Child and Adolescent Mental Health Services in Surrey

Children's and Education Select Committee
November 2017

Surrey and Borders Partnership NHS
NHS Foundation Trust

NHS
Guildford and Waverley
Clinical Commissioning Group

SURREY

CAMHS in Surrey (1)

Estimated that 1 in 10 Children and Young People (CYP) have poor mental health and 70% of CYP have not had appropriate interventions at a sufficiently early age. Surrey's 5-14 year old demographic is experiencing the biggest increase in population.

With a projected growth of Surrey's CYP population and a greater awareness of the need for good emotional wellbeing and mental health there could be an increase in demand on child and adolescent mental health services.

A person can develop poor mental health and lower levels of resilience at any stage of their life however key factors can increase the likelihood of a CYP person. Key vulnerable groups include Looked After Children, Care Leavers, Children in Need, CYP who are being looked after under a SGO or adoption order and CYP who are SEND.

CAMHS in Surrey (2)

In Surrey Emotional Wellbeing and Mental Health services are commissioned from universal to acute provision with a key focus on early intervention and identification and targeted services for vulnerable groups.

Universal services – eg:School nurses, TAMHS, early help services

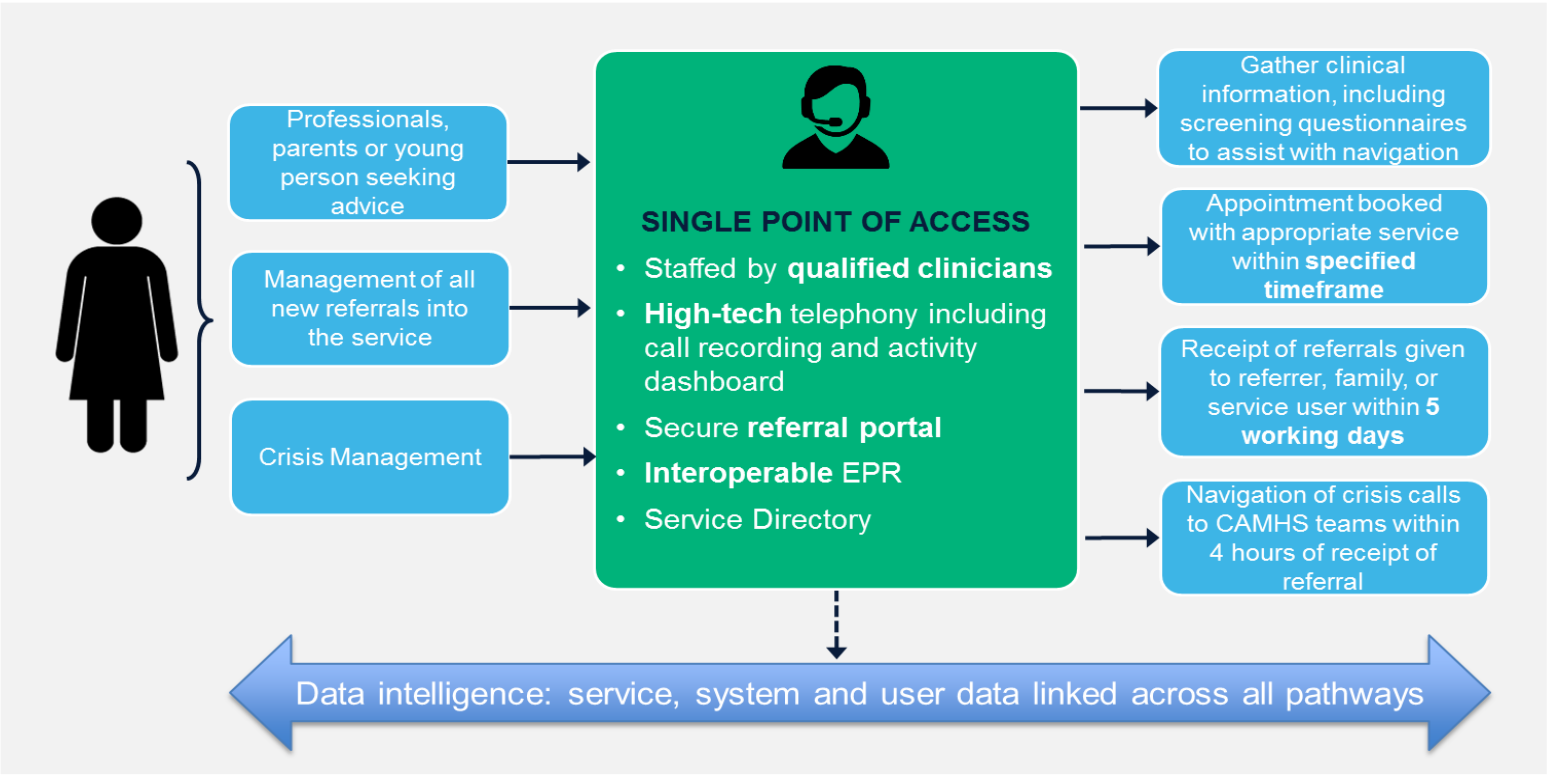
Targeted Services – Jointly commissioned by SCC and the CCG's and focused on vulnerable groups eg Looked after Children, BEN

Specialist Services – Commissioned by the CCG's eg Eating disorders, Mindful

Acute – inpatient care

Single Point of Access- The One Stop

Beacon's single point of access provides one route for referrers, service users and carers to access a range of mental health needs, meaning there's no wrong door.

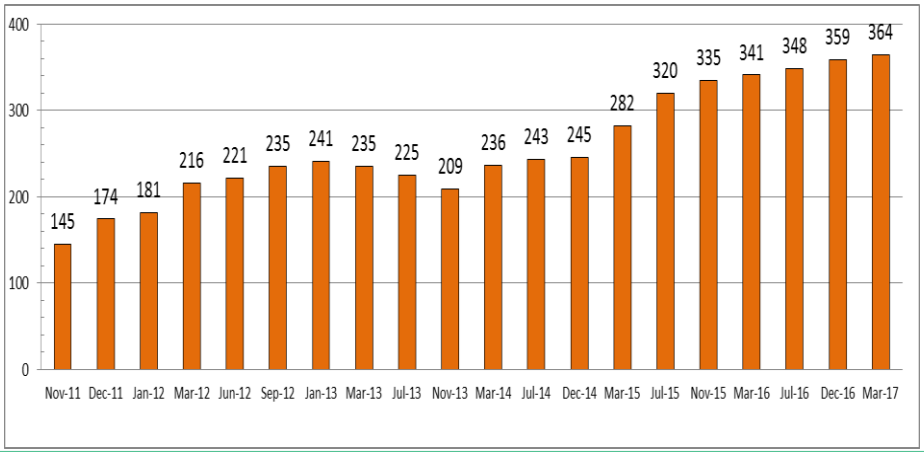


Targeted CAMHS pathways

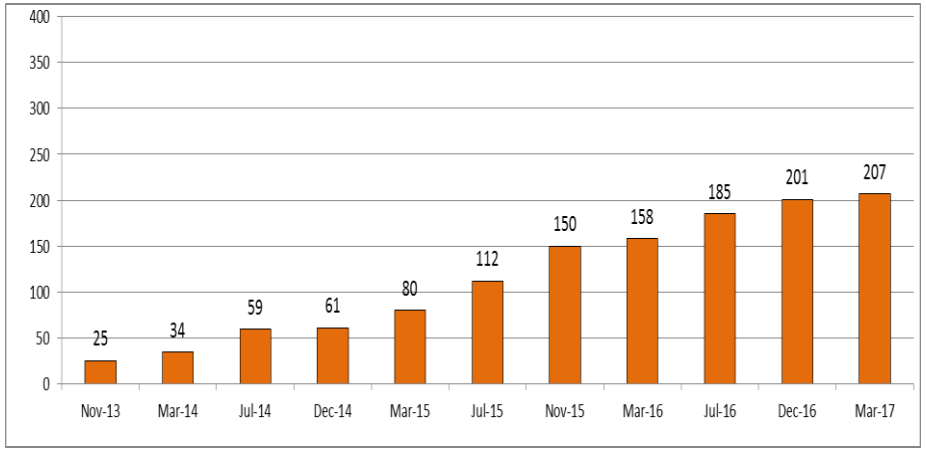
- Primary Mental Health
- 3Cs Looked After Children
- Post Order Children
- CAMHS Care Leavers
- STARS (Sexual Trauma and Recovery Support)
- PIMHS (Parent and Infant MH Service)
- Behaviour Pathway for children with Neurodevelopmental Disorders
- Extended HOPE
- Hope Service Intensive day and outreach service support for 11-18 year olds experiencing complex mental health and social care needs

Targeted Mental Health in Schools (TaMHS) – March2017

Number of schools engaged with TaMHS



Number of schools engaged with their PMHW



What is this data telling us?

In March 2017, the TaMHS service was engaged with 364 schools (93% of State schools for 5-18 year-olds). This is another encouraging increase in engagement. The service has engaged with 5 more schools since December and with 23 more schools since March last year.

207 schools now have regular meetings with their Primary Mental Health Worker (PMHW). This is 6 more schools than in December and 49 more schools than in March last year.

The Context and more information

Source: The information shown in the charts above is from a termly report produced by Babcock 4S. The report includes the number of State schools, for 5-18 year-olds, that are engaged with TaMHS; the number of schools trained; the number that have regular consultation meetings with PMHWs; schools receiving "bespoke" training; and attendance at network meetings.

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Targeted Services (1)

CAMHS Children in Care Service (3Cs)

- From April 2016 to April 2017 – Over 200 young people and their foster carers received a service from 3Cs.
- 100 specialist therapeutic assessments were completed with 78 going on to further specialist treatment
- 199 Foster carer sessions were provided along- side another 35 facilitated foster carer group sessions
- 3C's devised, planned and delivered 28 tailor-made training events to partner agencies such as Surrey county council, SENCO and education, and the LAC nurses.

CAMHS Care Leavers Service

- care leavers have been provided monthly training and reflective groups and offered to Surrey social service personal advisors service
- training workshops on self-harm at the annual Surrey residential conference as well as training on PTSD, anxiety management for care leavers personal assistants.

Targeted Services (2)

CAMHS Services for Children placed Out of County and un accompanied asylum seeking children

- The service has recently recruited to 2 entirely new posts that will support young people placed out of county as well as a post dedicated to supporting unaccompanied asylum seeking children funded by Transformation funding.

STARS (Sexual Trauma And Recovery Service)

- Providing individual and group based interventions for children young people who have been victims of serious sexual assaults
- The team have been invited to run specific training twice a year for the Surrey safeguarding multi-agency programme

Financial Overview

	2017/18 Budget £m	2017/18 SCC Funding £m	2017/18 CCG Funding £m	2017/18 DfE Innovation Funding £m
Surrey and Borders Targeted Contract	5.152	3.117	2.035	0.000
Community Providers Contract*	0.286	0.146	0.140	0.000
SCC In-house Services	2.880	1.816	0.799	0.265
Total CAMHS Services	8.318	5.079	2.974	0.265

*CAMHS Community Nurses for Schools and Parent Mental Infant Health Service Contract

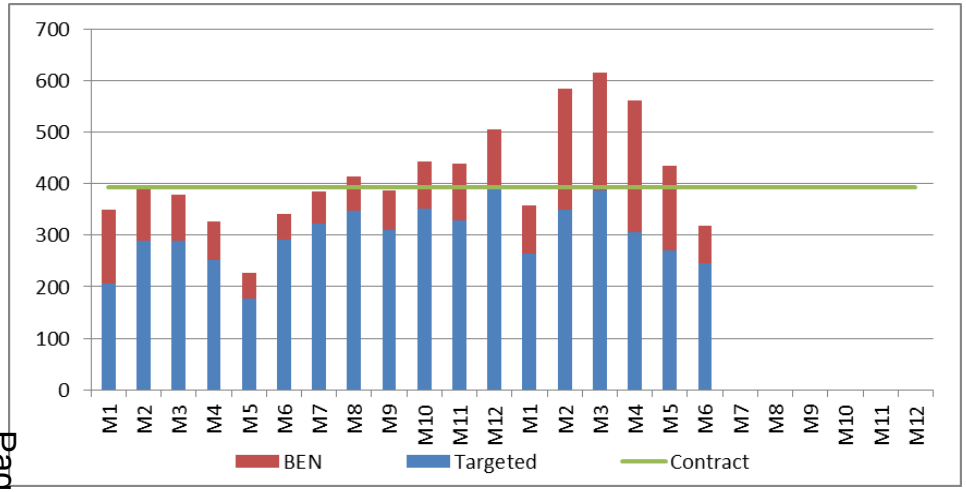
- The total budget for Targeted CAMHS in 2017/18 is £8.318m.
- SCC fund £5.079m of this (including a £0.733m contribution from the DSG for Hope),
- CCGs fund £2.974m with the balancing amount of £0.265m coming from the Social innovation fund for Extended Hope.
- The majority of services within SCC are funded via a pooled budget arrangement (S75) between SCC and the 6 CCGs. However there are services provided outside this arrangement

Performance Management

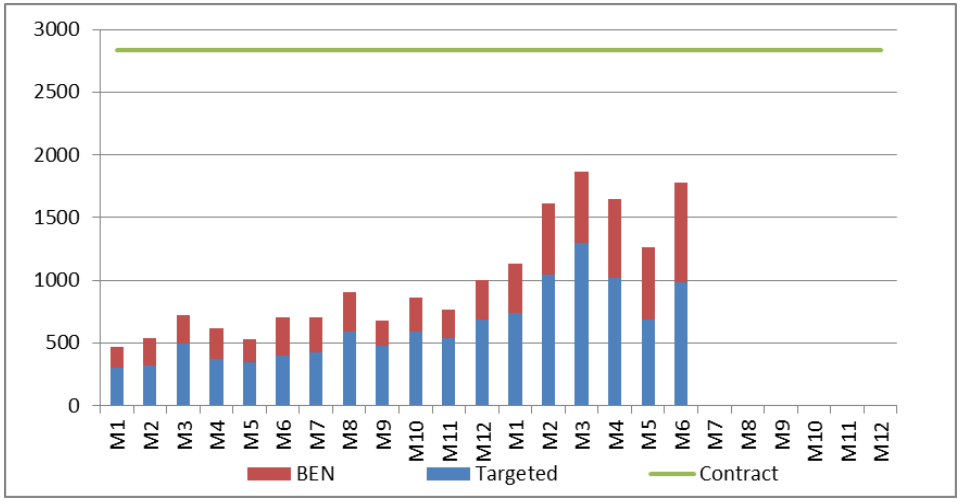
- Contract Management Arrangements
- Governance
- Remedial Action Plan

Performance Summary (SABP)

Referrals



Activities



- Referral Levels for the first half of the contract are in the below table.

Referral Levels	Targeted Contract	BEN Pathway
Month 1-6 2017/18	1821	1053
Month 1-6 2016/17	1507	507
Indicative Activity	1134	1227

- Recent reporting and data quality improvements have lead to increased reported levels of activity, which were previously not visible. Ongoing work is required to ensure data is captured inline with the contractual targets, and those targets are appropriate to the resource level commissioned and the service delivery.

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Waiting Times in Targeted Services

There are **no** waits in the following services:

- **CAMHS Care Leavers**
- **HOPE and Extended Hope**
- **PIMHS (Parent and Infant MH Service)**

In the following services waits are minimal and in response to the choices that young people make about when and where they receive services from:

- **3Cs Looked After Children**
- **STARS (Sexual Trauma and Recovery Support)**

Waiting Times in Targeted Services

There are waits in the **Behaviour Pathway for children with Neurodevelopmental Disorders (BEN)** and the **Primary Mental Health Team (PMHT)**

- Due to the higher than expected demand on the BEN Pathway, average waiting times from referral to assessment have increased during the first six months of this year from 78 working days in April to 153 working days in September, which equates to 30 weeks.

- The average length of time from referral to treatment for the BEN Pathway has decreased from 140 working days in April to 114 working days in September, which equates to 23 weeks. Work is ongoing to effectively utilise capacity in response to demand.

- The BEN pathway includes support to parents which is provided by Barnados and this is programmed usually within 6 to 8 weeks of referral. The triage and screening contacts include clinical tools that support diagnosis. Audit has demonstrated that 90% of assessments undertaken lead to a diagnosis which suggests effective triage and screening and early identification of children and young people who require different kinds of support for their presenting needs.

- There is a reported wait to the first appointment of 66 days (September 2017) within the Primary Mental Health Team, this has been in part due to workforce challenges which are resolving.

- Wherever appropriate Children and Carers are given access to services provided by our partner organisations which ensures immediate access to a full range of different kinds of support, information and online services.

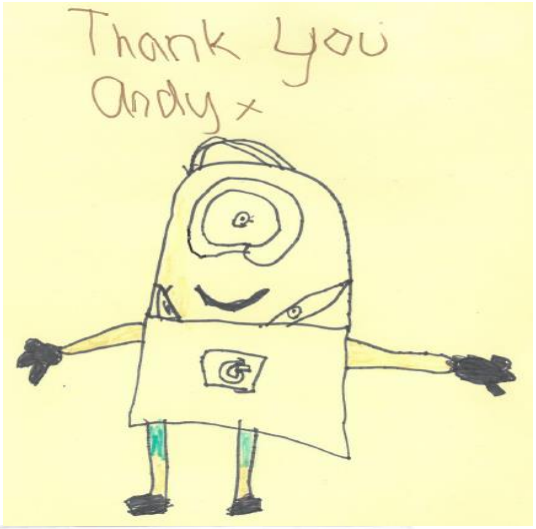
Experience of Children Young People and Families

The experience of CAMHS is **mixed**

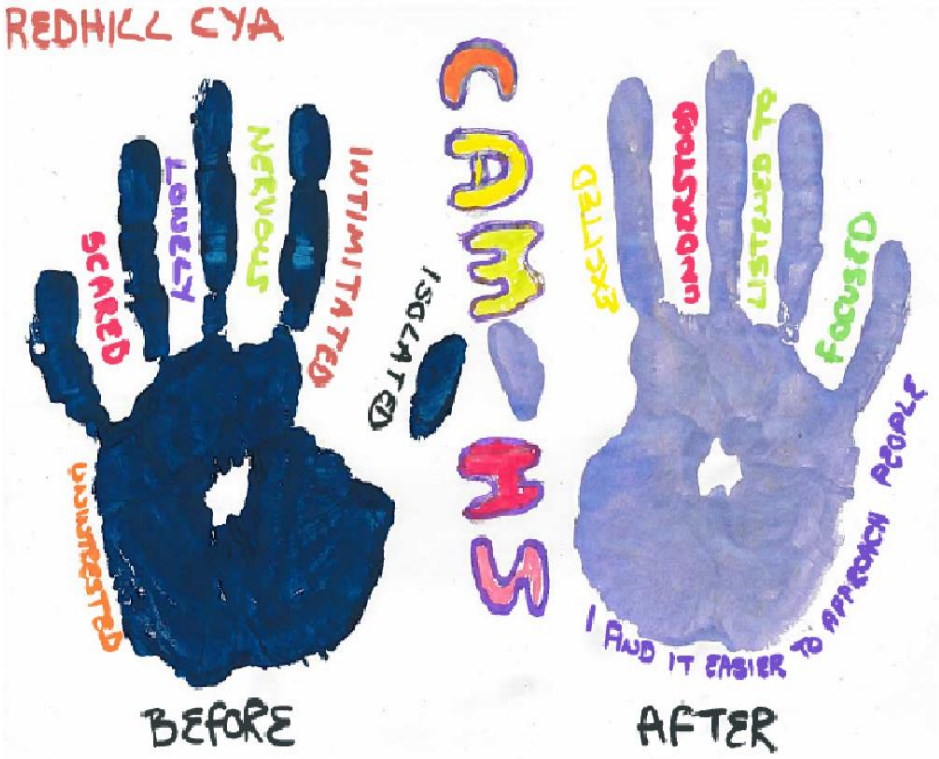
- It is good for those who
- get timely access
- receive support from sub-contracted pre diagnostic service
- may require crisis care eg HOPE / EXTENDED HOPE

- What needs improving
- timely access to services, and services whilst waiting
- reduce waiting times to assessment and treatment
- parents and carers would like better join up across CAMHS professionals and agencies
- experience and information for parents and carers when referring

Feedback from Children and Young People



CYA
CAMHS YOUTH ADVISORS
We Make the Difference



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Eikon and Partners
Counselling and One-to-oneSupport

Satisfaction

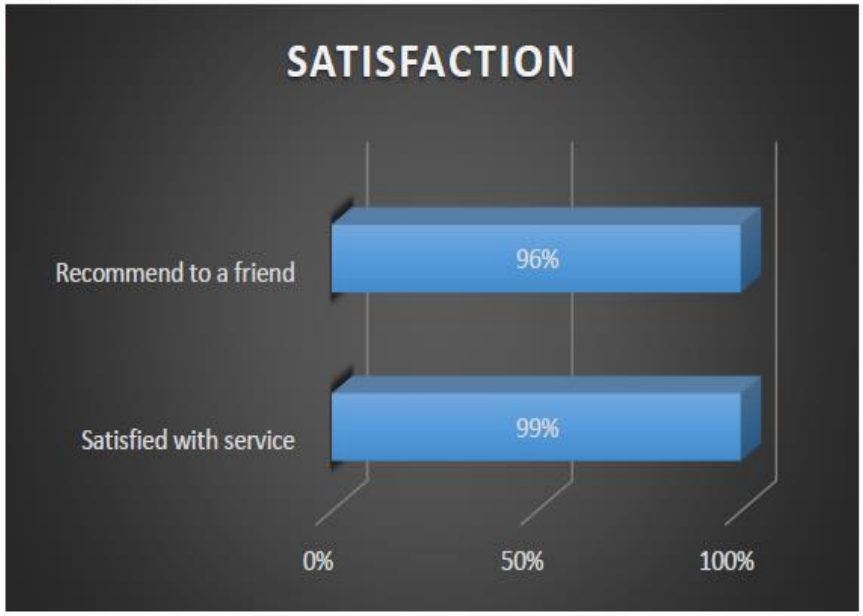
Satisfied with service

Recommend to a friend

109 Respondents

99%

96%



IMPACT

Improvement

Same

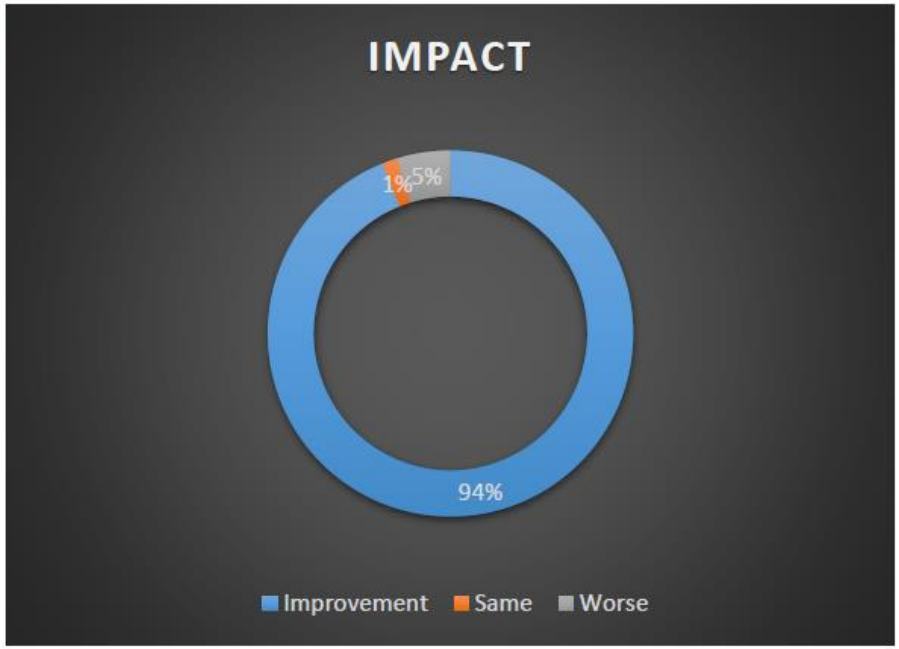
Worse

250 Respondents

94%

1%

5%



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Learning Space :
help CYP with issues such as confidence, self-esteem, anxiety, anger, bereavement, bullying, friendships and family issues.

- Children and young people had a **positive experience** from eights sessions of *Learning Space* intervention
- Mothers in particular saw the greatest **improvement in their children's emotional wellbeing** with one mother stating that angry outbursts were reduced by 50%
- Parents received support with **coping strategies** that helped children and young people's emotional wellbeing
- **Schools also recorded seeing positive outcomes** from intervention with one teacher stating during parents evening that they noticed a positive change in the child's attitude and an improvement in learning

Learning Space – James' journey

James is a 17-year-old young man studying A Levels

He was referred to Learning Space to help with extreme anxiety.

He wanted to work on managing his anxiety and not to feel as though he was annoying everyone by fidgeting. James was very conscious of bodily reactions which included profuse hand sweating

Initially he found it difficult to walk in the room and any form of communication/movement was a constant struggle for him.

Our sessions largely focused on supporting him to feel as comfortable as possible, for him to feel in control and to monitor, recognise and identify progress made, session by session.

Between us we developed a structure for each of the sessions. We set agreed timings, using an alarm, along with a large scale so that James could monitor and communicate his levels of anxiety and control the length of his session.

We spent some time exploring his understanding of anxiety, his safe space, where he would like to be and what that would look what it would take etc. He had found this useful and could recognise that coming to our weekly sessions and pushing himself was a brave step forwards in managing his anxiety.

Between us we worked on a report / toolkit that he could share with his school to help them understand and support his anxiety.

We spent a large part of the sessions developing communication skills. We did this using talking games/icebreakers. These enabled him to identify a further goal. He wanted to be able to engage in small talk, particularly with adults. The icebreakers pushed him each week to develop these skills to the point of having lengthier conversations using appropriate skills of enquiry, listening, reflection and explanation. This had been an unexpected positive outcome for him and his evaluation made the following observation;

"The talking activities have been helpful. Practising conversation techniques will be helpful to me in the future. This was unexpected as I didn't think this would happen as part of the sessions. This has been very important to me."

Relate West Surrey :
provide young people's counselling for young people aged 10-18

- Children and young people co-create there own goals and strategies so that they feel empowered to take control of the key issues that are impacting their emotional wellbeing
- One young person said that they felt better equipped to cope with life and that she had strategies to help her cope with challenges
- Improved learning outcomes one young person said that 'his maths grade had improved from a 4 (average) to a 6 (well above average' during the six weeks counselling sessions

YMCA East Surrey Heads Together : core service is one-to-one counselling for young people aged 14-25.

- After receiving support one young person reported that they felt really happy after five sessions and that they got what they wanted from counselling and did not need the last session
- A young person who was struggling with workload at sixth form, had low mood and had lost motivation said that after CAMHS intervention that he could not image how his life had felt just six weeks previously
- A young person who was struggling with low self-esteem and anxiety said that she was able to gradually accept that she did not need to be like other people and felt it was ok to

Josie's Story

- Josie's grandmother was diagnosed with dementia when she was eight years old and passed away when she was thirteen.
- Josie could not stop thinking about her grandmother and started to self harm and the only person she felt she could confine in was her best friend who placed in a clinic for anorexia.
- Josie then began suffering from panic attacks and low moods which impacted on her school attendance and performance at school
- When Josie told her mum how she felt they went to the GP together and was referred onto CAMHS.
- Josie received treatment for two years, which included bereavement counselling, coping strategies for her anxiety and medication. The CAMHS service also helped her to 'understand self harm wasn't the answer and it won't help in the long run.'
- Josie says that she is 'grateful for everything CAMHS did for me as they helped me become a happier person and realise how important I am. They lifted a huge weight off my shoulders. I will never forget the advice they gave me.'

Transitioning from CAMHS to Adult Mental Health Services

- A young person who was receiving support from CAMHS for intense periods of depression was informed when they were turning 18 that they would be transferred to adult services. The young person said that they felt ‘terror’ that every appointment they had with their CAMHS worker was closer to losing their support.
- When the young person voiced their fear it was agreed that the transfer would be gradual until they felt ready to leave CAMHS
- As part of the transfer the young person did not have to repeat her story so that she would not have to ‘explain everything again’ and once the young person ‘felt happy and ready to leave CAMHS’ they were transferred to adult services
- The young person said that they still have bad periods but is able to attend college regularly. They also said that ‘I really get along with my adult services team, and without them I don’t think I would have achieved half of what I have done in my adult life.’

HOPE

- Young Person (YP) was referred to the Hope Service following an increase in her risk, frequent attendances at A&E and being repeatedly detained under section 136 (MHA 1983) by Surrey Police.
- Hope staff assessed YP and devised a joint care plan which provided YP with the appropriate mental health support, provided the family with the support they required and ensured that all professionals involved were working collaboratively with cohesive aims and goals.
- YP started in the Hope day programme a 3 days a week, in conjunction with YSS providing support and encouragement for YP to attend the ‘Ready for Work’ programme to build her skills and knowledge in preparation for working in the future.
- YP engaged positively with the therapeutic day programme. YP’s attendance was 100% which reflects her commitment to the day programme. YP was able to engage with the transition plan to return home with support from the professional network. Parents were also provided with consistent support and clear communication from Hope staff to ensure they were equipped and resourced to be able to manage YP’s behaviour safely and effectively at home.
- Parents attended the Parents and Carers Group at Hope and found this helpful. They also had regular meetings with the key professionals involved for updates on YP’s behaviour.

HOPE / Extended HOPE

- Young Person (YP) was referred to the Extended Hope service via the Emergency Duty team (EDT). He had been arrested for ABH and assault earlier that day after an altercation with his mother and had been held at a local police custody suite for most of the day. Police had contacted EDT with concerns for YP's welfare and feeling that he would benefit from a mental health assessment.
- YP had witnessed domestic violence towards his mother; He has a diagnosis of ADHD. YP has a long history of contact with the Police
- On the day that YP was arrested it was alleged that he put his hands round mum's throat and pushed her, it was unclear what had started this altercation but later YP stated that his mum had pushed him too. Mum had felt that she could not manage this behaviour any longer and had called the police.
- At this time mum did not feel able to have him at home. She felt that at this time he was a danger to her and his 2 year old twin siblings. Mum felt that YP's ADHD, particularly since he stopped taking medication, was having a direct impact on his behaviour.
- It was felt that due to his emotional/mental health crisis and his lack of appropriate placement, it would be most appropriate for him to be admitted to Hope house. YP was admitted to Hope house from Monday 25th July and discharged on Friday 29th July. During this time he was offered a psychiatric review which he engaged in.
- Extended Hope were also able to contact CAMHS community team and ask them to follow up with an ADHD review and possible medication review.
- On leaving Hope house YP was able to return home, instead of there being a complete family breakdown and YP becoming looked after.

Whilst some children and young people have had good experiences there are still some children, young people and families who have not had a positive experience…

Healthwatch Surrey (1)

Information based on:

- 25 experiences from 13 individuals
- Date of interaction: July 2016 – June 2017
- Source of interaction: Engagement Events(16), CAB (1), Telephone (4)

Feedback

‘(Late) last year we were referred to Ashford Hospital with my (teenage son) who is Autistic and is experiencing mental health problems. We were told that they would refer us to CAMHS as my son needed to be put on the BEN Pathway urgently…We did not hear anything from CAMHS so at the start of the year I called them to see what was going on. The explained that they had not received the referral…they said that the team had been cut from 12 people to 3, and so my son would be waiting 2 years to be put on the BEN Pathway…It’s absolutely ridiculous and has left us lost in between’

Parent, June 2017

Healthwatch Surrey (2)

‘My daughter is extremely suicidal and does not have the help and support she needs. CAMHS have been okay but it takes weeks and weeks to see someone once they’ve been referred. She waited 9 weeks from referral to initial appointment. In that time she became extremely suicidal and there was nothing in place for her between the GP referral and the initial appointment’

Parent, November 2016

‘My son has a mental illness. When he turned 18 CAMHS could no longer support him… The MH (mental health) support shouldn’t stop because of age’

Parent, November 2016

‘There are loads of problems with mental health referral times as they are too long and CAMHS are ‘batting back’ referrals deemed not serious enough. This is frustrating as they have no where else to turn’

Health Visitor, July 2016

Family Voice Surrey Survey (1)
October 2017

96 responses
•All parents except, 1 young person ,1 grandparent Includes 2 adoptive parents

Findings - 1

Overall – CAMHS NOT PERFOMING WELL

Referral

•Mixed response - 64% said process Ok or better, but this conceals a more complex picture: referral difficult for significant numbers due to *a) need to find supportive professionals b) often having to escalate as child worsens*

•GPs (52%) and health dominate referrals at over 73% - why is this?

•Only 14% aware of Single point of Access support for families in waiting time

Assessment

•64% accepted for treatment: 36% rejection even though professionals referring: what happens next under ‘ no wrong door’ approach?

•Threshold criteria for having an assessment unclear; concern at needing ‘crisis’ or ‘suicide’ to get seen – does this follow on from rejection?

•Long waiting times – 52% waiting for over 3 months: 23% over 6 months

•Only 8% receiving support or action while waiting (same for Treatment)

October 2017

Family Voice Surrey Survey (2)

October 2017

Treatment

•Shorter waiting times than to Assessment - 85% of those offered treatment seen in under 3 months and 46% in under 1 month

•70% were not aware of Care Plans in place

•Only 11% or less said location, times or facilities not convenient or not suitable - but room for improvement

•61% said treatment not effective, 6% effective: 52% said not timely, 10% timely

•57% said not or little involved in setting goals and outcomes and only 19% said fully involved

•Discharge

•58% said treatment outcomes not achieved at all: 7% mostly achieved

•88% said transfer to other services not well managed: 2% well managed

•Only 3% aware of Health & Wellbeing Plans being in place

•81% said not at all satisfied with post discharge support

Family Voice Surrey Survey (3)

October 2017

Re-referral

•80% of re-referrals were to previous service used - possible link here to outcomes / effectiveness feedback?

•77% said re-referral process not at all straightforward or only a little

Crisis

•22% of respondents had at least 1 crisis event in last year

•Many service routes used, but GP route predominated

General

•33%/37% said were well to quite well informed/ included and 22%/27% said well to quite well supported/ advised by service staff – so room for improvement

•80% said staff were sympathetic, 60% helpful but only 50% said knowledgeable and 38% informative – again room for improvement

No systematic collection of user experience to drive performance and transformation and assure stakeholders.

Family Voice Surrey
Key findings summary

Survey respondents overall say:

- CAMHS NOT PERFOMING WELL – across many aspects of the services
- COMMUNICATION LACKING – in all aspects of service delivery and improvement: with children, young people, families and with wider stakeholders
- Service TRANSFORMATION not delivered

FVS wishes to see:

- Systematic collection of user experience by Mindsight to drive performance and transformation and assure stakeholders
- SaBP embed child and family experience measurement in CAMHS processes to build the evidence base and use to guide/ transform!

ACTIONS

Referral

- Clarify/ communicate/ train – who can refer
- Consider move to self-referral - as in CAMHS plan for later in contract
- Make sure SPA support for families available and made known

Assessment and Treatment

- Reduce waiting times – assessment and treatment
  - with support and treatment while waiting
- Make service 'child and family centred'
  - timely information and informed decision making
  - continue to improve locations/ facilities/ times / in consultation with users
- Involve children and families - in Care Plan, setting outcomes, agreeing progress, agreeing discharge
- Value and measure family and young person experience/ use to drive change

ACTIONS

Discharge

- Improve transfers to other services on discharge
- Ensure Health & Wellbeing Plan in place and 'owned' by child and family

Re-referral

- Make process straightforward and with timely response

Crisis

- Improve pathways for crisis – child and family awareness/ services prepared
- Use cases to ID how crises can be reduced, especially admissions

General

- Improve information/ knowledge sharing from CAMHS staff
- Improve support/ advice/ training for parent carers
- Improve communication to children, young people and families and wider stakeholders

Overall, embed child and family experience measurement in CAMHS processes – build the evidence base and use to guide/ transform!

Family Voice Case study

- Daughter with elective mutism, autism, anxiety and depression, leading to suicidal thoughts.
- Got refused twice from referral by GP and social worker, as another CAMHS team had already rejected so they sided with the previous decision not to support our family despite my daughter being in crisis.
- October 2016: referred to St Thomas' hospital by GP. She is put on medication and starts to make progress.
- The Evelina push hard to get Surrey CAMHS to get the help the daughter needs.
- March 2017: Daughter back in crisis, refusing food, water and sleep, and self-harming. She is admitted to a Tier 4 setting.
- Today: now under Hope service, which parent describes as "fantastic. The weekly mental health visits from the Hope team are very supportive. Lots of help from a dedicated nurse to support [my daughter]."
- She goes on to say: "It's great but came too late. My daughter was only able to access the Hope service now that she is 11. This should have been available three years ago when she was last discharged."
- "The referral process was very slow as our daughter was not under any CAMHS and the local CAMHS refused to help. [Practitioners need to] listen to the parents who are acting in their child's best interest and improve communication with all parties. Phone and emails were completely ignored by CAMHS until escalated by another hospital trying to support our daughter."

Family Voice case study

- Karen's eldest daughter has multiple complex health issues. She has always had a level of anxiety and claustrophobia but this is getting worse. She attends a very supportive secondary school and has recently been granted an EHCP, though the paperwork hasn't come through. Karen says she is very happy with the support her daughter is getting at school and she has a good relationship with them.
- She sought a referral to CAMHS regarding the escalating anxiety and claustrophobia as these are impacting her day to day life and that of her family significantly. She has a lot of signs of Asperger's and believes that a diagnosis, if appropriate, would ensure she and the school can help her daughter more effectively.
- She describes her GP as 'a fantastic GP' who knows the family and listens and responds to their needs and when they requested a referral, did it right away. This part of the process was easy.
- When the referral was made in February the Online system was down and the GP was told to send in a paper referral. When they hadn't heard anything back they were told that the initial referral had not been received. The secretary at the GP's was great and made sure that the second referral was chased up and got there.
- They have now been told that they are on a waiting list for an appointment for assessment and that this probably won't be until October. They have not been offered anything in the meantime. There is no indication of how long the waiting list will be for diagnostic assessment or treatment.

- **If you could use one word to describe the CAMHS service, what would it be?**
- SLOW

Schools

- CAMHS thresholds still seem too high
- More earlier intervention required as increase in mental health issues
- Schools encouraging families to refer to GP's as more chance of success
- Negative perception due to wait times in some services even if services are improved

Next Steps

Working on improving experience

- Ongoing contract management and development of services
- SABP improvement plan

Looking to the future

- EWMH needs assessment
- Joint EWMH commissioning strategy

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