



Recent transformation and changes in demand on emotional well-being and mental health

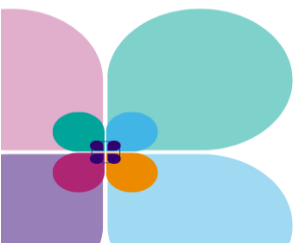
Specialist Sandwell CAMHS for Scrutiny Review

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Introduction

Please find below our response to questions for the Sandwell scrutiny review.

Our CAMHS Services

Our child and adolescent (CAMHS) services work with children and young people who are experiencing moderate to severe difficulties with their mental health. We have CAMHS services in each of the boroughs of the Black Country. Our service consists of a range of professionals from community psychiatric nurses, family therapists, occupational therapists, psychiatrists, psychologists and psychotherapists who have skills and experience working with children and young people. We work closely with a range of agencies including social workers, schools and healthcare agencies.

Recent changes to CAMHS Services across the Black Country since the merger and taking on the Lead Provider role

A key aim of the Black Country Integrated Care System (ICS) has been to bring commissioning and service provision closer together to increase collaboration across system partners to improve outcomes for our children, young people and families. Black Country Healthcare Foundation Trust (BCHFT) has taken over a Lead provider role from 1st July 2022 for commissioning and providing mental health services across the system which includes Sandwell place.

BCHFT is committed to improving collaboration with Voluntary Community Sector (VCS) partners, Primary Care Networks (PCNs) Local Authorities (LAs) and children, young people and their families, in order to shift towards easier and more equitable access to services across the Black Country; an exceptional experience for all; and improved health outcomes across the Black Country population.

Across the system there are a number of strategic drivers for change, arising from both the national direction of travel for mental health, learning disability and autism services, as well as the system challenges arising from the legacy of differentiated arrangements between commissioning and provision across the four places, with a number of areas of unwarranted variation. Mental health has been identified as a public health priority in The Black Country and there has also been some recent additional investment and transformation work that is listed below:

CAMHS transformation – core service

- Baseline uplift 21/22 and 22/23 – This allowed for the age range of Dudley and Walsall up to 18 years in Core CAMHS. Sandwell has operated up to 18 since its conception. The service now works with young people up to the age of 18 years across the Black Country.
- Blended approach to service delivery using a mixture of face to face and virtual support. This is discussed with the young person and families to ensure the best approach that works for them

- Closer working with school and educational settings and introducing Wave 8 of Mental Health Support Teams in Schools increasing access to support for young people within their educational setting in Sandwell.

CAMHS transformation – crisis support

- Significant investment in crisis support. We have created a crisis service (CIHTT) with the aim of keeping young people out of hospital and support to manage crisis in the community.
- The service runs 7 days a week, 8am – 8pm and service users can also access the 24/7 crisis helpline out of hours.
- The service works across a range of agencies.

CAMHS transformation – In patient mental health beds for children and young people.

Black Country Healthcare Foundation NHS Trust is part of the West Midlands CAMHS Provider Collaborative. Birmingham Women's and Children's Hospital Trust are the lead partner for this collaborative.

Aim to:

- Reduce use of out of area inpatient beds
- Reduce unnecessary admissions through a robust gatekeeping process which ensures consistency.
- Reduce length of stays
- Improve continuity of care
- Increase investment into community services

Eating Disorders

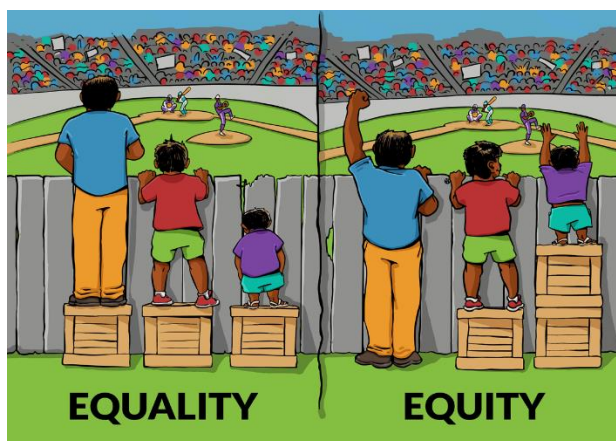
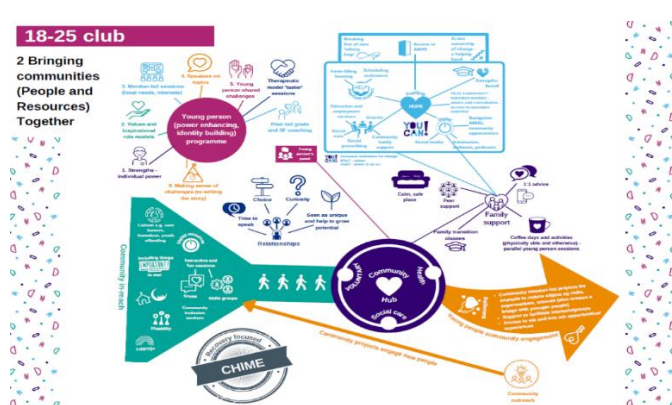
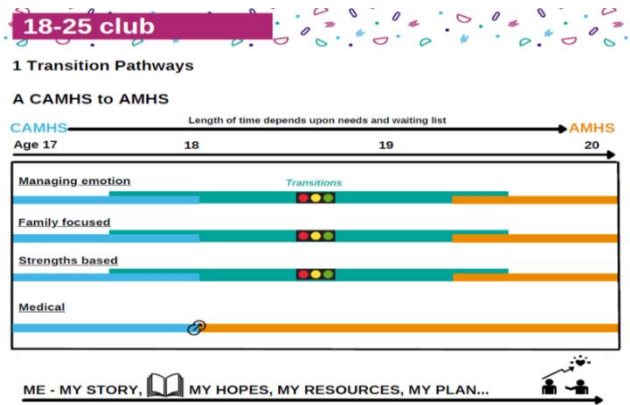
Utilising baseline uplift 21/22 funding has allowed for development of an all age eating disorders service in Dudley and Walsall which is already in place in Sandwell and Wolverhampton. All age eating disorder provision will interface with CAMHS services to offer provision out of hours when required.

As part of the Community Transformation Programme, an all-age Eating Disorder outreach pathway has been developed to support people in the community. Funding is being provided over 3 years. During year 1 and year 2, ED outreach team has been mobilised in Wolverhampton and Sandwell localities with plans underway to implement this team in Dudley and Walsall in year 3. Within Sandwell this has ensured liaison with primary care services to ensure earlier access to ED pathways for young people, ensuring young people are seen in their home environment and support in the acute hospitals when a young person is physically compromised.

18-25 Younger adult's transition

Service development funding 21/22 and 22/23 and funding available over 3 years under Community Transformation Programme has enabled us to establish a wraparound service for Young Adults aged 18-25 and to provide a seamless transition from CAMHS to AMHS services

when Young adult turn 18. Clinical model has been coproduced with young people fully, with work underway to recruit to implement the model. Currently we are identifying estates in Sandwell to support this model and work collaboratively with other agencies.



CYPF Intensive Support Team

Funding is available under Transforming Care Programme (CYP who have a diagnosis of Learning Disabilities and/or Autism who are at risk of admission to tier 4 bed or criminal justice system) to mobilise an intensive support team across Black Country for CYP with Learning Disability and Autism in crisis or requiring intensive support to avoid inpatient admission. The team is operational and working with the adult IST to ensure an all age approach.

Mental Health Supports teams (MHST) in Schools

We have been recruiting and mobilising MHST teams to provide mental health support CYP in schools across Black Country. Funding varies locally for each wave. Wave 2, and 4 funding has been available in Sandwell for the last few years. We have been sent confirmation for wave 8 as well with recruitment completed to mobilise this wave in January 2023 with schools in Sandwell identified. There are a number of initiatives in Sandwell regarding Emotional Mental Health and wellbeing and it is the intention that these should all be working in alignment with rather than independently of one another. This means that the Senior Mental Health Lead Training, Link

Programme and Chartermark will all be a feature of the MHST using a common language for greater consistency and effectiveness.

Tier 4 delayed discharge programme

We have received non-recurrent funding in Q4 in 21/22 from NHSE which has been moved into 22/23 to support admission avoidance and early discharges for young people with eating disorders. The aim will be identifying the system population cohort in CAMHS Tier 4 hospital provision, as well as those young people in the community who have been identified as being at risk of admission to a tier 4 inpatient bed as a result of their eating disorder without more intensive support. As a result of this programme being in place, it has enabled more young people to remain at home and receive community interventions for their eating disorders. BCHFT have plans for the coming years to invest in STAR workers to continue this pilot scheme across the Black Country.

Acute Hospital and Local Authority – Barnados Keyworkers Roles Pilot

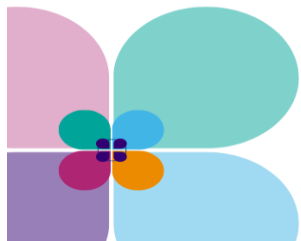
We are piloting a project to put some keyworker roles which will work as a conduit between CAMHS Crisis Team, acute hospitals, and social care when there is a social reason for a CYP remaining in an acute hospital aiming to reduce the length of stay for C&YP on paediatric wards across the Black Country and to provide 1:1 support if CYP require this during an admission. These roles have been used in Sandwell General Hospital for CYP who have been admitted in distress for a short period of time.

Digital Offer

Currently BCHFT commission Kooth as part of the 'signposting and getting advice services and the getting help services as part of the Thrive model to provide an online digital offer for emotional mental health and wellbeing for young people and this will include a number of children in care and care leavers, although not specifically for this group. The offer includes a

- A chat function for a young person to drop in to speak to a readily available counsellor
- A messaging function for young people to contact the service
- A schedule function to provide booked sessions with a named counsellor on a regular basis
- A range of forums, all of which are pre-moderated, to offer facilitated peer support for CYP. They also provide crucial first steps towards getting further therapeutic support
- Live discussion groups – run by professionals (with all comments moderated) to enable groups of CYP to interact with each other in a safe environment
- An online magazine will full content moderation, creation and editing which includes opportunities for CYP to submit their stories or write articles, all of which is moderated
- Information, activities and self-care tools and resources on the site for CYP to download.

The current digital offer is to be reviewed in the Black Country in light of the increased number of providers and their range of offers that have emerged following the COVID-19 pandemic to ensure that our provision at this level is appropriate and meeting the needs of our young people in the Black Country including our underserved communities.



Embedding I thrive Model

The i-Thrive model replaces the currently recognised tier-based system with a whole system approach. It is based on the identified needs of children, young people (CYP) and their families. It advocates the effective use of data to inform delivery and meet needs. It also helps to identify groups of CYP and the range of support they may benefit from. The i-thrive model also ensures CYP and their families are active decision makers in the process. We are looking to embed the I Thrive model across Sandwell ensuring that we understand and map all commissioned and non-commissioned services that support young people and their emotional mental health and wellbeing.

Getting Help services

In each of our 4 areas of the Black Country 'Getting Help' services are either commissioned by BCHFT alone or with the Local Authority (in some of the areas). In Sandwell, the 'Getting Help' services, recurrently funded, are commissioned via BCHFT from local voluntary sector organisations. Other services are commissioned in some of the local authorities/ children's trust but are non-recurrent. There are significant differences across the Black Country in terms of the commissioning arrangements and work is to be undertaken to clearly understand what is available and what is required following a needs led assessment.

Children in care/care leaver services

A full review of services for children in care and care leavers commissioned through the lead provider model is going to be undertaken across the Black Country. This will include the following steps:

- Scoping of Specialist of MH Support for CiC in Black Country
- Research Models of Good Practice
- Review Findings of Scoping Material
- Identify any gaps in provision or funding across the Black Country
- Developing a Black Country Emotional Mental Health and Wellbeing CiC Service
- Operationalising the New Model
- Review and Evaluation

Youth Justice Services

A full review of the current offer for Children and Young People who are part of the Criminal Justice system commissioned through the lead provider model is going to be undertaken across the Black Country. This will include the following steps:

- Scope out current provision from CAMHS to the criminal justice system in all areas
- Liaise with stakeholders
- Identification of finances associated with each of the CAMHS posts into the criminal justice system
- Liaising with contract re SLA

- Identification of best practice in the country for CYP who are part of the criminal justice system
- Developing the New Offer from CAMHS to the Criminal Justice System across Black Country
- Advocating in each place based for additional health offers that will support the rehabilitation process as part of the criminal justice system.

CAMHS Strategy

We are also in process of developing a Black Country wide CAMHS strategy that is informed by national and local policy guidance; and builds on the good practice already provided locally. It considers the views and experiences of a wide range of stakeholders, including children and young people, their families, and carers and we have consulted with some of our partners in Sandwell

Changes in the demand and how we are addressing it

Sandwell CAMHS Services - Average Waiting Times Summary - Pre Covid/During Covid/Current Position		
Sandwell CAMHS SPA	First Appointment Waits: Average Waiting Times in Weeks (Referral to Initial Appointment /Triage)	Second Appointment Waits: Average Waiting Times in Weeks (Initial Appointment to Treatment Commencement)
Pre Covid (March 2020)	11 Weeks	N/A - Referrals are triaged into Core CAMHS (First Appointments only)
During Covid (May 2021)	5 Weeks	N/A - Referrals are triaged into Core CAMHS (First Appointments only)
Position (January 2022)	11 Weeks	N/A - Referrals are triaged into Core CAMHS (First Appointments only)
Current Position (8th December 2022)	7.7 weeks	N/A - Referrals are triaged into Core CAMHS (First Appointments only)
Sandwell Core CAMHS	First Appointment Waits: Average Waiting Times in Weeks (Referral to Initial Appointment /Triage)	Second Appointment Waits: Average Waiting Times in Weeks (Initial Appointment to Treatment Commencement)
Pre Covid (March 2020)	N/A - Referrals are triaged from SPA (Second Appointments only)	14 weeks
During Covid (May 2021)	N/A - Referrals are triaged from SPA (Second Appointments only)	22 weeks
Position (January 2022)	N/A - Referrals are triaged from SPA (Second Appointments only)	18 weeks
Current Position (8th December 2022)	N/A - Referrals are triaged from SPA (Second Appointments only)	39.7 weeks
Sandwell CAMHS Outpatients	First Appointment Waits: Average Waiting Times in Weeks (Referral to Initial Appointment /Triage)	Second Appointment Waits: Average Waiting Times in Weeks (Initial Appointment to Treatment Commencement)
Pre Covid (March 2020)	6 weeks	9 weeks
During Covid (May 2021)	12 weeks	21 weeks
Position (January 2022)	10 weeks	13 weeks
Current Position (8th December 2022)	15 weeks	41.5 weeks

All Sandwell emotional mental health and well-being referrals should be triaged through the main front access door of Sandwell CAMHS SPA (single point of access) for an initial review and triage to determine where best the patient pathway for treatment will commence. They could be directed either to specialist CAMHS, Murray Hall, Kaleidoscope or Relate or to other services which may be better placed to meet the issues identified. The decision is based on the paper referral information and information obtained from other agencies and the referred families via telephone contact.

Average waiting times for a first initial assessment within specialist Sandwell CAMHS was 11 weeks pre COVID, 5 weeks during COVID increased to 11 weeks in January 2022 and currently sits at 7.7 weeks.

Second appointment waiting times went from 14 weeks in March 2020 to 22 weeks in May 2021, 18 weeks in January 2022, rising to 39.7 weeks currently.

The wait to see a Psychiatrist for a first appointment was 6 weeks pre COVID, 12 weeks during COVID and in January 2022 was at 10 weeks. Currently it is at 15 weeks. The wait to see a consultant for a second appointment went from 9 weeks to 21 weeks during COVID, reduced to 13 weeks in January 2022 and is currently 41.5 weeks.

We are closely scrutinising our waiting times on a weekly and monthly basis through performance oversight with clinical service leads, plans are in place to improve flow from initial appointments to the commencement of treatments. We are currently running a waiting list initiative for initial assessment to support reduction in the waiting times in Core CAMHS to 12 weeks. This initiative has been running over the first two weeks of December and the data and impact of this will not be available until after Christmas when it will be shared at the next available Thrive board.

There has been a significant increase in referrals, outlined in the table below 3 Assessment Team Practitioners have been employed who are senior professionals, on a 12 month basis to support our waiting times performance. This would provide us with more assessment opportunities per week. We are also using our therapeutic professionals to offer more assessments and working to balance the need to have those providing treatment as well as assessment.

If a child, young person and/or family require urgent and immediate intervention due to risk, severity and consequence of the difficulties they are managed as a priority and seen quicker.

Referral Management

Referrals received from April 2019 to March 2020 (12 month summary)

Team Description	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19	Nov-19	Dec-19	Jan-20	Feb-20	Mar-20	Total
CAMHS OUTPATIENTS SANDWELL	16	66	44	46	20	26	36	38	17	50	36	32	427
CAMHS SANDWELL	33	29	26	84	44	33	31	22	43	38	26	27	436
CAMHS SPA SANDWELL	150	251	228	231	128	208	277	212	145	210	206	198	2444
Total	199	346	298	361	192	267	344	272	205	298	268	257	3307

Referrals received from April 2020 to March 2021 (12 month summary)

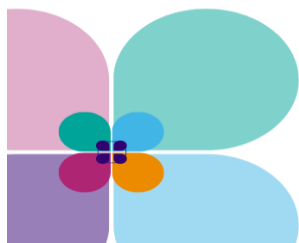
Team Description	Apr-20	May-20	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Total
CAMHS OUTPATIENTS SANDWELL	28	16	25	33	13	21	24	21	22	15	36	23	277
CAMHS SANDWELL	12	13	32	24	13	22	22	23	46	22	51	41	321
CAMHS SPA SANDWELL	77	73	138	164	112	165	181	161	181	87	132	261	1732
Total	117	102	195	221	138	208	227	205	249	124	219	325	2330

Referrals received from April 2021 to March 2022 (12 month summary)

Team Description	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sep-21	Oct-21	Nov-21	Dec-21	Jan-22	Feb-22	Mar-22	Total
CAMHS OUTPATIENTS SANDWELL	31	34	39	44	17	42	33	62	45	34	41	56	478
CAMHS SANDWELL	22	17	25	42	16	31	34	26	20	31	26	26	316
CAMHS SPA SANDWELL	202	288	262	244	108	214	230	271	221	236	281	308	2865
Total	255	339	326	330	141	287	297	359	286	301	348	390	3659

Referrals received from April 2022 to November 2022 (April 2022/YTD)

Team Description	Apr-22	May-22	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Total
CAMHS OUTPATIENTS SANDWELL	82	65	43	42	17	34	25	26	334
CAMHS SANDWELL	17	27	26	21	14	15	15	13	148
CAMHS SPA SANDWELL	234	280	260	292	165	246	349	409	2235
Total	333	372	329	355	196	295	389	448	2717



Referrals into the service at the beginning of the pandemic decreased initially, factors including the government response which the general public had to adjust to. Referrals increased month on month from the June 2020 onwards, with seasonal patterns of half terms having the usual impact on services. The demand in engagement has since continued to grow from April 2021 on a continued steady upwards trajectory. In addition to the evident growth in demand coming into Specialist CAMHS via the SPA our CAMHS Crisis team have worked to protect acute hospitals capacity by seeking to divert children from accident and emergency if no physical need for them to be in acute hospital and the mental health risk allows this. We have sought to grow awareness of the Single Point of Access through participation in the Anna Freud Link Program and our liaison with partner services and education. We have commenced our Mental Health Support in Schools project all of which has increased opportunity for children and families to access our service and consequently this has increased the demand upon our Single Point of Access to triage, sign post and offer advice.

Evidence of Issues that children and young people are facing or practitioners are worried about, particularly our most vulnerable children

Through monitoring referral reasons into the SPA we are able to see an increased amount of referrals for children and young people (C&YP) who are presenting with either; severe anxiety, anxiety with school refusal and parental concerns around if their child has a disorder on the autistic spectrum continuum. Predominately these referrals are being signposted to specialist CAMHS and the multi-agency pathway for autism assessment. Consequently this multi-agency pathway is accruing a longer waiting list. Many families have reported to us that there have been many positives about families spending time together during the pandemic; they feel they have got to know their children better and in some cases family functioning has improved.

In terms of process of referrals into Sandwell SPA a concern expressed by parents has been around losing of the richness of information that they share with referring professionals, such as GPs. We are in the process of exploring how to enable families to share that information with us at point of referral to support triage and appropriate signposting.

What has worked well during the pandemic/continues to work well (and how we know)

Within specialist CAMHS we have both C&YP and parent/carer participation groups. Feedback received from these around the use of technology to enable remote assessment and treatment has been positive and offers an improvement in access. However, we are aware of the need for a balanced approach and that individual choice is an important part in deciding whether to use remote technology or complete work in person or use a mix. We are also aware of the need to access more silent groups within the Sandwell community and how digital poverty impacts on this approach.

Despite the picture described above with increasing numbers of families needing assessment and access to specialist CAMHS and a profound challenge with recruitment and retention which has been experienced across the region we have continued to meet the urgent needs of families and continued to deliver routine treatment.

What we are concerned about (and how we know)

We are concerned about the increasing demand in young people whom are having their challenges and difficulties understood through the lens of mental ill health as the first approach. We are concerned about the impact of the children and young persons and families' awareness of the availability of other wellbeing/support services in Sandwell and the development of this approach.

Early Help in Sandwell is under review and Sandwell Children's Trust is also going through a period of change, both services are reported to have high turnovers of staff and managers which makes relationship building more challenging. We are concerned that children are being referred to us for mental health support when they don't even have their basic needs met and that there appears to be an absence of services addressing the environmental factors impacting on a child's wellbeing or families are failing to access these services.

Accessing CAMHS in these circumstances is not always helpful for the families and has limited success.

Likewise we have been concerned about the challenge of recruitment. We have had to advertise many positions many times prior to being able to recruit and some positions have remained vacant for much longer periods than we would like. Obviously focus on multiple recruitment campaigns takes workforce away from direct working with families and we currently find ourselves in this vicious cycle of where best to focus our attention. Some of the challenges with recruitment and retention of staff are as a result of the number of opportunities that are available in the emotional mental health and wellbeing services across the system within the Black Country.

What the next steps are

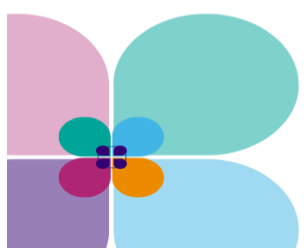
We are in the midst of a transformation project which has seen financial investment in Sandwell CAMHS to support increase in therapeutic positions. Although there are the challenges in recruitment highlighted in our above concerns we are seeing a slightly more positive response to adverts now that society is 'opening up'.

We continue to work with both our acute hospital colleagues, Sandwell children's Trust colleagues and other area's social care colleagues to look at how we support the acute hospitals with managing presentations to them; especially children in care who just arrive within Sandwell unknown to any services.

We will continue to run our CAMHS summits which is an opportunity for all agencies across the Black Country to touch base with each other and develop specific joint work streams of priority areas.

We continue to build on the positives of our CAMHS crisis teams and working towards 24/7 via our 24/7 crisis telephone support.

We are working with our adult mental health teams and other community agencies to develop a dedicated pathway for 18 to 25 year olds; this we know will offer alternatives for young people leaving care.





We have throughout lockdown developed a key worker project to support C&YP up to the age of 25 years with learning disabilities and/or autism. This is not a clinical provision but an advocacy provision for such families. We now have a dedicated C&YP intensive support team for the same cohort of C&YP. We are concerned about the lack of service provision around pre-diagnostic and post diagnostic support from local authorities for C&YP with autism including appropriate short break provision.

We continue to strengthen our all aged eating disorder provision across the Black Country.

