

## Briefing Document for Derby City Children and Young People Scrutiny Review Board

<b>Briefing document</b>	Update on strategy and actions to improve children and young people's access to emotional and mental health support:
<b>Date</b>	29 MARCH 2021
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### Purpose

The Derby City Children & Young People Scrutiny Panel are asked to note that the expected refresh of the CYP Futures in Mind/Long term plan (FIM/LTP) has been put back to September 2021 by NHSE&I. This report therefore provides an indication of the initiatives that would normally be reported to the Board through that refresh and provides opportunity for the Board to comment on actions required of the system as part of that refreshed plan.

Further to the papers presented in October and December 2020 this report provides an update on

- progress of the targeted interventions newly commissioned in 2020
- CAHMS performance including wait times
- Indications of CYPMH actions required in 2021
- Access to MH offer for children not attending school
- Neurodevelopmental pathway waits

### Context

As previously reported DDCCG commissioned a range of targeted intervention services prior to the pandemic to provide earlier access to support and in particular improved access to schools which are seen as the natural community for our CYP. Feedback had been that there was a need for intermediate services with faster response and lower thresholds than CAMHS.

These investments were in addition to increased resource for CAHMS and designed to enable CAMHS to concentrate resource on those children with most complex needs. As reported in the performance reports for CAMHS staffing recruitment and retention is a very significant factor in wait times. The targeted intervention services largely use qualified but not nursing staff. They have been able to mobilise despite the extremely challenging circumstances CAMHS find with workforce.

Covid 19 interrupted the planned deployment of these services, and there was as reported to board previously a rapid deployment of digital approaches and additional capacity to

meet an expected surge in need.

All services have been providing online support and urgent and high priority cases have been seen face to face with ongoing review

CAMHS Specialist Community Advisors were deployed in 2020 to enable Community Triage to direct referrals to the most appropriate pathway resource as well as providing advice to professionals on complex cases. Their full impact which will be in creating multi-disciplinary Community Triage meetings has been delayed by the second lock down, nevertheless we are seeing their use increasing and feedback has been positive.

The intention is that over time the Community Triage will have a significant impact on ensuring CYP in Derbyshire get the right offer, at the right time in the right place.

For all the new services COVID-19 has restricted the face-to-face publicity and engagement arrangements. For example, we can see that pre-Covid Kooth registrations from the BAME community were increasing, at this time Kooth representatives were going into schools to promote the service. During lock down new services have been advertised through General Practice communications, SEND local offer websites, comms sent to schools and partnership boards. There is also the emotional health and wellbeing website which has been widely advertised.

The 24/7 mental health helpline takes calls for all ages and has also been widely advertised but as seen nationally, little used by CYP.

- Kooth online support for CYP [here](#)
- Qwell online support for parents and carers [here](#)
- Derby and Derbyshire Emotional Health and Wellbeing Website [here](#)
- DHCFT 24/7 Mental Health helpline [here](#)

Communications resources from all agencies have been involved to date, but feedback from partners indicates that the arrangements have still not permeated in professional awareness to the extent we would wish. CYP feedback through MH2K has shown that we are not reaching CYP through the methods of communication they would prefer. School closure undoubtedly has not helped in this respect but it is also about the right social media arrangements.

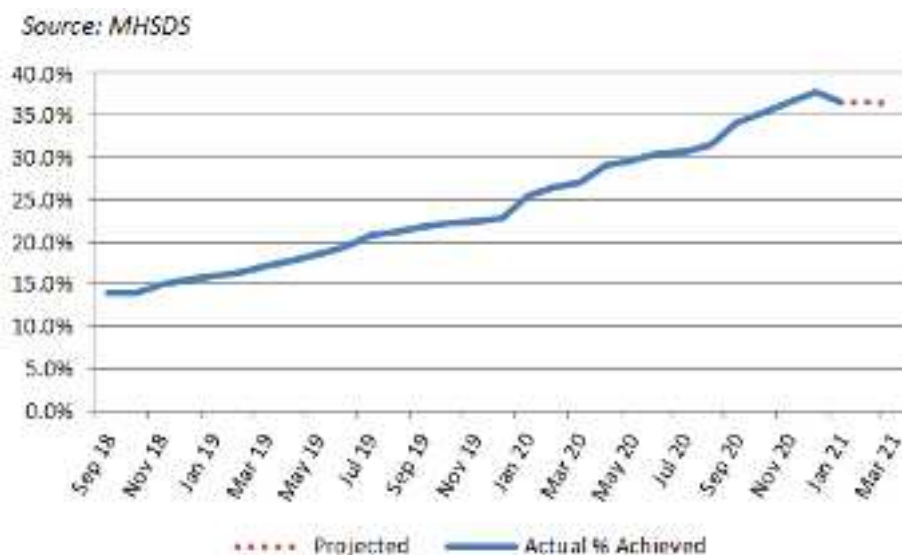
A key action is to develop improved communication of the offer. Resources have been allocated by DDCCG specifically to enable this to be taken forward in coproduction with CYP by the third sector and partners. This will include BAME specific communications and target other high risk or underrepresented groups.

### **Pathway Impact.**

Despite the impact of Covid19, there are good reasons to believe the strategy has delivered improved access, reduced wait times for targeted support, improved access to schools, parents and primary care. The new services, supported the COVID 19 response

and provide a base to respond to the emerging needs of CYP post pandemic. The NHS Long Term Plan has set access rates of 35% in 2020/21 for the pathway a rise from 25% when the Future in mind programme was initiated. Regulators have confirmed Derbyshire is set to meet the trajectory this year and this is illustrated in table 1 below

Table 1 Access trajectory.



NHS Digital Mental Health Services Data Set (MHSDS) source NECS

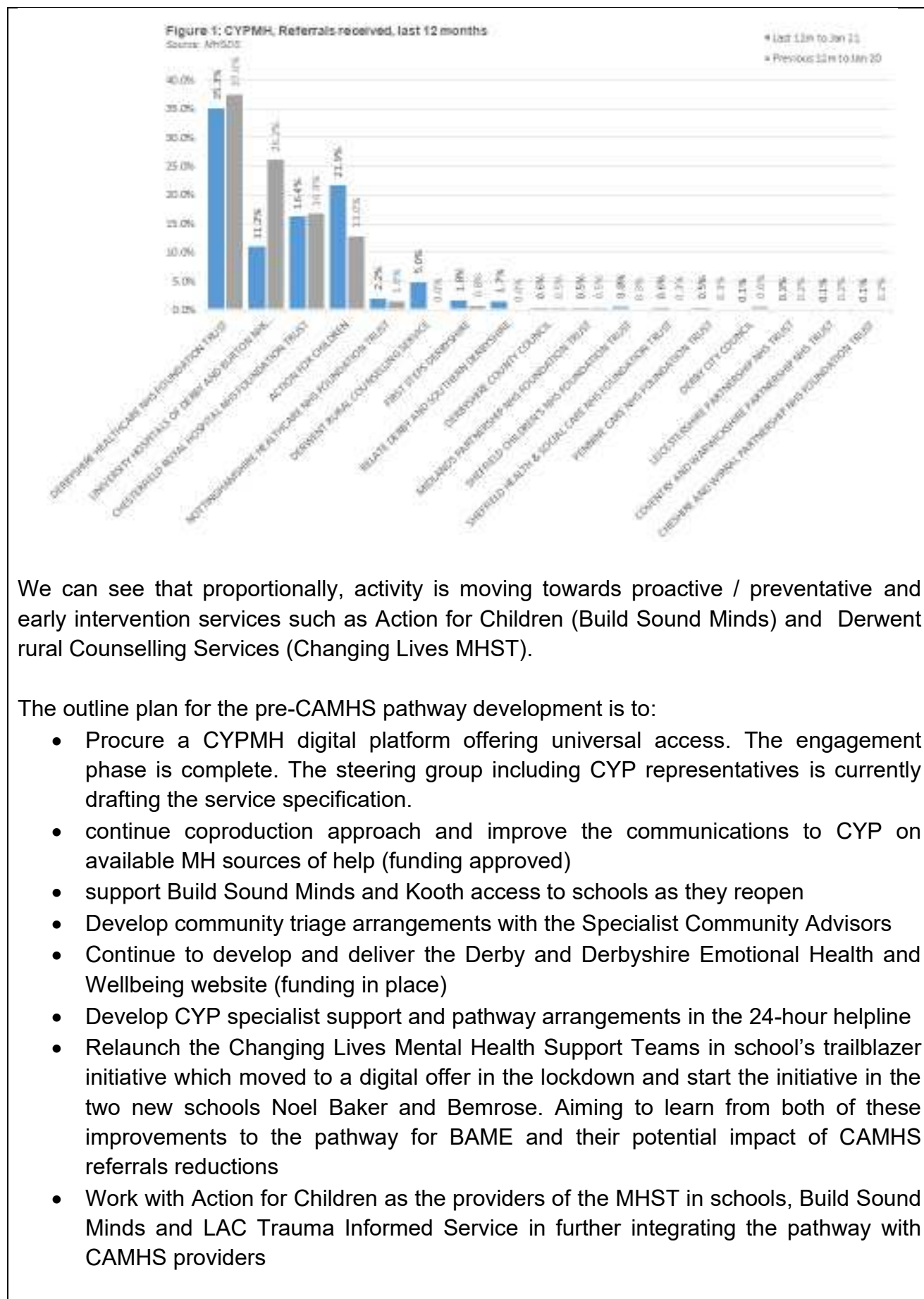
The Derbyshire target for 2020/21 is **6,808 CYP** to be seen which equates to the **35% NHSE target**

- Since October 2020 Derbyshire has exceeded this national target and we are seeing an overall increase in the number of CYP accessing mental health services in Derbyshire.

In January 2021, **7,099 CYP** had been seen (in the rolling 12 month period) by MH services across the pathway including specialist CAMHS, Targeted Early Intervention Services and our digital offer. Over the 12 months to January 2021 we achieved **36.5%** access, up from 25.4% in January 2020.

A reduction in referrals can be seen in January 2021 (671), this is expected to rise again following return to school in March

Figure 1 below demonstrate the changing referral and access patterns that have occurred as a consequence of the new targeted intervention services



## CYPMH Service Performance

### Build Sound Minds

The average waiting time for children and young people accessing the Build Sound Minds service for 1:1 interventions has increased to 10-14 weeks for some areas. There are lesser waiting times for the group sessions and approximately 259 children and young people in total currently on the waiting list. The main reasons for the waiting lists being longer than anticipated is due to the high volume of referrals being received and the complexity of some of the referrals resulting in group interventions not being a viable option.

Another factor affecting waiting times is that in line with government guidance, Build Sound Minds are offering virtual groups therefore they cannot have the same numbers of children, young people or families on each group due to appropriate group size for digital being 6-8.

Intervention	Approximate Weekly Waiting Times		
	City	North	South
1:1	8	11	14 - 16 (over 12 weeks have been contacted & offered digital/group work)
Teen Group	8	8 -10	5
Parent Groups	12-15	12-15	12-15

### DHCFT CAMHS performance

DHCFT report a reduction in urgent care wait times from 0.8 weeks (February 2020) to 0.3 weeks (February 2021). The waiting list for the routine pathway has reduced from 473 CYP in February 2020 to 352 in February 2021. There is no waiting list for urgent care; this was the case 12 months ago too. Routine average wait times are reported to have reduced from 24.10 weeks in February 2020 to 19.71 in February 2021.

The service has maintained seeing all children and young people with eating disorders within the national waiting times standards which are 24 hours for critical, 1 week for urgent and 4 weeks for routine. This is on the back of a 3-month 30% increase in referrals during the summer which has correlated with a 25% increase in the number of children and young people admitted to tier 4.

Activity is up by 40% across CAHMS aided by digital appointments and reduced travel times.

The investment in (8) additional staff posts reported to board in June to improve internal flow has proved successful at DHCFT as is seen in the reduced numbers on the waiting list. However, the improvement has been reduced by staff vacancies (8).

### Themes across Specialist CAMHS

CAHMS services have moved support largely through Attend Anywhere and similar platforms. Referrals have recovered to 2019 levels. Urgent referrals have increased; wait times reductions have been impacted by issues of staff retention and recruitment as well as Covid restrictions. Waits have not gone down as expected pre COVID-19. Following a rise in average waiting times (for all CAMHS) during the initial lockdown period from March peaking in July when the average wait was 37.3 weeks, we then saw a reduction in waiting times with December average waiting times at 15.9 weeks. We have now started to see an increase in waiting times with the average wait time in January 2021 was 24.6 weeks

There are many reasons for maximum waits including,

- offered digital online appointments but preference to wait for face to face
- impact of Covid restrictions on routine appointments
- increase in urgent appointments including CYP not known to services before.

Across Derbyshire and regionally there is more pressure for Tier 4 beds and with more CYP in paediatric wards with MH presentations.

There has been increased eating disorder presentations (consistent with national reporting on impact of Covid19) although Derbyshire is still meeting urgent access times to ED CAMHS. Return to school prior to second lock down saw an increase in urgent ED referrals suggesting CYP have been having ED behaviours that have been left until they have developed to a more serious condition. All the data from national sources such as Kooth and Place 2Be have reported on the decrease in bullying and increase in ED and self-harm behaviours. It is being reported that refusal to eat has, for some CYP, crossed over into self-harm behaviours and not necessarily anorexia or bulimia. This in turn is causing issue for tier 4 provision which needs to adapt.

CAMHS have been increasing their urgent care responses and liaison with acute hospital CYP emergency departments and acute wards.

% rise or decrease in mental health issues in secondary schools supported by Pace2Be  
Autumn term 2020/21 compared to Autumn term 2019/20

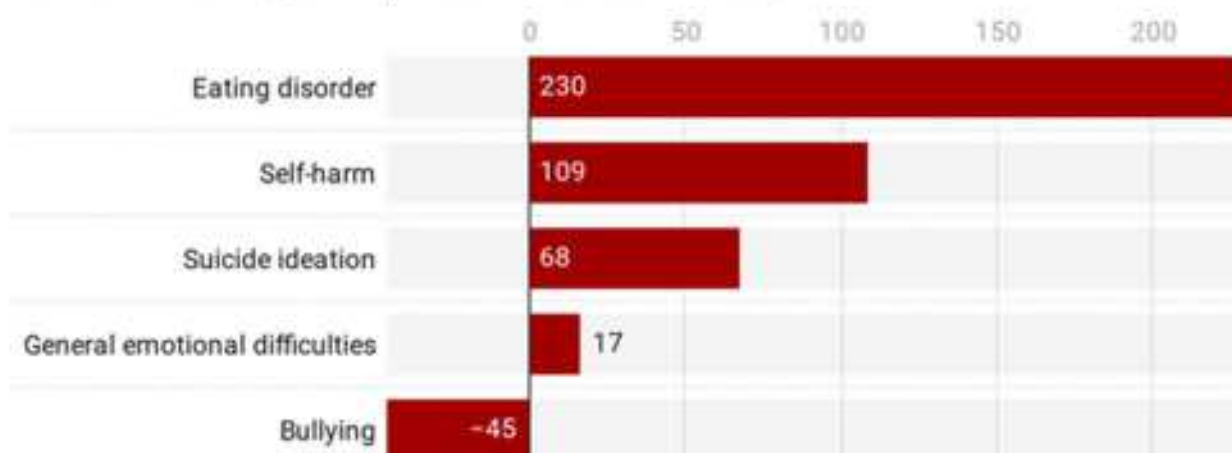


Chart: Evening Standard graphic • Source: Place2Be • Created with Datawrapper

The information from DHCFT service performance, alongside CRHFT performance, national trends, and local intelligence suggests the following actions to be taken forward in our refreshed CYP system MH plans.

- Increased capacity for urgent care responses, crisis and capacity to deliver home support. Enhance the CAMHS Intensive Home Treatment team offer increasing staffing and integrating crisis pathways to cater for CYP with mental health, learning disability, autism eating disorder and complex behaviours.
- Develop crisis alternatives for CYP. The existing Safe Haven in Derby to extend its age range to include 16 years upwards.
- Review and further develop the eating disorder pathway, increasing intensive home interventions.
- Support to reduce waits including internal waits for services by supporting internal flow.
- Continued workforce capacity investment and initiatives with core CAHMS noting this is also about recruitment, retention and training.
- Work with schools and prevention services, and support of specialist services to deliver intensive interventions both at paediatric ward and in the community for Eating disorder.
- Improved access to Tier 4 beds for Derbyshire CYP with changes to provision reflecting changes in presentation. (The CAHMS tier4 provider collaborative have agreed actions on a prioritised waiting list and enhanced regional capacity)
- Continued development of the targeted services to respond to emerging demand at the same time as CAHMS specialised developments.
- Introduce core standards across both providers to enable consistent quality and clarity for investment in CAHMS.

### Investment plans

Joint planning group has been working on proposals for £1.7m investment in 2021/22 in urgent care support to the CAMHS Teams. The plan is to be confirmed in Mental Health System Delivery Board in April 2021.

The recommendations from the group for phase 1 of a three-year investment plan includes increased psychiatry cover, increased staffing capacity for intensive home support, a strategic coordinator post for paediatrics wards, 24-hour cover by providing CYP nursing support overnight to the helpline enabling response to both north and south of the county as required.

In addition, the plans are to develop increased eating disorder support to paediatric wards and to develop home treatment support for eating disorders and to develop alternative crisis safe places i.e. safe haven and crisis café.

The intention is to build on existing foundations but working collaboratively where possible and efficient. The primary focus is on CYP with the most complex needs but development is expected to release resource in CAMHS core teams to work more on routine care pathways.

Learning from the success of the internal flow work, the CCG is investing non recurrent resource in additional digital capacity with an organisation that can provide CBT and other therapies to patients selected by the CAMHS teams. CAMHS will oversee the pathway to this additional therapy capacity, which will additionally release CAMHS staff time without the complications of recruitment of workforce which as we have seen can take over a year to employ.

Funding for improved communications and sustainable Emotional Health and Wellbeing website developments are in place. Further areas for development include increased

support to trauma informed work and training across the system including YOS, foster carers.

Whilst a D2N2 bid for resource for integrated community funding for trauma informed approaches for CYP was not successful the national team have indicated support for a review of joint arrangements for trauma work across the system and this can help inform our investment priorities.

### **Education – CYP not attending school**

We are exploring ways in which health and City LA can better work in partnership to ensure CYP who are not attending school (school refusers, home schooled) have access to the same mental health support opportunities as those children who are attending school. During 2021/22 we will be working closely with Action for Children to build pathways for this cohort of children and young people. Action for Children delivers Build Sound Minds currently and will provide Changing Lives MHST from 1<sup>st</sup> April.

As the new Changing Lives Trailblazer networks establish they will work closely with their schools to identify the children and young people who are young carers/school refusers on their roll. The Mental Health Support Teams (MHSTs) will work with the school to understand if/how the mental health needs of young carers/school refusers are identified, assessed and monitored to ensure that this cohort of children and young people receive the appropriate support from the MHST when needed. The MHSTs will work with the City LA to plan consultation with this cohort later in the year (Q2) to understand more about their needs and how they can be appropriately supported. This will inform how DDCCG, Action for Children and City LA work together going forward to facilitate an appropriate wider provision of support.

In Derby City, there is a proposed Elected Home Educated termly newsletter. This would provide an opportunity, in the interim, to reach the EHE cohort and raise their awareness of the services that are currently available to support their child's mental health and well-being.

Additionally, following mobilisation of their new contract, the plan is for the Changing Lives Trailblazer Programme (waves 2 and 4) to work closely in partnership with both the Head of the Virtual School in the City and the County to create a priority passport system that ensures all LAC residing across the footprint will have priority access to an MHST at the right time, in the right place and to receive the appropriate 'early intervention' support that the children and young people need to support them.

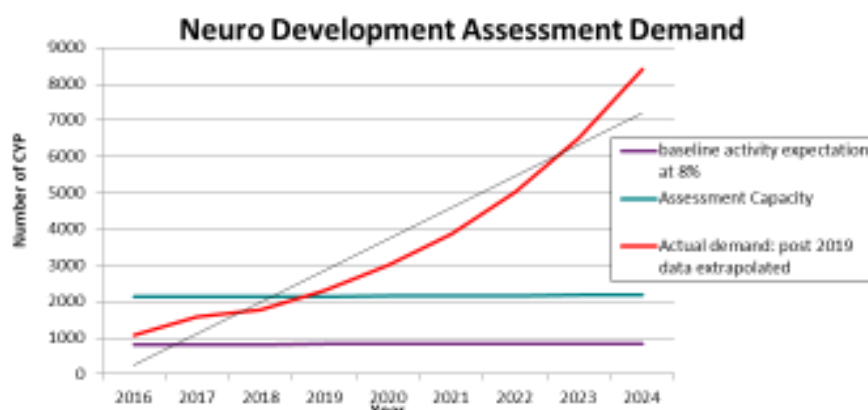
### **Future CYPMH developments**

NHSE&I have announced additional resources for CYPMH to be expected in year. The refreshed Local plan will detail these investments and actions for delivery. The plan is expected to include the elements described for CAMHS and the pre CAMHS (targeted) pathway outlined in this report.

### **Neurodevelopmental pathway**

Neurodiversity a term covering conditions such as autism spectrum disorder (ASD) and Attention Deficit Disorder (ADHD) and is an area of concern across SEND pathways and adult services. In recent years we have seen a significant rise in referrals for diagnosis past the point of demand accounted for by prevalence.

As can be seen in the graph below for CYP demand:



The diagnostic service is split into different service elements and providers are coordinated by DHcFT. We have previously integrated this pathway and we have taken considerable action to reduce the average wait times for paediatrician appointments. However as can be seen from the table below average wait times for the psychology service have become in excess of a year. These referrals are predominantly generated through direct school referrals.

Service	Avg. Waiting Time (weeks) As at Dec 2020
Clinical Psychology (UHDB)	52
Paediatrician (DHcFT)	14
Speech and Language Therapy (DCHS)	24
ND Nurse (DHcFT)	30
CAMHS (DHcFT)	22

This issue has been taken forwards by Joined up care Derbyshire on behalf of both County and City SEND boards. The written statement of action in the City has a particular focus on wait times for neurodevelopment assessments and we see that Autism is the most significant theme in EHCPs.

Joined up care Derbyshire through the Mental Health System Delivery Board has also initiated an all age approach to strategic planning for services to people with autism. A two staged approach has been agreed in SEND boards for talking this issue across the system. The CCG's approach is:

#### Our proposals...

- Temporary (12 month) assessment capacity boost to address demand and reduce waiting list by 22%
- Put in place some online early help modules
- In South, restrict referrals from schools to those via specialist teaching teams to support utilisation of early help and use this expertise as part of assessment process (to align to north)
- Be a key partner in the system wide case for change (IUCD Childrens Board led)

The first task has been to identify non recurrent resource to the sum of £600k which will be used to fund increased assessments (396 across City and County reducing the current waiting list by 22%) using some

additional capacity in the local teams and external organisation called Healios who provide NHS accredited on line services. This will also enable us to tackle the waiting time increase made significantly worse by Covid-19 social distancing measures. We are also developing an online support offer via online 'modules' which will help to reduce unnecessary referrals and provide support for those who are waiting.

The second element of the plan is to coproduce a new pathway of what early help and support should look like so that parents and CYP get the help they need at an early stage and change the belief that a diagnosis is essential for support. This requires input from the whole system and workshops have already started with support from the voluntary sector, parent carer forums and schools.

A working model of services has been agreed based on a system wide approach. Based on this model sub-groups have been set up to tackle the transformation needed to deliver change for CYP and their families in Derby and Derbyshire. With a vision:

*We will have an easily accessible and wide-ranging quality pathway in place that effectively supports children and young people with neurodevelopmental needs, their families and carers, within their local communities where possible, towards the goal of living independently and thriving as children and adults.*