

Children and Young People Select Committee			
Report Title	Child and Adolescent Mental Health (CAMHS) Referral to Treatment Waiting Times		
Key Decision	No	Item No.	7
Ward	All		
Contributors	Executive Director, Children and Young People's Services; Service Manager, CYP Joint Commissioning and LAC Placements; Joint Commissioner for CYP Mental Health and Emotional Wellbeing		
Class	Part 1	Date:	30 th April 2019

1. PURPOSE

- 1.1 This report provides the Children and Young People's CYP Select Committee with an update in the light of concerns about the number of children waiting for 52 weeks or more for a CAMHS service in Lewisham.
- 1.2 The term '52 week wait' refers to children that are eligible for a community CAMHS service but have waited 52 weeks or more for an assessment (also known as referral to assessment).

2. SUMMARY

- 2.1 In 2018, concerns were raised by both the Council, the local CAMHS provider (South London and Maudsley NHS Foundation Trust) and commissioners, regarding the high number of Lewisham children and young people waiting for more than 52 weeks for a CAMHS assessment. This challenge was further highlighted, when it was evident that Lewisham performance was significantly poorer than the three other South London and Maudsley (SLaM) NHS Foundation Trust boroughs.
- 2.2 A report was taken to CYP Select Committee in January 2019, this report provides the committee with an update against key challenges previously raised.

3. RECOMMENDATIONS

- 3.1 The CYP Select Committee is asked to note and comment on this report, recognising progress made by acknowledging risks and mitigations.

4. NATIONAL POLICY CONTEXT

4.1 In March 2015, NHS England (NHSE) published 'Future In Mind' (FIM)¹ as part of a national drive to improve capacity and capability in the delivery of mental health services for children & young people. This report provides a broad set of recommendations across five key themes:

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care for the most vulnerable (including children looked after, youth offending and SEND)
- Accountability and transparency
- Developing the workforce

4.2 Since 2015, the children's mental health agenda has continued to be a national area of focus. Additionally, the 2015 government committed to implementing the recommendations made in the 'Five Year Forward View for Mental Health'² (February 2016), which includes specific objectives to improve access to 'evidence based' treatment for children and young people by 2020/21. *Five Year Forward View* sets out an indicative trajectory to achieve the ambition that by 2020/21, 70,000 additional children and young people (CYP) will access community mental health services each year (increasing the percentage from 25% to 35%).

4.3 'Transforming children and young people's mental health provision: A 'Green Paper', published in 2018, also focuses on mental health and emotional wellbeing in the context of schools. The provider should be aware of the national agenda and political emphasis on parental mental health, wellbeing and resilience, particularly in schools as that is where they will deliver³.

4.4 In 2015/16 CCGs were each asked to submit a local CAMHS Transformation Plans, to indicate how local areas would work together when delivering against the national agenda. Since the initial submission, CCGs must submit CAMHS Transformation Refresh documents annually, which detail progress made against key objectives including but not limited to: crisis care; eating disorders; and access to evidence based mental health provision. The latest plan can be found here:

<https://www.lewishamccg.nhs.uk/about-us/our-plans/Documents/NHS%20Lewisham%20CCG%20CAMHS%20Transformation%20Plan%202018.pdf>

4.5 Furthermore CCGs are required to submit quarterly CAMHS access data to NHSE, to demonstrate progress against national and local targets.

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

² <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

³ <https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper>

Local Policy Context

- 4.6 Lewisham’s Children and Young People’s Mental Health & Emotional Wellbeing Strategy / Lewisham CAMHS Transformation Plan 2015-20⁴ sets out our shared vision which has been developed in partnership with key stakeholders including children, young people and their families: -

“Our children and young people will be emotionally resilient, knowing when and where to go for help and support when faced with challenges and adversities as they arise. Those that require mental health support are able to access this, where and when they need it.

Our parents/carers and young people’s workforce will be equipped to identify and respond to low levels of emotional well-being amongst our young people.”

- 4.7 The key priorities of our strategy are: -
- Create better, clearer and more responsive care pathways to enable improved access to appropriate services
 - Invest in evidence-based training and practice to ensure earlier identification and improved support
 - Embed resilient practice in community settings, where we will create a young person population that is better able to cope when faced with adversity
 - Increase awareness of mental health and emotional wellbeing and provide guidance regarding where to go for support
- 4.8 The Children and Young People Plan, CYPP, 2015-18 and the draft plan for 2019-22 recognises the value of children and young people’s safety, health and resilience⁵.
- 4.9 The South-East London Sustainability & Transformation Plan (‘Our Healthier South-East London’) was developed collaboratively by local authorities, CCGs and providers⁶. It identifies five priorities to make the sub-regional health and care system sustainable in the short, medium and long-term:
- Developing consistent and high-quality community-based care (CBC) and prevention
 - Improving quality and reducing variation across both physical & mental health
 - Reducing cost through provider collaboration
 - Developing sustainable specialised services

⁴<https://www.lewisham.gov.uk/mayorandcouncil/aboutthecouncil/strategies/Documents/Mental%20Health%20and%20Emotional%20Wellbeing%20Strategy%20for%20Children%20and%20Young%20People.pdf>

⁵ <https://www.lewisham.gov.uk/myservices/socialcare/children/cypp/Pages/default.aspx>

⁶ Local authorities/CCGs (Bexley, Bromley, Greenwich, Lambeth, Lewisham, Southwark); providers (Guys & St Thomas’ NHS Foundation Trust, King’s College Hospital Foundation Trust, Lewisham & Greenwich NHS Trust, South London & Maudsley NHS Foundation Trust, Oxleas NHS Foundation Trust, Bromley Healthcare CIC and primary care organisations)

- Changing how we work together to deliver the transformation required
- 4.10 Improved children's mental health is a key priority for the STP, which has an associated work programme in place.

5 BACKGROUND

CAMHS Provision

- 5.1. Lewisham CAMHS (excluding inpatient and some outpatient services) is commissioned by the CYP Joint Commissioning team on behalf of both NHS Lewisham CCG and Lewisham Council. Services are delivered by South London & Maudsley (SLAM) NHS Foundation Trust.
- 5.2. Specialist community CAMHS support is available to all children and young people up to the age of 18 (21 for care leavers) where significant mental health concerns have been identified. It is delivered through five core teams, in addition to the crisis care team, which was formed in spring 2016 and the Children's Wellbeing Practitioner Programme which was formed in 2017.

Core CAMHS Teams:

- **Horizon** – generic team covering the whole borough which supports young people who have significant mental health problems (providing a 'front door' for the wider CAMHS service)
- **Adolescent Resource & Therapy Service (ARTS)** – supporting young people who have offended or are at risk of offending and have mental health problems
- **Symbol** – supporting young people who have been in care or will remain in care for the foreseeable future
- **Neurodevelopmental Team (NDT)** – supporting young people with a diagnosed moderate to severe learning disability and/or a complex neuro-developmental disorder e.g. autistic spectrum disorders
- **Lewisham Young People's Service (LYPS)** – supporting young people with severe mental illness or acute problems, including psychosis, repeated self-harm, personality disorder and acute depression

More recent developments:

- **Crisis Care** – supporting children and young people experiencing crisis, including emotional, behavioral and mental health difficulties requiring urgent support.
- **Children's Wellbeing Practitioner (CWP) Programme** - as part of the national CYP IAPT programme, trained wellbeing practitioners provide brief, focused and evidence-based interventions to young people affected by anxiety and low mood/depression.
- **School specific CAMHS posts to support Lewisham schools** with issues associated with Social Emotional and Mental Health (SEMH), with the aim to prevent school exclusions

5.3 In addition to SLaM CAMHS services, the list below provides an overview of 'evidence based' mental health and wellbeing support that are also available to Lewisham children and families:

- **The Young People's Health and Wellbeing Service** is operating across Lewisham for CYP aged 10-19 (up to 25 for children with additional needs), the **online counselling element** (Kooth.com) has been embedded within this offer, alongside substance misuse and sexual health support, offering a much more holistic offer to young people
- **Development of a CAMHS team linked to the Virtual School for Children Looked After**, to improve educational outcomes of this cohort of CYP.
- **Liaison and Diversion provision** in police custody suites, to identify health inequalities and divert young people away from the Youth Justice System
- **Trauma informed approach to training and supervision** has been embedded within the Youth Offending Service
- **Perinatal Mental Health Support** through a specialist midwife post and 'Mindful Mums' parenting programme for new parents, to support those with low level concerns
- **Conduct and Behaviour Support for Parents** of children aged 5-11 years, through one of Lewisham's Children and Family Centres
- **Youth Mental Health First Aid Training** to support schools when working with children with emotional health needs

6. PERFORMANCE CONCERNS

6.1 In late 2018, concerns were raised by both the local CAMHS provider (South London and Maudsley NHS Foundation Trust) and joint commissioners, regarding the high number of Lewisham children and young people waiting for more than 52 weeks for a CAMHS assessment. This challenge was further highlighted, when it was evident that Lewisham performance was significantly poorer than the three other South London and Maudsley (SLaM) NHS Foundation Trust boroughs.

6.2 Figure 1 indicates the position for '52 week waits' in SLaM CAMHS services in South London reported for Q2 2018 (the period relates to July-Sept and was reported in Oct 2018).

Figure 1 - SLaM CAMHS Services 52 Week Waits from Referral to Assessment (October 2018)

SLaM Boroughs	Numbers of CYP waiting more than 52 weeks for the first appointment
Croydon	5
Lambeth	11
Lewisham	96
Southwark	1

7. STEPS TAKEN TO ADDRESS PERFORMANCE CONCERNS

7.1 In October 2018, a new Interim Service Manager was appointed in Lewisham CAMHS, a key priority of her work is to work closely with colleagues to understand and address the concerns associated with waiting times.

7.2 Over the last six month various steps have been taken to address performance concerns:

- In December'18, Children Wellbeing Practitioners (CWPs) began making contact with children on the '52 week wait' list. Since then, every child on that list has been contacted and assessed for risk. Where appropriate, appointments have been offered. This process has highlighted some data quality concerns, as a response SLaM are now reviewing data at a patient level which is driving greater consistency.
- Evening and Saturday clinics and evidence based group sessions have been implemented throughout January, February and March in order to extend clinicians' reach and work across the waiting list spectrum.
- SLaM gave a commitment to bringing the Lewisham CAMHS '52 week wait' list in line with our neighbouring boroughs by 31 March 2019. Figure 2 confirms that position:

Figure 2 – SLaM CAMHS Services 52 Week Waits from Referral to Assessment (March 2019)

SLaM Boroughs	Numbers of CYP waiting more than 52 weeks for the first appointment
Croydon	22
Lambeth	13
Lewisham	10
Southwark	1

Note: these numbers include a small number of young people who are registered as waiting to be seen by the local community CAMHS team but are, in fact, receiving

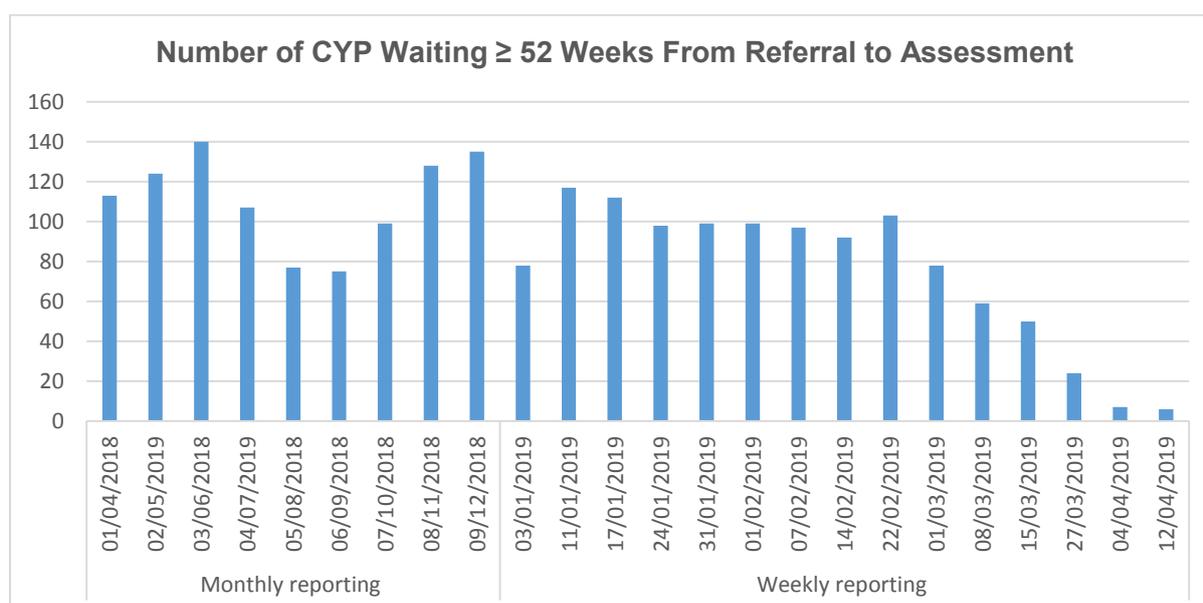
active intervention and treatment from National CAMHS services (also delivered by SLaM).

- SLaM have implemented an holistic recovery plan to ensure that by having a sole focus on assessment waiting lists, this does not inadvertently create pressure elsewhere in the system. This is particularly pertinent to avoid a 'hidden' waiting list for treatment to commence after assessment.
- Operationally, the weekly 'Huddles' focus specifically on two cohorts of long waiters: those already waiting for 52 weeks or more; and those waiting 39-51 weeks, in order to stop them reaching 52 weeks.
- As a response to the workforce concerns, measures are in place to recruit to vacant posts and to use locums when necessary but it is recognised that this is a costly and short term solution.
- Staff service structures are being reviewed, in relation to demand and capacity management, as a matter of urgency. The staff consultation has been launched and initial meetings are underway. Alongside this a 'single point of referral' process is being considered to ensure efficiencies. Current caseloads are also under review.
- In January 2019 the NHS Intensive Support Team conducted an independent review of children's mental health and emotional wellbeing pathway in Lewisham, a range of organisational and system-wide recommendations have been presented as part of this process.
- In January 2019 the SEL STP was awarded time limited resources by NHSE to reduce CAMHS waiting times. This is being delivered through two separate projects one through SLaM; the other through a combination of SLaM and Core Assets, a non-NHS provider.

7.3 Data shows that improvements have been identified and progress continues to be made. As at 4th April 2019 the current number of children and young people waiting for 52 weeks for a CAMHS assessment is 7. With those waiting 39 weeks or more being 23. Please note that 5 of the 52 week waiters 'did not attend' (DNA) or cancelled appointments in March and have since rearranged. We have since been notified that the number of children and young people waiting 52 week waiters has dropped to 6 by 12th April, indicating a steady decrease since dedicated work began.

7.4 Figure 3 shows weekly data of children and young people waiting in excess of 52 weeks on the CAMHS waiting list.

Figure 3 – Weekly Data for SLaM CAMHS services 52 week waits



7.5 Performance measures are in place locally to monitor both two cohorts listed (52 week and 39 week waiters), whereby weekly update reports are received from SLaM by commissioners. Additionally NHSE require data returns from every CCG on more generic waiting times. This is being monitored locally and at a regional level through the SE London Sustainability Transformation Programme (STP).

8. AREAS FOR IMMEDIATE ACTION

- A process is agreed to effectively monitor access and waiting list activity locally and across the STP
- Assurance is given to ensure that progress made to date, against waiting times is sustained longer term
- Some assurance from SLaM that the holistic recovery plan on assessment waiting times, does not create pressure elsewhere in the system e.g. access to treatment
- Assurance is given by the LA to ensure that recommendations from Councillor Holland’s review are incorporated into the mental health workstream of the Early Help Review
- Assurance is given by the CCG and the LA to ensure that recommendations from the NHSI review will be taken forward at an organisational level
 - Workforce development (recruitment and retention)
 - Data quality and systems
 - KPIs and performance measures
- Assurance is given by the CCG and the LA, that recommendations from the NHSI review will be taken forward at a system-wide level
 - Interface between services
 - Clarity on pathways and access

- Funding levels are sustained to enable sufficient delivery against national children’s mental health targets and requirements.

9. CONCLUSION

- 9.1 Joint Commissioners continue to work closely with SLAM and other agencies when delivering against recommendations
- The first clinically-led pathway delivery group will meet, in May ’19, to prioritise the recommendations in May 2019
 - The peer-on-peer element of Councillor Holland’s review has been incorporated into the specification for a new participation and co-production approach, known as the Alchemy project
 - In order to help professionals, children and families navigate the pathway in Lewisham, commissioners are looking to implement a conceptual framework, the model being proposed is i-Thrive⁷, which has been developed by the Anna Freud Centre and has been adopted widely nationwide
 - In order to properly manage waiting lists/times, and data, and to confidently plan for meeting service standards, commissioners are working with the Healthy London Partnership to identify the most effective ‘demand and capacity’ tool
 - Commissioners across the four SLAM boroughs are working with SLAM to develop dashboard that will provide robust oversight of CAMHS performance and benchmarking activity

10. FINANCIAL IMPLICATIONS

- 10.1 Given their statutory duty, the CCG is the main funder to Lewisham CAMHS.
- 10.2 As outlined in previous reports commissioners have increased overall funding to CAMHS year on year between 2015/16 and 2020/21 for clinical staff based in community settings⁸.
- 10.3 The table below shows the funding available for this service in the financial year 2019/20. It should be noted that in 2018/19 the LA gross budget was slightly lower at £1.072m. The projected outturn position for 2018/19 is expected to have a minor overspend of £3k.

	2019/20 £m
Gross Budget	£1.075
Funded by :	
CCG	£0.072
Dedicated Schools Grant	£0.100
General Fund	£0.903

⁷ <http://www.implementingthrive.org/>

⁸ NHS Lewisham CAMHS Transformation Plan 2018

10.4 Any service developments/outcomes must be achieved within this funding level.

11. LEGAL IMPLICATIONS

11.1 It is a CCG's statutory responsibility to provide adequate access to children's mental health services.

11.2 Decisions about changes in service and any impacts on delivery to service users must be made in accordance with the Council's legal duties. Those duties include those under the Equality Act 2010 (the Act) which introduced a new public sector equality duty (the equality duty or the duty). This covers the following nine protected characteristics: age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

11.3 In summary, the Council must, in the exercise of its functions, have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- advance equality of opportunity between people who share a protected characteristic and those who do not.
- foster good relations between people who share a protected characteristic and those who do not.

11.4 The duty is a "have regard duty", and the weight to be attached to it is a matter for the Mayor, bearing in mind the issues of relevance and proportionality. It is not an absolute requirement to eliminate unlawful discrimination, advance equality of opportunity or foster good relations.

11.5 The Equality and Human Rights Commission has issued Technical Guidance on the Public Sector Equality Duty and statutory guidance entitled "Equality Act 2010 Services, Public Functions & Associations Statutory Code of Practice". The Council must have regard to the statutory code in so far as it relates to the duty and attention is drawn to Chapter 11 which deals particularly with the equality duty. The Technical Guidance also covers what public authorities should do to meet the duty. This includes steps that are legally required, as well as recommended actions. The guidance does not have statutory force but nonetheless regard should be had to it, as failure to do so without compelling reason would be of evidential value. The statutory code and the technical guidance can be found at:

<http://www.equalityhumanrights.com/legal-and-policy/equality-act/equality-act-codes-of-practice-and-technical-guidance/>

11.6 The Equality and Human Rights Commission (EHRC) has previously issued five guides for public authorities in England giving advice on the equality duty:

1. The essential guide to the public sector equality duty
2. Meeting the equality duty in policy and decision-making

3. Engagement and the equality duty
 4. Equality objectives and the equality duty
 5. Equality information and the equality duty
- 11.7 The 'Essential guide' provides an overview of the equality duty requirements including the general equality duty, the specific duties and who they apply to. It covers what public authorities should do to meet the duty including steps that are legally required, as well as recommended actions. The other four documents provide more detailed guidance on key areas and advice on good practice. Further information and resources are available at: <http://www.equalityhumanrights.com/advice-and-guidance/public-sector-equality-duty/guidance-on-the-equality-duty/>

12. EQUALITY IMPLICATIONS

- 12.1 Equality implications are significant for this cohort of young people and have been fully considered when developing and refreshing the local CAMHS Transformation Plan. Implications have also been considered when implementing wider mental health developments, specific actions relating to equalities have been incorporated into the broader work plan.

13. ENVIRONMENTAL IMPLICATIONS

- 13.1 There are no specific environmental implications arising from this report.

14. CRIME AND DISORDER IMPLICATIONS

- 14.1 There are no specific crime and disorder implications arising from this report.

If there are any queries about this report, please contact:

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