employed for the second waiting list initiative have been continued up to now, thus avoiding any potential setback with the progress made and thus enabling the Commissioner and the Trust to consider how best to fund the additional staffing resources on a permanent basis.
- 3.22 The position as of end of January 2021 (as shown in Table 1 below) is that there is a total of **66** CYP waiting for initial CAMHS treatment and the cumulative waiting reduction is a total of **533** cases.

**Table 1: CAMHS Waiting List Tracker – By Month and Cumulative Effect
For period: September 2019 to end of January 2021**

Aspect	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Total no. of CYP waiting for treatment (Rx) (all pathways)	330	325	297	290	269	236	210	191	156	113	108	100	87	99	85	65	66
Nos accepted for CAMHS Rx				14	22	17	18	25	15	16	19	15	19	33	35	29	25
Waiting List Reduction for month				21	43	50	44	44	50	59	24	23	32	21	49	49	24
Actual Waiting List Reduction (Cumulative) for month				21	64	114	158	202	252	311	335	358	390	411	460	509	533

3.23 Figure 1 (below) shows the CAMHS waiting list position in terms of the numbers of CYP waiting and the waiting time period at different 'snapshot' time points. It can be seen that there has been a significant reduction in the number of CYP waiting for more than 12 months for commencement of their treatment.

**Figure 1: CAMHS – Waiting Times and Numbers for First Episode of Treatment
(for all Pathways)**



3.24 At the start of the COVID-19 pandemic situation, CAMHS did have a reduction in the number of referrals it received for the months of April, May and June 2020. However, the number of initial assessments conducted remained fairly unchanged as well as the number of those who have been 'accepted' into the service as requiring specialist CAMHS treatment. In addition, since October 2020, CAMHS has experienced an increasing demand for their services with the numbers of those being accepted for treatment being higher than previous months, as shown in Table 2 (below).

3.25 Whilst both initiatives have been very successful and delivered the expected outcomes, three key issues have been identified and/or arisen which are seen as ongoing challenges and will be covered in more detail in the next section.

Table 2: CAMHS – Initial Assessments Conducted and Accepted into Service for Treatment for Period: October 2019 to 31st January 2021

Aspect	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21
Initial Assessments Conducted	28	22	21	33	24	29	33	23	21	29	19	24	46	45	40	30
Nos accepted for CAMHS Treatment	22	19	14	22	17	18	25	15	16	19	15	19	33	35	29	25

New Provider for Mental Health School Teams

- 3.26 As mentioned earlier, the Commissioner made the decision to put the MHSTs out to tender in December 2020 in light of making additional funding available for a second MHST as well as being successful in a bid to get monies to fund a third.
- 3.27 The Commissioner received three responses to its tender and made the decision to award the MHST contract to Compass³. As part of the transition arrangements, the existing MindSpace team have had their employment contracts transferred to Compass and Compass will be responsible for the delivery and implementation of the three MHSTs with effect from 1st February 2021 onwards.
- 3.28 Compass has a wealth of experience in delivering MHSTs in other parts of the country and are keen to work in close partnership with CAMHS and other partners to improve the CYPMHS within Barnsley.

Strengthening Support and Focus on CYPMHS

- 3.29 Within Barnsley, there has been ongoing work to strengthen the support and focus on CYPMHS which has included:
- CYP Emotional Health and Wellbeing Transformation Lead now in post
 - Autism Parenting Practitioner within Family Services
 - Development of an App facilitated with MindSpace involving CYP in Barnsley
 - Potential 'Expressions of Interest' for the future Waves 5 to 10 of the MHST Trailblazer programme
 - Local, regional and national resources developed to support the emotional health and wellbeing of children and young people specifically in relation to the impact of the coronavirus pandemic.

4.0 Future Plans & Challenges

- 4.1 During the delivery of the waiting list initiative, the following three key issues have been identified/arisen and seen as challenges which the Trust and Commissioner are jointly considering as part of the ongoing discussions regarding the new CAMHS model and associated additional funding requirements:
- CYP who have been diagnosed with ADHD following assessment are now in effect secondary waits and require further intervention by the Service, including the commencement and adjusting the dose of ADHD medication, and regular six-monthly medication reviews in line with NICE guidance; thus becoming part of the enduring CAMHS ADHD caseload. Any CYP who is on ADHD medication is expected to remain on the CAMHS caseload until they reach the age of 18 years at which time, following agreement with the CYP/family they will either be discharged from CAMHS back to the care of the GP or be transferred for ongoing support from the Adult ADHD service.
 - Children requiring support for developmental trauma/attachment issues – There is a number of CYP who need significant support for developmental trauma/attachment issues which requires specialist skills within the CAMHS service such as psychologists, psychotherapists and family

³ Compass is a charity providing health and wellbeing services, helping people unleash their unique potential and live healthier, safer and more fulfilling lives.

therapists. The current staffing resource within CAMHS with these specialist skills is relatively low and therefore there is a resulting mis-match between demand and capacity.

- c) Waiting Lists for MindSpace and Chilypep – During the delivery of this initiative, a temporary ‘hold’ was placed on any further re-directs/referrals to Chilypep’s BRV⁴ programme in light of the current COVID-19 situation which is impacting on the delivery of this programme of work. Subsequently, in August 2020, it was agreed with the Commissioner’s Head of Commissioning (Mental Health, Children’s and Maternity) that CAMHS should not continue ‘to hold’ onto any appropriate re-directs and/or referrals as this would lead to increased numbers on the CAMHS waiting list inappropriately and would not give a ‘true’ picture of potential demand for support and/or interventions from ‘early help’ providers such as Chilypep and MHSTs.

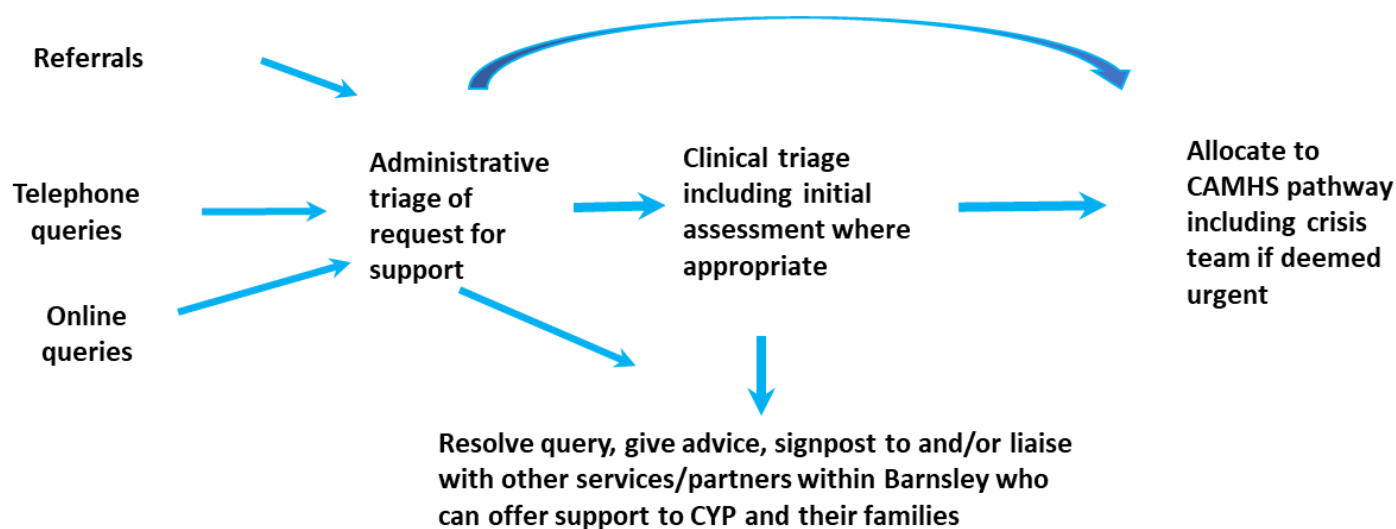
- 4.2 Within the CYPMHS Steering Group, there has already been discussions regarding ‘shared care’ arrangements between GPs and CAMHS for those who are on ADHD medication and who could have their 6-monthly reviews conducted in primary care with appropriate back-up support from CAMHS clinicians where required. An initial discussion was held at the Barnsley GP Clinical Forum to explore the opportunity to progress this way of working. However, at this stage, with current pressures on primary care resources, it was deemed that this was not the right time to implement this. It was agreed that this would be revisited again in 12 months’ time.
- 4.3 As mentioned earlier in this report, CAMHS has been accepting more CYP for treatment since October 2020 onwards, this may be due to the COVID-19 situation and resulting impact on CYP’s mental health and wellbeing. A validation review was undertaken of those who were accepted for treatment during November 2020 to check whether the CYP do need specialist CAMHS support and this has been found to be the case.
- 4.4 Both the Commissioner and the Trust recognise that the priority is to avoid any deterioration of the CAMHS waiting list and all the hard work that has been undertaken by the CAMHS staff to date to improve the waiting list position.
- 4.5 The new co-produced service specification developed for CAMHS included the aspirations and ambitions not only of local children and young people but also of those contained within the ten-year NHS Long Term Plan (published in January 2019). A significant level of transformation, and additional investment, will be required to achieve these ambitions and these changes will occur over the next few years. Given the impact of Covid-19 on the anticipated increased levels of demand for all mental health services and other priority areas, it is unlikely that the full levels of investment will be available in 2021/22 and even if it were, the required changes would not be able to happen overnight. The commissioners and providers are therefore working closely together to ensure that the required levels of resources are available within a phased approach.
- 4.6 Subject to funding being available, it is planned that the current CAMHS Single Point of Access (SPA) would evolve and change its function and remit to become the Barnsley Children’s Mental Health Single Point of Contact (SPoC) within the context of the Thrive framework for supporting the mental health and wellbeing of children, young people and families in Barnsley.
- 4.7 The vision of the SPoC is that any CYP, their family/carer and/or any professional within Barnsley, will know where they can go to, as a starting point, for any advice and/or support when they have any concerns about a CYP’s emotional well-being and/or MH. This would mean that anyone can make a request for advice/support without having to feel that they have to seek a referral from the CYP’s GP to gain support for a MH issue/concern.
- 4.8 The SPoC would receive all requests for advice and/or support for any emotional well-being and/or MH issues/concerns of CYP up to the age of 18 years old. This age range is expected to extend up to 25 years of age subject to further discussions between CAMHS and the Commissioner. The SPoC would be viewed as the primary point for anyone in Barnsley to go to where there are some concerns about the emotional well-being and/or MH of a CYP. The SPoC process is summarised in Figure 2.

⁴ The BRV (Belonging, Resilience, Vocabulary) project works with a group of young men and boys in Sheffield and Barnsley to help them achieve a sense of belonging, resilience and improved understanding of themselves. Through group workshops, art and photography sessions, the boys and young men will explore and enrich their emotional intelligence.

4.9 The envisaged benefits of the MH SPoC are:

- ✓ Operate a “No wrong door” policy⁵ - Pass on/liaise role rather than redirect which minimises CYP and their families feeling that they have to tell their story more than once
- ✓ C&YP being sign-posted to the organisation who is best placed to support their MH needs in a timely manner
- ✓ Minimising any confusion about how to access advice and/or support and avoid multiple referrals or requests for support
- ✓ Being seen as the sole and focal point of contact for anyone who wishes to refer a CYP (including self-referral) for any MH issue/concern
- ✓ Being seen as a focal point with good links to other services and organisations within Barnsley and being a knowledge resource of what is available within the Barnsley area
- ✓ Acting as a broker who manages requests for advice, support and help for a range of people and **not** just for CYP
- ✓ Operating as a fast track facility for those who contact the SPoC within 12 weeks of being discharged from CAMHS (where required)

Figure 2: The Envisaged SPoC Process Flow



(as adapted from NHS Improvement – Single Point of Access, May 2019)

- 4.10 In developing the SPoC, CAMHS expects to work with a number of key partners to ensure that their valuable contributions in designing and shaping the SPoC are incorporated as well as joint consideration and agreement on how to ensure the expected benefits in having a SPoC in place are achievable. To date, a discussion paper was presented at the Children’s Emotional Wellbeing and Mental Health Board and there was initial commitment by all partners for the development of the SPoC and a strong desire and willingness to be part of its design and development.
- 4.11 As part of future plans, and explicit within the new co-produced CAMHS service specification, the commissioner wants to extend the age range, as part of the CYPMHS offer and support, up to the age of 25 years of age, as per the ambition of the NHS Long Term Plan.
- 4.12 Building on the engagement already carried out, partners will continue to engage with CYP, professionals and the public in Barnsley thus enabling them to shape the services and ensure that they meet the needs

⁵ “No wrong door policy” – This means that a CYP who makes contact with or is referred to the MH SPoC would **not** be advised that they have to get in touch with a different partner/organisation to gain the support or help that they need for their mental health concerns/issues. Subject to the CYP (or family’s) consent, the information that they or others have provided on their behalf would be passed on to the relevant partner/organisation.

of the population. One of the next engagement activities will include engagement on the development of the MHSTs.

5.0 Background Information

Barnsley CAMHS Improvement Plan – February 2020

- 5.1 An improvement plan was developed for Barnsley CAMHS in February 2020 to summarise the improvements and/or changes that the CAMHS team will be aiming to achieve over the next twelve month period.
- 5.2 This plan was influenced by and took into consideration:
- NHS England and NHS Improvement Review of Barnsley CAMHS ((IST Review) – April 2019;
 - Relevant recommendations from the Care Quality Commission (CQC) inspection undertaken in May/June 2019;
 - Engagement event held with staff in July 2019 facilitated by Deputy Director of Strategy and Change resulting in the identification of the drivers and projects
 - Barnsley Clinical Commissioning Group (CCG) tender service specification – Nov 2019
 - Waiting list initiatives to address waits for ADHD Assessments and CORE CAMHS treatment
- 5.3 By developing a single plan for the service, this provided the opportunity for CAMHS to pull together a number of existing action plans and other identified service improvements into a single improvement plan.
- 5.4 In delivering this improvement plan, a number of key benefits/improvements were expected to be achieved which were:
- ✓ Significant reduction of the current waiting lists for treatment within the CAMHS core services and for ADHD assessments;
 - ✓ Shorter waiting times for CAMHS core services with the expectation that the CAMHS service will be able to work towards a timescale as agreed with the Commissioner;
 - ✓ Smooth transition of CYP to Adult Mental Health Services where appropriate/required;
 - ✓ Adoption and visible LEAN⁶ way of working throughout CAMHS;
 - ✓ Working towards the THRIVE model with a greater emphasis on signposting people to alternative resources where appropriate and on partnership working with voluntary sector, other agencies and Barnsley social care services;
 - ✓ Robust understanding of service's capacity with an early indication of where demand exceeds capacity thus enabling appropriate dialogue with the Commissioner;
 - ✓ Fully functioning all age liaison service within Barnsley Hospital Emergency Department and 7-day CAMHS Crisis & Home Based Treatment Team.
- 5.5 Within the plan, a number of workstreams have been identified and action plans have been developed for each workstream thus enabling CAMHS Senior Leadership Team and CAMHS Improvement Board to monitor the progress of delivering the individual workstreams and associated action plans regularly at their meetings.

Barnsley CAMHS – 'Changing the Way We Work' Report –May 2020

- 5.6 In light of the COVID-19 situation Barnsley CAMHS, along with other Trust Services, had to change the way it was working, providing clinical support and adapt to a new way of working in a very short time period.
- 5.7 Within the CAMHS improvement plan, there was a workstream focusing on leanness and service effectiveness and the current situation provided a real opportunity for the CAMHS Service to identify

⁶ LEAN as described by NHS Improvement is "Lean is an improvement approach to improve flow and eliminate waste. LEAN is basically about getting the right things to the right place, at the right time, in the right quantities, whilst minimising waste and being flexible and open to change."

changes being made by its staff, gain insight of staff's experiences and identify what any aspects should be retained, stopped or adopted once the current situation was alleviated in the form of a survey.

- 5.8 A survey was sent out to all staff at beginning of April 2020 which was two weeks after the Government's lockdown and expectation of social distancing to be in operation. Fifty-three of the 58 staff working in CAMHS responded to the survey thus giving a high and positive response rate of 91%.
- 5.9 A thematic analysis of all of the responses was undertaken by the CAMHS Service Manager and the Change and Innovation Partner and some key aspects that came through following the thematic analysis are:
- The adaptability of the staff
 - The supportive approach of work colleagues
 - "In this together" mind-set
 - Openness and willingness by a number of staff members to adopt new ways of working during the current situation and going forward
 - Genuine concern for the welfare and safety of CYP going through this pandemic situation
- 5.10 In taking the positives out of the COVID-19 situation (first lockdown), there appears to be a real interest amongst a number of CAMHS staff to be pro-active in trialling and/or adopting new ways of working including use of virtual technology. This links in very well with the ongoing work that CAMHS is taking forward as part of its Improvement Plan.

6.0 Glossary

- 6.1 The acronyms used throughout this report (in alphabetical order) are:

ADHD	Attention Deficit Hyperactivity Disorder
AAMHLT	All Age Mental Health Liaison Team
CAMHS	Child and Adolescent Mental Health Service
Chilypep	Chilypep – Children and Young People's Empowerment Project
Commissioner	Barnsley Clinical Commissioning Group
CYP	Children and Young People
CYPMHS	Children and Young People Mental Health Services
CHBTT	Crisis and Home Based Treatment Team
MHSTs	Mental Health School Teams
OSC	Overview and Scrutiny Committee
SPoC	Children's Mental Health Single Point of Contact
Trust	South West Yorkshire Partnership NHS Foundation Trust