

Black Country
Mental Health, Learning
Disabilities and Autism

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

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.

What does this mean for Sandwell young people in particular?

Better collaboration with Voluntary Community Sector (VCS) partners, Primary Care Networks (PCNs) Local Authorities (LAs) and children, young people and their families

Shifting towards easier and more equitable access to services across the Black Country;

Better patient experience for all;

improved health outcomes across the Black Country population.



CAMHS Transformation

- Core service
- Crisis support
- In patient mental health beds for CYP
- Eating Disorders
- 18-25 Younger Adult's transition
- CYPF Intensive Support Team
- Mental Health Supports teams (MHST) in Schools
- Tier 4 delayed discharge programme



CAMHS Transformation - continued

- Acute Hospital and Local Authority Barnados Keyworkers Roles Pilot
- Digital Offer
- Embedding I thrive Model
- Getting Help Services
- Children in care/care leaver services
- Youth Justice Services
- CAMHS Strategy

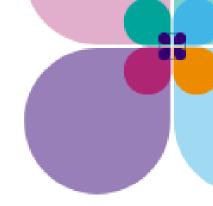


Changes in the demand and how we are addressing it

Sandwell CAM	HS Services - Average Waiting Times Sumn	nary - 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)
	First Appointment Waits:	Second Appointment Waits:
Sandwell Core CAMHS	Average Waiting Times in Weeks (Referral to Initial Appointment /Triage)	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



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



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

An increase in referrals for children and young people (C&YP) who are presenting with

- · severe anxiety,
- anxiety with school refusal and
- parental concerns around if their child has a disorder on the autistic spectrum continuum.
- 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.
- A concern expressed by parents has been around loss of the richness of information that they share with referring professionals, such as GPs. We are currently exploring how to enable families to share that information with us at point of referral to support triage and appropriate signposting.

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

- Remote assessment and treatment has been positive and offers an improvement in access. However, there is a 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.
- Consideration of how digital poverty impacts on access for some of the young people who are part of the silent groups in Sandwell.
- CAMHS have continued to meet the urgent needs of families and continued to deliver routine treatment.



What we are concerned about (and how we know)

- 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.
- Availability of other wellbeing/support services in Sandwell and the development of this approach which children, young people and their families and carers are aware of.
- 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 between these services and CAMHS more challenging.

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What we are concerned about (and how we know) – continued

- Children are being referred for mental health support when they don't even have their basic needs met and 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.
- Limited success when accessing CAMHS.
- Challenge of recruitment into specialist CAMHS.



Next steps

- Financial investment in Sandwell CAMHS to support increase in therapeutic positions. There has been a more positive response to adverts now that society is 'opening up'.
- Build on the positives of our CAMHS crisis teams and working towards 24/7 via our 24/7 crisis telephone support.
- Continue to work with the 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.

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Next steps – continued

- Continue to run CAMHS summits to continue to touch base with each other and develop specific joint work streams of priority areas.
- Development of 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.

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 Strengthen our all aged eating disorder provision across the Black Country.