



Homerton Healthcare
NHS Foundation Trust

Children and Young People's Emotional
Wellbeing and Mental Health in City &
Hackney



CYP Scrutiny Commission Report
April 2023



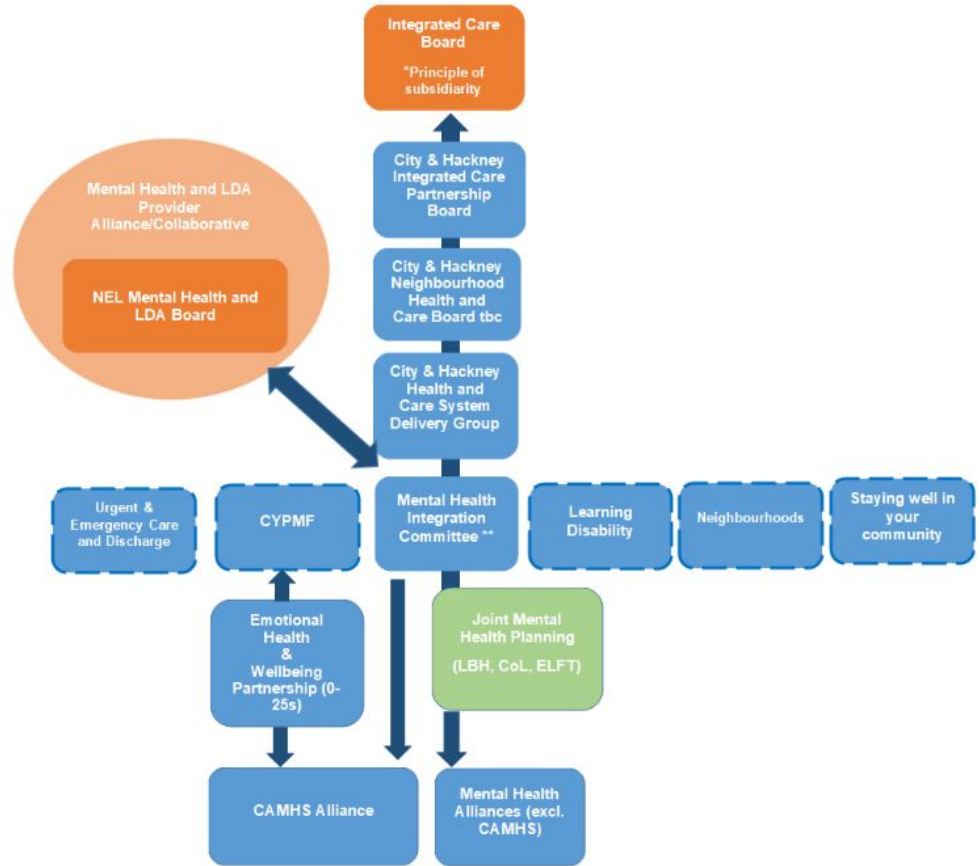
East London
NHS Foundation Trust



Local and National Context

- The emotional wellbeing and mental health of City and Hackney children, young people and their families continues to be a key priority for system partners, as part of our integrated system-wide work.
- The national drive to prioritise the emotional wellbeing and mental health of children, young people and their families remains strong; the Five Year Forward View for Mental Health and the NHS Long Term Plan (LTP) prioritise CYP and family mental health and ensure that we, as a place-based partnership, are aspiring for parity of esteem and aiming to balance the impact of social and health inequalities and local need whilst achieving the LTP ambitions.
- Local systems are required to produce a publicly available CAMHS Transformation Plan for Children and Young People's Mental Health and Wellbeing that sets out how we intend to achieve the vision of all children and young people receiving the right support at the right time around their mental health.
- Our 0-25 City and Hackney Emotional Health and Wellbeing Partnership supports the delivery of the NEL-wide Transformation Plan as well as having responsibility for overseeing the delivery of our City and Hackney [Integrated Children and Young People's Emotional Health and Wellbeing Strategy \(2021-2026\)](#); we are two years into its delivery. A review of performance against the strategy and associated action plan is currently underway.
- Post-Covid, the partnership continues to address system-wide challenges around demand and capacity with specific workstreams in place around neurodevelopmental pathways and investment in surge response.
- The merging of the seven CCGs in North East London (NEL) in 2022 to form the NHS NEL Integrated Care Board (ICB) has presented local partners with the opportunity to take stock of the challenges experienced over the last few years and plan responses through transformation of our services and innovative ways of working.
- The scope of transformation required necessitates all partners and service users to work together and while COVID-19 has been devastating for many, it has boosted integration, capability, opportunity and motivation placing NEL partners in the right circumstances to embrace change.
- As part of this structural change, the CAMHS Alliance, a collaborative made up of local organisations delivering services to support an improvement in emotional wellbeing and mental health outcomes, has formally come together with a view to increasing integration of services at place level. The Alliance has formalised responsibilities to work in partnership with one another, as well as wider partners from Health, Education and Social Care, to jointly deliver services, programmes and projects that align with system priorities.
- The City and Hackney Children, Young People, Maternity and Families (CYPMF) Integrated (LBH, City of London and NHS NEL ICB) Commissioning Workstream is tasked with driving forward the emotional wellbeing and mental health agenda. Workstream and wider mental health governance arrangements are set out on the following slides.

City and Hackney Place-based and NHS NEL Level Mental Health Governance



*The principle that a central authority should have a subsidiary function, performing only those tasks which cannot be performed at a more local level.

**Formally Mental Health Coordinating Committee

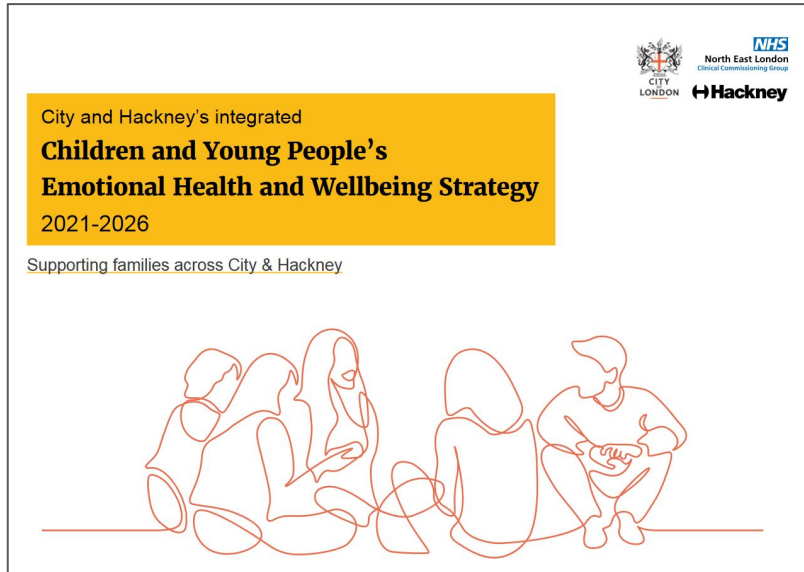
ORANGE: NEL DIRECTED TRANSFORMATION AREAS
BLUE: CITY AND HACKNEY PLACE BASED TRANSFORMATION AREAS

City and Hackney's Integrated Children and Young People's Emotional Health and Wellbeing Strategy

The CYP Emotional Health and Wellbeing Strategy was ratified in 2021. Its delivery is supported and overseen by the Emotional Health and Wellbeing Partnership, which is made up of local authority, health, community and voluntary sector organisations. The Strategy will be updated in the summer/autumn of 2023, including a refreshed action plan.

Key Principles

1. *Build awareness and work preventatively*
2. *Identify needs and intervene early*
3. *Understand and respond to local need to ensure that service design is influenced by young people, families, caregivers and frontline practitioners*
4. *Take a life course approach from conception to adulthood to deliver equitable access, effective interventions and managed transitions*
5. *Make the best of resources in a collaborative integrated system*



Whole System Priorities (Emotional Health & Wellbeing Partnership)

CAMHS Single Point of Access (SPA)

Development of a Single Point of Access to all NHS CAMHS Services, launched in November 2022. Offering a simplified referral process - all referrals are sent to one service (SPA) using one referral form, one email address and one phone number - a centralised point of contact - to get advice about a possible referral, find out more information about an active referral and all communications coming from one place - and improved response time between referral and allocation to services, avoiding delays and referrals bouncing between services.

Eating Disorders

Workforce Development: Upskilling universal and targeted early help practitioners, expand the scope of the Mental Health Support Team (in schools) to deliver wellbeing promotion groups; planning underway in conjunction with CEDS to provide 2 workshops to early intervention professionals. Improved access through implementation of SPA. Upskilling of GPs through training on GP Intranet and CPD sessions, including information on updated referral process.

Parent Support: Signposting by CEDS for referral to Social Services where appropriate, or help with accessing DLA and PIP. Ongoing effort to set up parent peer support. VCSOs are offering parent training and coaching - resources available through *Beat*: <https://www.beateatingdisorders.org.uk/>

Schools and Communities: Parent/carer forums in place at Stoke Newington School, with vision to expand to other schools. Clear communication; pathways provided to schools for signposting and referrals. Training available through *Beat* has been shared with school staff.

Service Deployment: Work in progress with CEDS to set up a Virtual Early Help Hub (online platform) to inform parents/carers and young people of locally available support and services. Work in progress on *Young Person's Voice*, as a mechanism for collecting feedback from service users and peers.

Whole System Priorities (Emotional Health & Wellbeing Partnership)

LGBTQI+

Joint action plan being developed across the system within the EHWP, using the Aspirations within the Council's Strategic framework. Commitment to recurrently sustain Project Indigo from 2023, and develop new enhanced offer for LGBTQI+ and their families. Review of internal processes (including data collection, accessibility, intersectionality and staff training requirements within services and organisations but also across them).

Crisis

Reduce the burden of the number of children and young people presenting at A&E in crisis that do not require an emergency medical assessment. A pathway to divert to appropriate alternative community crisis mental health support either before attending A&E or divert when they attend. Develop a simple flow chart of where to go/call and when, Train partner agencies in the new crisis diversion (in particular schools and GPs).

Review funding allocation and clinical pathways for admission avoidance/placement breakdown services - Surge (Clinical Service at LBH), ICCS (Intensive Community Crisis Service), Tier 3.5 Intensive Support for CYP with LD/ASD (primarily crisis prevention, limited capacity to take on cyp in crisis) and the Adolescent Mental Health Service ELFT. Clinical Service, HUH and ELFT all have specialist areas of expertise to improve outcomes for CYP in acute crisis but the services are currently not fully configured in a way to effectively and safely meet this need. Review funding allocation and clinical pathways for targeted groups of cyp known to be at risk of mental health crisis and/or placement breakdown eg CYP with LD/ASD, also CYP who are on the edge of care/LAC.

ND Pathways

City and Hackney have a number of services across 2 different trusts who are commissioned to offer assessments and intervention for neurodevelopmental conditions. Since COVID-19 there has been a number of issues affecting the pathway, including backlogs created by COVID, increase in demand, vacancies and recruitment difficulties. The current context has evidenced the need to review the Neurodevelopmental Pathways across services in order to determine the Demand & capacity balance in the system and put in place remedial actions to ensure the pathway model can meet the demand in the most effective way. Work is planned to start in April 2023 and last 3 months.

Prevention & Early Intervention (examples)

Reach & Resilience

The CAMHS Alliance established the Reach and Resilience workstream in 2015 with the goal of developing strong links with different communities in City and Hackney and ensure that CAMHS services are truly accessible and culturally relevant for all residents. The overarching aim is to increase awareness, accessibility and resources in relation to child mental health in identified communities where health inequalities exist. The engagement processes has followed a 4 stage processes which has proved successful already in working with some of the larger community groups in City and Hackney (i.e. Orthodox Jewish, Turkish speaking and African and Caribbean Heritage Communities)

Stage 1: Identify and engage key community leaders/workers and collaborate with each community to understand what will fit in terms of delivery for their young people and families.

Stage 2: Establish a programme of workshops/training/consultation in relation to children's mental health that is culturally specific and is delivered in the communities' context.

Stage 3: Establish culturally specific evidenced based groups/interventions within the community.

Stage 4: Develop skills within community groups that are self-sustaining.

WAMHS / MHST

The Wellbeing and Mental Health in Schools (WAMHS) service takes a whole school approach to improving mental health and wellbeing support for children and young people in schools, colleges, specialist and alternative provision education settings in City & Hackney. MHST (Mental Health Support Team) supports this work by offering early intervention groups to individuals, groups of children and parents in approximately 55% of schools.

WAMHS focuses on building & developing knowledge and skills in education staff so that they are more confident and feel more able to support students, and their families, who may be experiencing emerging or identified mental health difficulties. Working with a senior member of school staff, a skilled education professional from Hackney Education supports each school and education setting to review their current wellbeing and mental health provision and develop an action plan across a number of areas to improve the support systems for mental health and wellbeing in school. A mental health professional (CAMHS worker) is deployed to work in around 70% of school settings, supporting the action plan for between 1 & 4 days a month. WAMHS also has a range of universal offers available to all schools.

Tree of Life in Schools

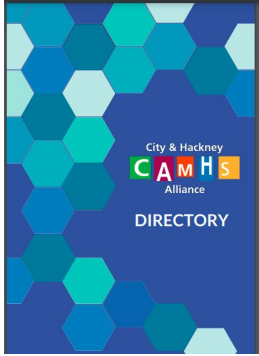
The Tree of Life in Schools programme, currently in its second year of pilot, offers Peer led Tree of Life intervention to young people from African, Caribbean and mixed heritage (ACH) in secondary schools in City and Hackney.

Tree of Life is a **strengths-based narrative** approach intervention delivered by trained Peer Leaders from African, Caribbean and dual heritage and supported by Education Mental Health practitioners in school.

The **aim** of the programme is to give space to young people from ACH backgrounds to believe in their own abilities, acknowledge their dreams and talk about difficult experiences in a safe environment. This programme takes a **non-clinical approach** to working with young people with no identified or low-level emotional wellbeing needs (such as anxiety/mood, issues making friends and issues with identity).

Findings from the evaluation of the first year of pilot show overwhelmingly good feedback from students who attended the programme, with outcomes showing increases in their willingness and ability to express themselves in front of others, self-confidence, knowledge and pride in their background, roots and culture, feelings of usefulness and optimism about the future.

City & Hackney CAMHS Alliance Services



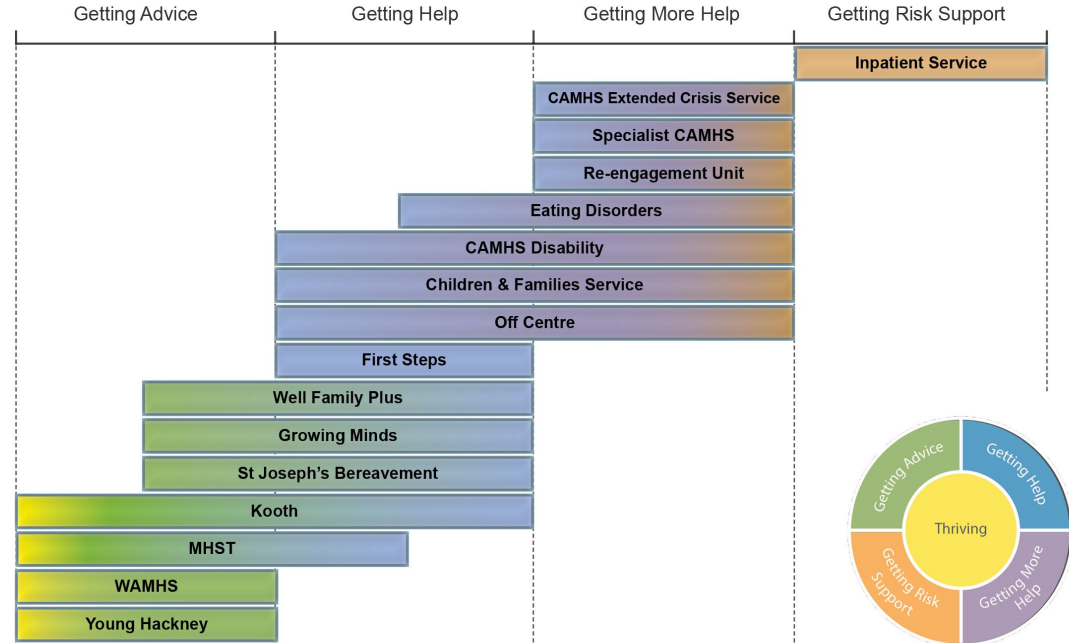
[CAMHS Directory](#)

The CAMHS Alliance includes all these provider organisations across health, local authority, and community and voluntary sectors. The CAMHS Alliance directory (linked above) gives full details of each service, including the pathway to access.



i-Thrive

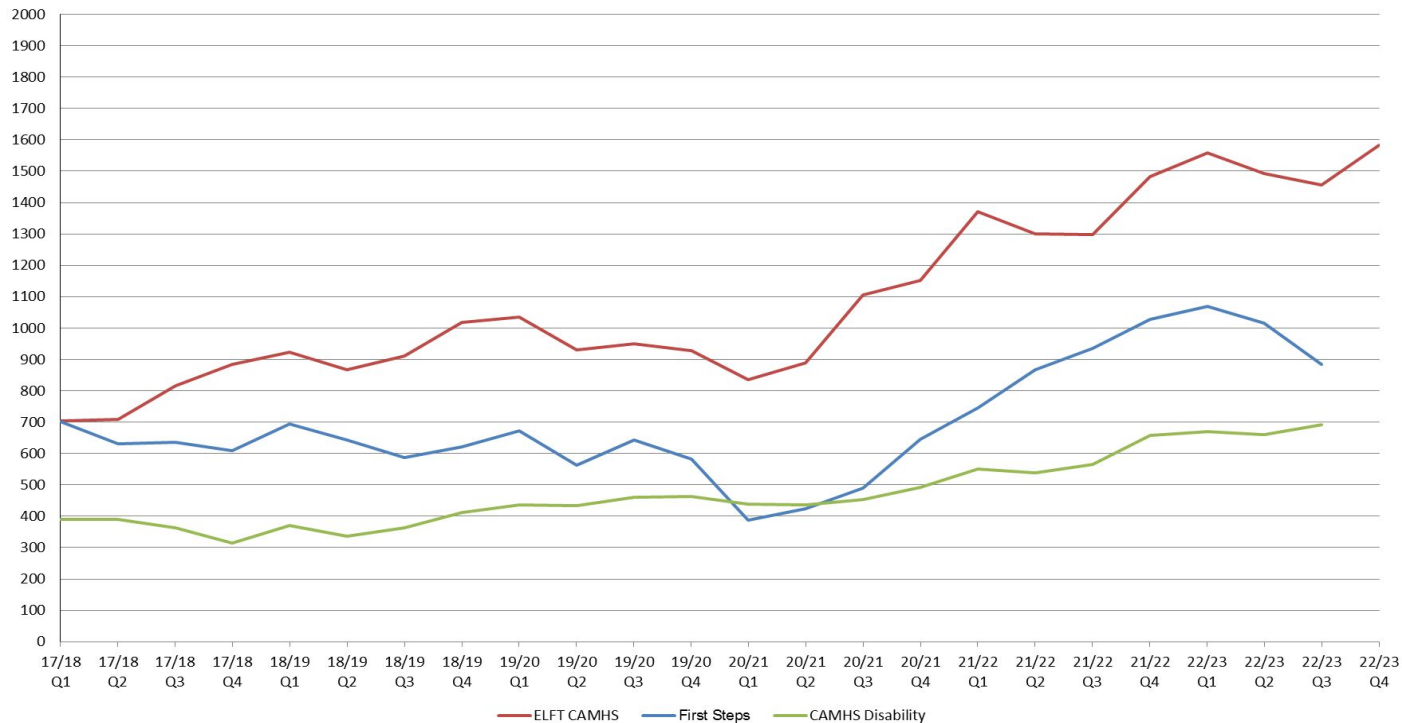
- One of the ambitions of the local CAMHS Transformation Plan is to work with system partners to develop an i-Thrive-like approach to service delivery.
- This model aims to move away from a purely 'medical model' of service delivery to minimise the risk of unmet need in the system.
- The aim is to meet the full range of needs from universal (thriving) to crisis (getting risk support).
- Services here are mapped against this model.
- When we take this i-Thrive approach, we also recognise that all of us can fluctuate in our needs across time, and that we may need access to varying levels of service and types of support.
- Taking a step-up and step-down (or agile) approach aims to ensure that users can access the appropriate service(s) at the right time.



NHS CAMHS Total Caseload (open) – 2017/18 Q1 – 2022/23 Q3

This graph shows open cases for the three NHS CAMH services (Specialist CAMHS, First Steps and CAMHS Disability). “Open” indicates cases which are open to the service but may have a varying level or amount of input, from weekly appointments (or daily in case of crisis management) to six weekly check-ins. Cases can be held open for a range of reasons e.g. awaiting appropriate service for step-down or ongoing medication review.

All Services



Graph indicates a post-Covid-19 Pandemic rise in caseload for all CAMHS Alliance services, with implementation of SPA in November 2022 seeing gradual reduction in referrals to First Steps for the last Quarter of 2021/22 – more signposting to community and local initiatives.

Increase in caseload would also suggest increase in complexity of cases, as such young people are staying in services for longer.

Specialist CAMHS (ELFT):

70% increase in caseload since Q4 2019/20
(928 □ 1582 patients)

First Steps:

51% increase in caseload since Q4 2019/20
(583 □ 883 patients)

CAMHS Disability:

49% increase in caseload since Q4 2019/20
(463 □ 692 patients)

NHS CAMHS Referrals Accepted – 2017/18 Q1 – 2022/23 Q3

This graph shows the number of referrals accepted for each of the three NHS CAMHS services. The next slide shows referrals received vs accepted.

All Services



First Steps referrals *received* have dropped by 49% since Q4 2021/22.

Referrals Received:
554 □ 282 (49% decrease)

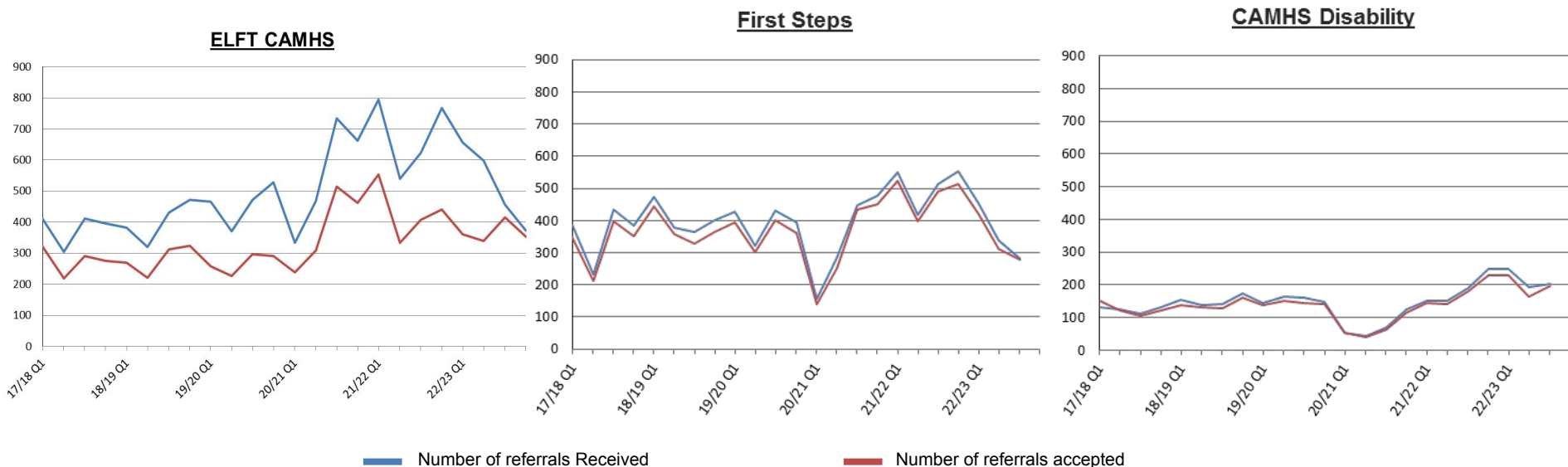
Referrals Accepted:
512 □ 278 (45% decrease)

Percentage difference indicated fewer referrals are being rejected.

Increased case complexity may explain rise in referrals to Specialist CAMHS and CAMHS Disability since before Covid-19, and subsequent reduction in referrals to First Steps.

This also reflects the increase in caseload numbers, with fewer patients staying in services for longer.

NHS CAMHS Referrals Received vs Referrals Accepted – 2017/18 Q1 – 2022/23 Q3



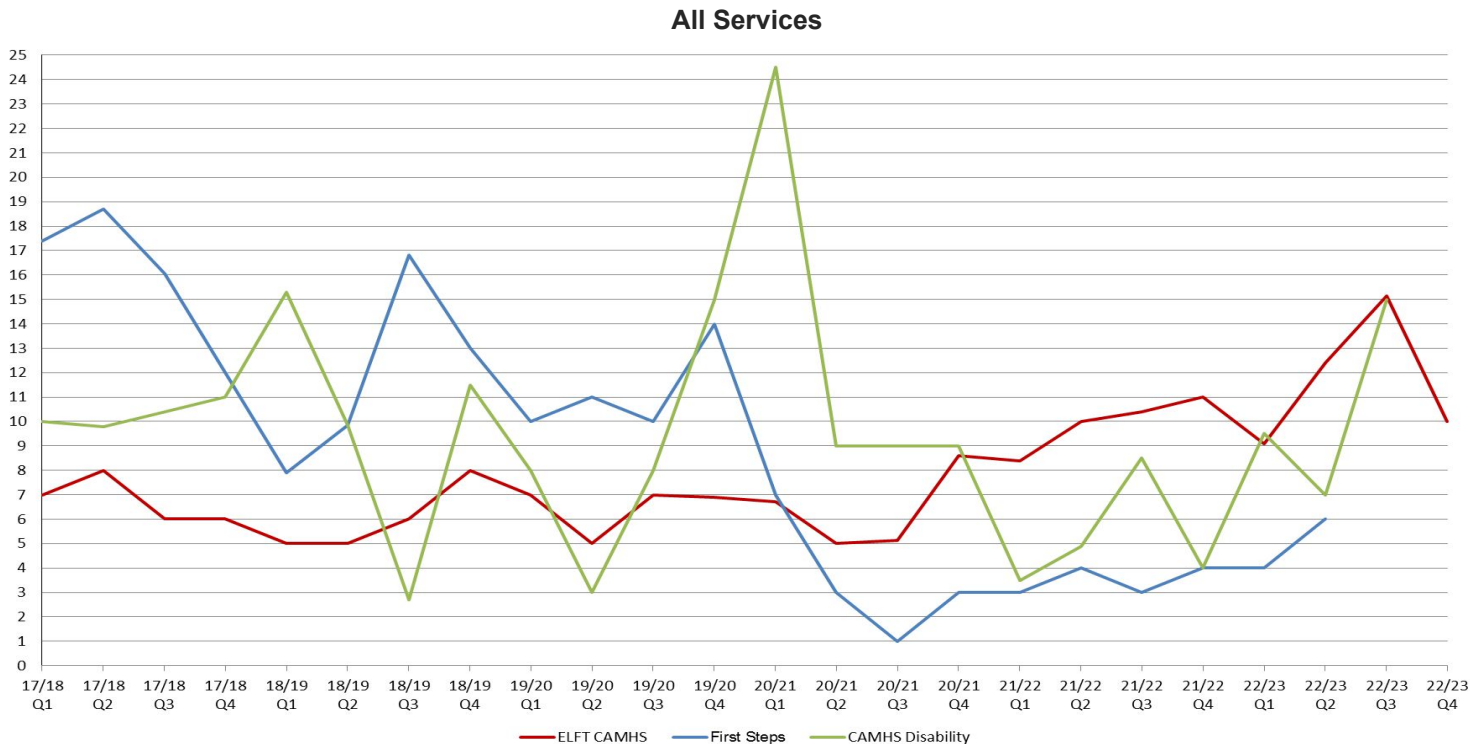
Here, we see referrals received vs referrals accepted. With the introduction of Single Point of Access in November 2022, the latest Quarter reported for First Steps and CAMHS Disability shows minimal referrals rejected. This trajectory will continue into the future, with proposed improvements to staffing of SPA referral triage.

Data from Q2 2022/23 going forwards will show all referrals going to a service being accepted, due to the change of referral system (technically all referrals made are accepted by SPA). This metric will eventually become redundant, and is being shown here to illustrate historic trends.

Some reasons why a referral may not be accepted are that it is not the right service for the presenting needs of the child or young person. In this instance, the case is passed to the appropriate service (within the CAMHS Alliance or outside). With the launch of the Single Point of Access, this reduces the need to transfer a referral if between NHS services.

NHS CAMHS Median Wait times from Referral to Treatment (weeks) – 2017/18 Q1 – 2022/23 Q3

This graph shows wait times for point of referral to treatment. The steps this includes are i) referral received, ii) referral triaged, iii) referral accepted, declined or transferred to another provider, iv) initial assessment, v) case allocated or closed (for a range of reasons e.g. family/child decline the offer) and, vi) treatment begins.



First Steps median wait times have dropped over time, from 17.4 weeks (2017/18 Q1) to 6 weeks (2022/23 Q2).

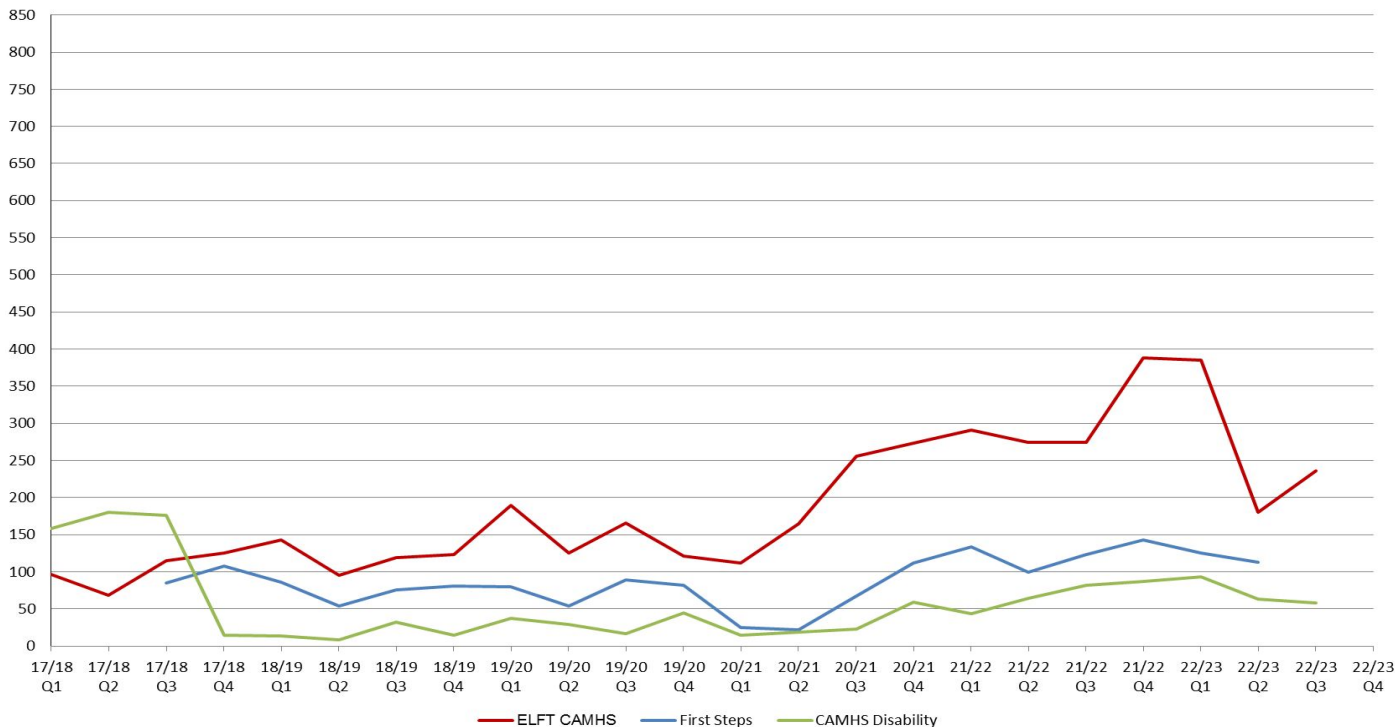
Specialist CAMHS wait times have gradually increased to 10 weeks (2022/23 Q4), and CAMHS Disability to 15 weeks (2022/23 Q3).

Above results are likely an indication of the increase in complexity of cases being referred and accepted to services, and reduction in referrals of low/moderate risk cases. Fewer patients directed to First Steps, with SPA redirecting to community and local initiatives.

NHS CAMHS Number of Patients Awaiting Assessment – 2017/18 Q1 – 2022/23 Q3

This graph shows the numbers of cases between stage iii (referral accepted, declined or transferred to another provider) and iv (initial assessment)

All Services



With a steady increase in caseload since the beginning of the Covid-19 Pandemic, number of young people awaiting assessment has reflected this and increased gradually for First Steps and CAMHS Disability.

Uptick in referrals received to ELFT CAMHS is reflected respectively in number of YP awaiting assessment.

First Steps:

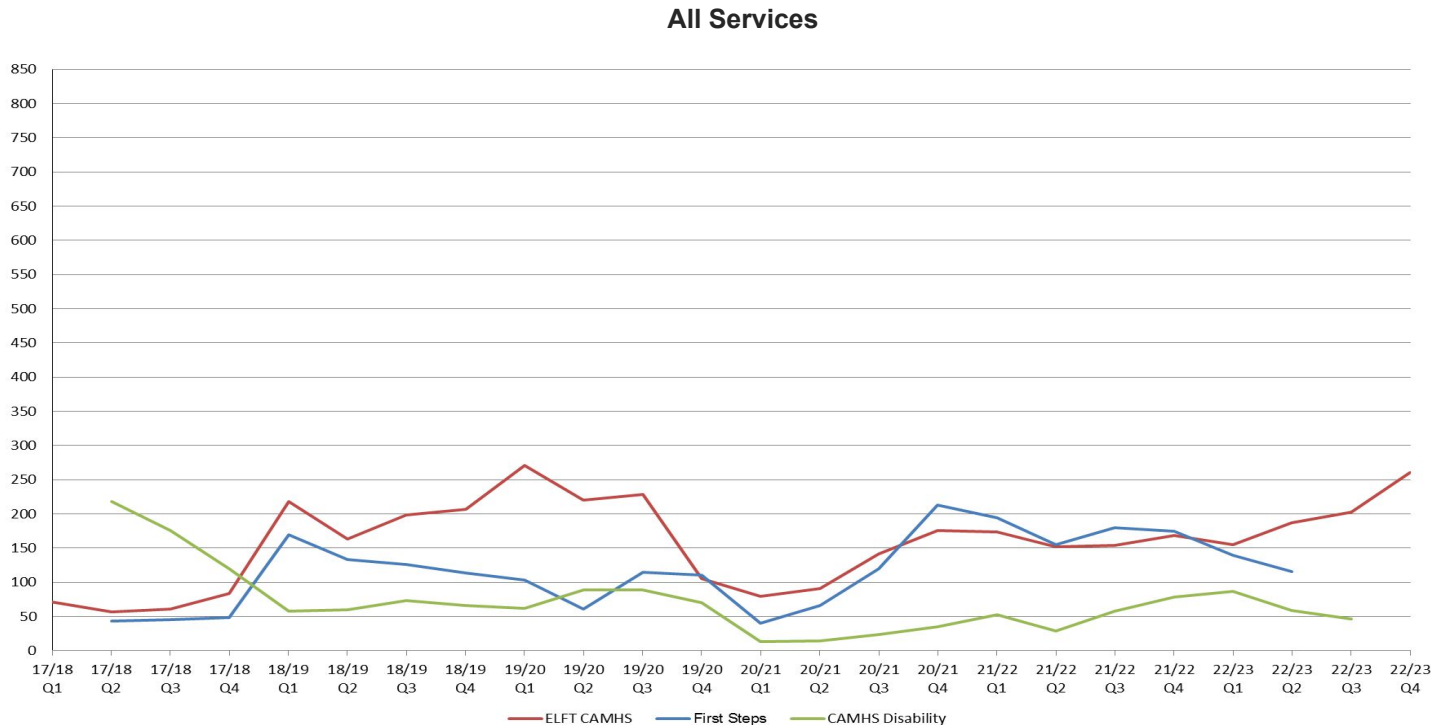
38% increase since Q4 2019/20 (82 □ 113)

CAMHS Disability:

29% increase since Q4 2019/20 (45 □ 58)

NHS CAMHS Numbers Had Assessment, Awaiting Treatment – 2017/18 Q1 – 2022/23 Q3

This graph shows the number of cases between stage iv (initial assessment) and vi (treatment begins)



ELFT CAMHS:

148% increase since Q4 2019/20
(105 □ 261)

First Steps:

5% increase since Q4 2019/20
(111 □ 116)

CAMHS Disability:

% decrease since Q4 2019/20
(70 □ 46)

Pairing this with previous statistics for total caseloads and number of referral accepted, suggests that following the Covid-19 Pandemic, cases being dealt with are overall more complex than previously.

Increased complexity may also explain rise in referrals to Specialist CAMHS, and subsequent reduction in referrals to First Steps.

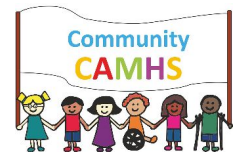
Age Demographics

CAMHS SPA Referrals Nov 22-Feb 23 (1099 Children & Young People)

Total Population of Hackney Nov 22-Feb 23 (68,930 Children & Young People-Hackney Census 2021)



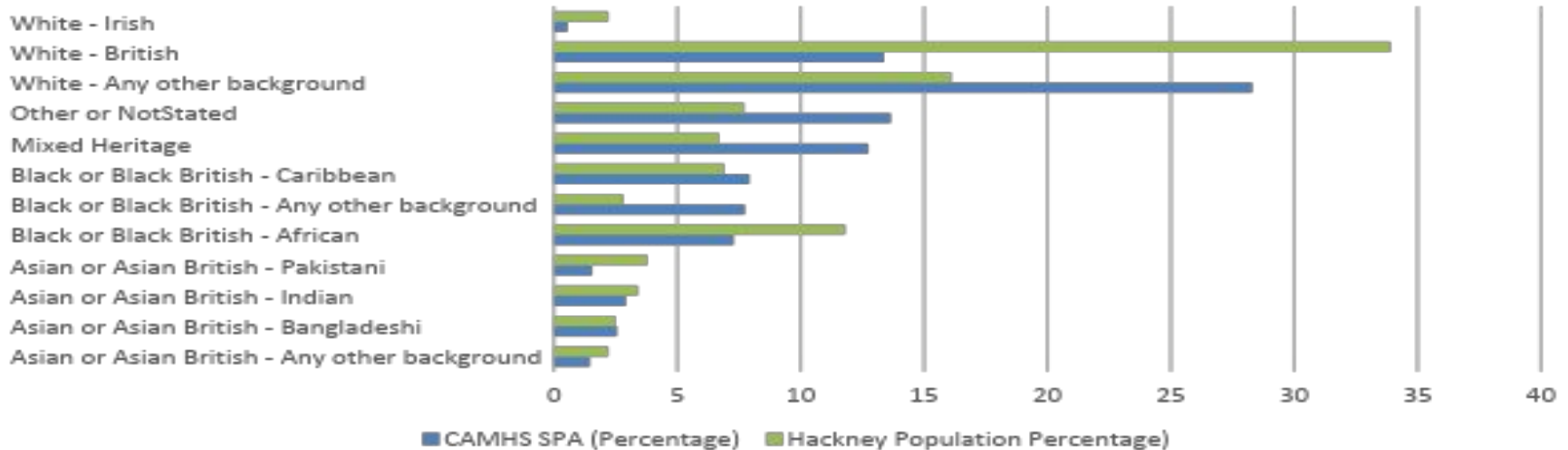
This graph provides information about the ages of children being referred to NHS CAMH services through the Single Point of Access (since November 2022)



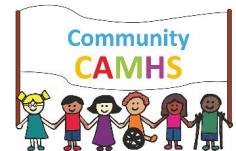
Ethnicity Demographics

CAMHS SPA Referrals Nov 22-Feb 23 (1099 Children & Young People)

Total Population of Hackney Nov 22-Feb 23 (Estimated 259,200 Total Population -Hackney Census 2021)



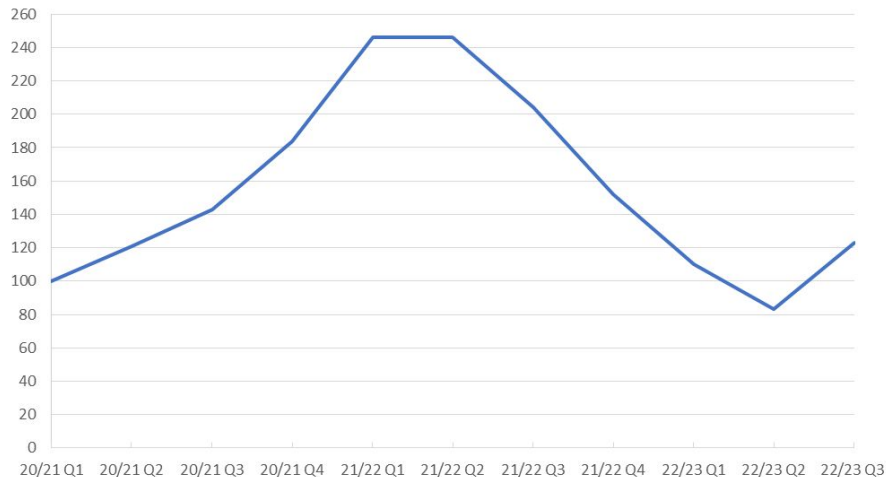
This graph shows ethnicity data relating to the referrals made into the Single Point of Access (since November 2022).



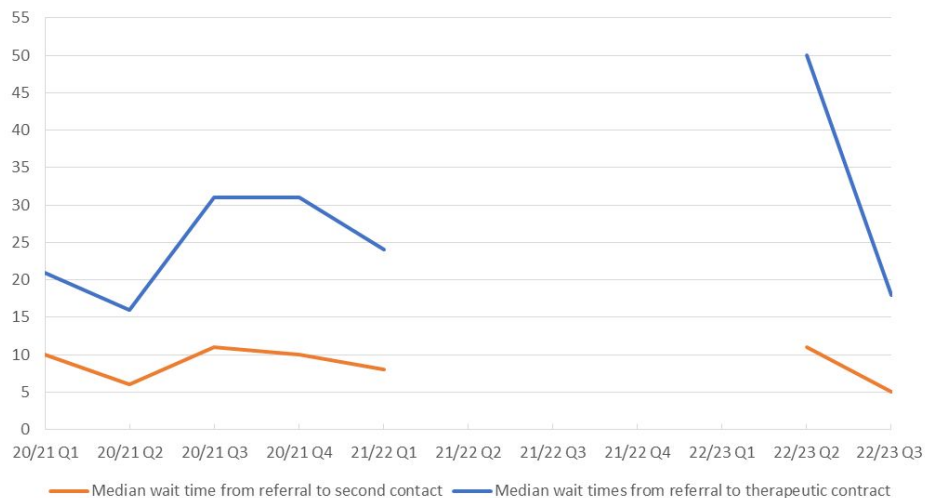
Off Centre

The graphs below show the total number of cases open and median wait times between Q1 2020/21 - Q3 2022/23 for the service provider Off Centre

Total Caseload (open) - Q1 20/21 - Q3 22/23



Median wait times (weeks) - Q1 20/21 - Q3 22/23



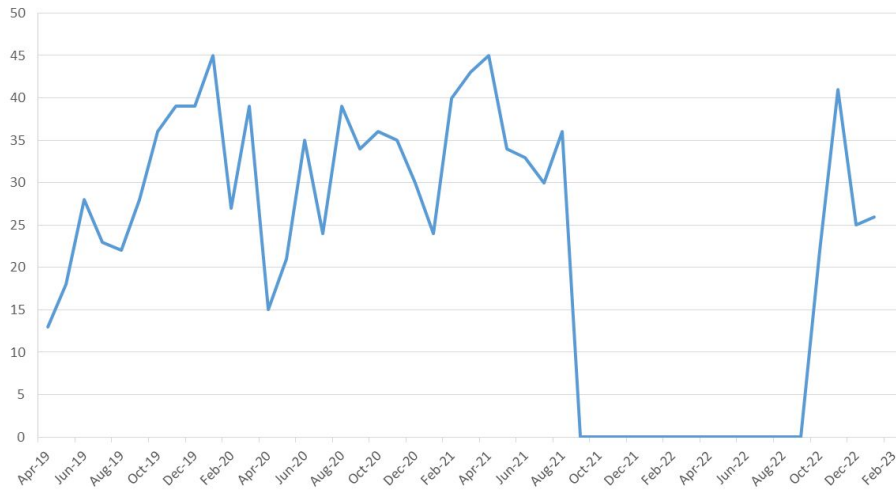
Note that Off Centre was closed to new referrals between September 2021 and September 2022, hence the absence of wait times data for this period.

Off Centre (16-25 voluntary sector service) made the difficult decision to close to new referrals for one year. This was due to a range of factors including the challenges of managing high levels of risk (this has now been resolved by a risk-sharing approach with Neighbourhood teams), overwhelming numbers of referrals, and vacancies within the service.

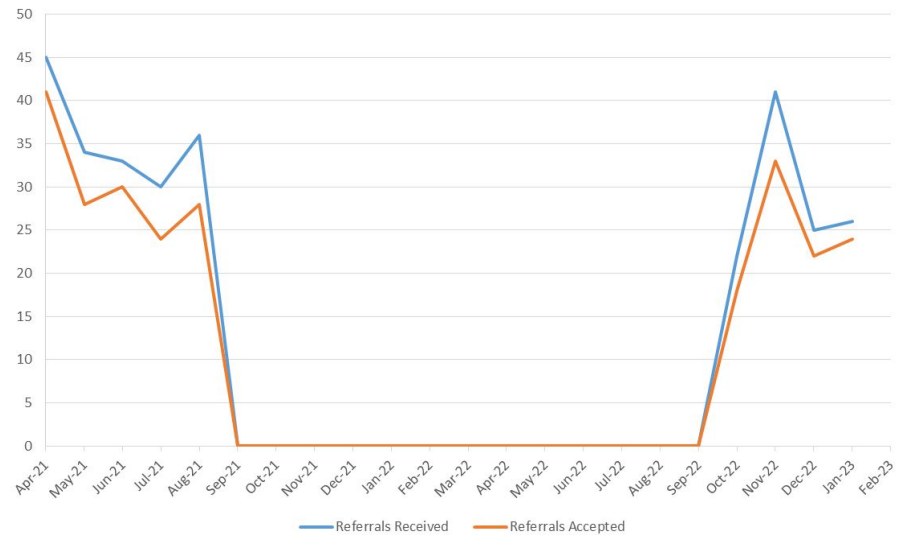
Off Centre

In the graph below on the left, we see the total number of referrals made between April 2019 - February 2023. On the right, are the referrals made vs referrals received for the same time period.

Referrals Received - April 2019 - February 2023



Referrals Received vs Referrals Accepted - April 2021 - January 2023

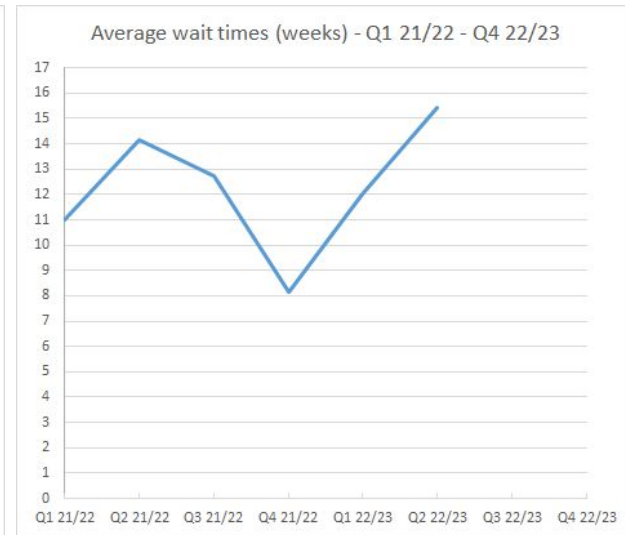
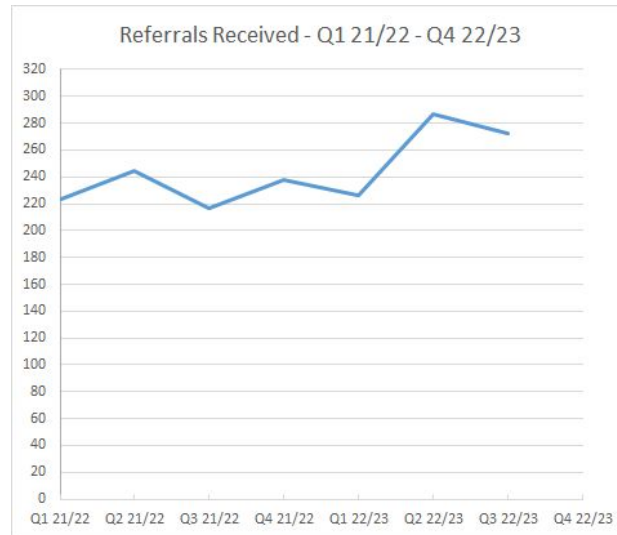
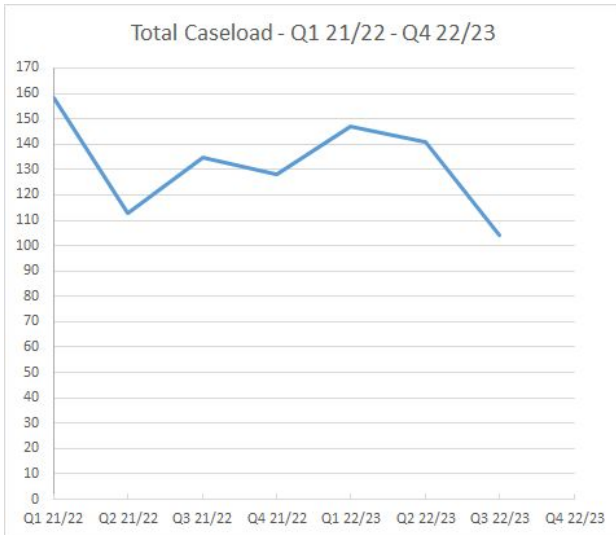


Note that Off Centre was closed to new referrals between September 2021 and September 2022, hence drop to zero for Referrals received/accepted during this period.

Clinical Team (Children and Families Service)

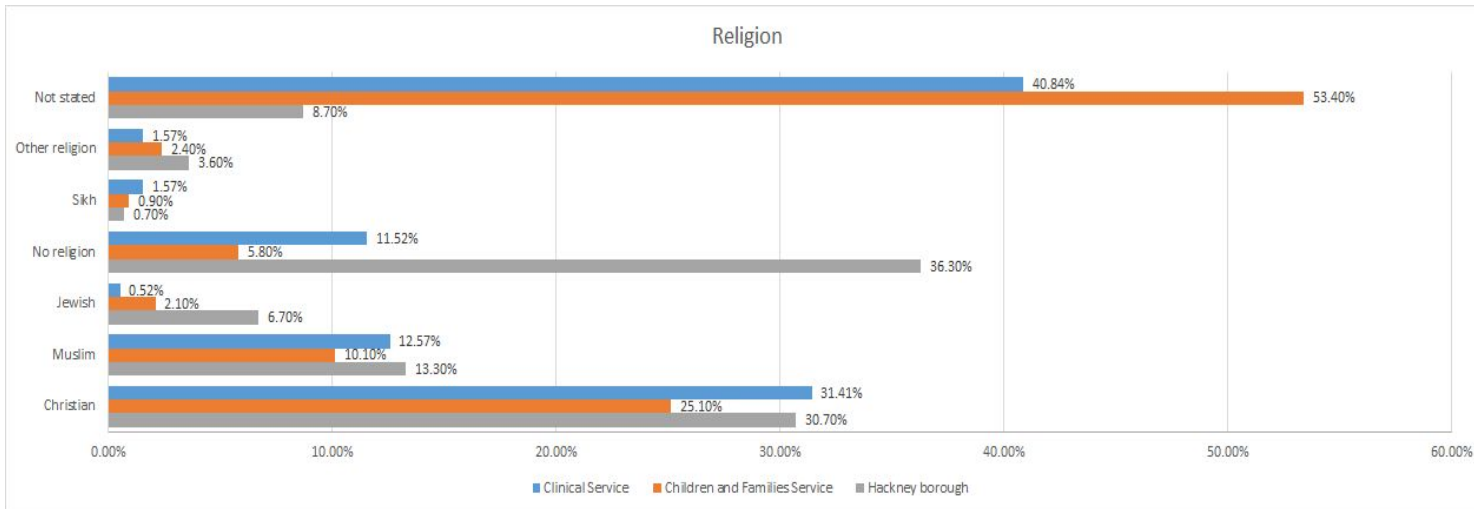
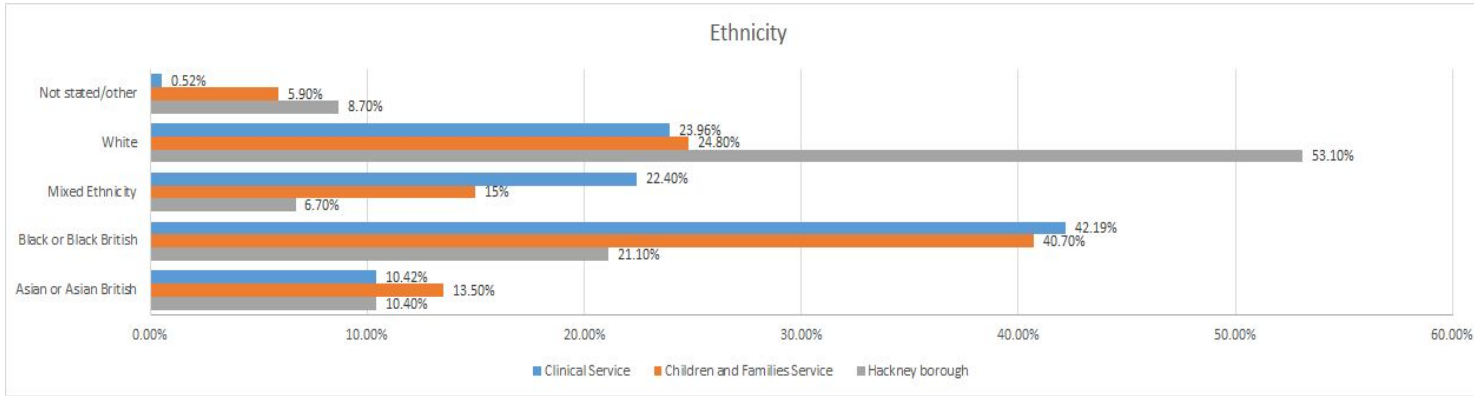
The Clinical Team is the in-house London Borough of Hackney CAMH service for Children's Social Care. It works with children on a Child Protection Plan, Child in Need Plan, Looked after Children and those in the Youth Justice cohort.

Below are data showing total caseloads, number of referrals received and average waiting times to be seen by the service covering the period Q1 2021/22 - Q3 2022/23.



Note that data is missing for the reporting period before 2021/22 due to a cyber attack at CFS.

Clinical Team Demographics data



This slide shows the access proportions by ethnicity and religion of children and young people open to the Clinical Service and Children's Social Care against the overall City and Hackney CYP population.

City and Hackney Spend Summary 2020/21 - 2022/23

Below is a snapshot of direct spend on mental health treatment services in City and Hackney for 2020/21 and 2022/23. Services include both NHS and VCS organisations commissioned to deliver locally.

Transformation funds (non-recurrent) are presented separately in the final rows.

LOCAL SPEND		
Service	Spend 2020/21	Spend 2022/23
Specialist CAMHS (ELFT)	£4,571,678.00	£4,374,250.00
CAMHS Disability (including autism pathway (HUH))	£551,141.00	£555,858.00
First Steps (HUH)	£1,181,283.00	£1,356,417.00
Family Action Well Family Service	£285,000.00	£285,000.00
TOTAL:	£6,589,102.00	£6,571,525.00
TOTAL TRANSFORMATIONAL SPEND	Spend 2020/21	Spend 2022/23
	£4,267,247.00	£2,182,328.00

National Spotlight for CAMHS



A 2022 report by the Children's Commissioner, **Children's Mental Health Services 2020/21**, judged City and Hackney's mental health service provision **6th best in the country**. Key indicators used to determine this include:

- CCG spend on children's mental health as a percentage of total CCG allocation
- Mental health spend per child - calculated using NHS Five Year Forward View for Mental Health spending figures and ONS mid 2020 CCG population estimates
- Total number of children referred to children's mental health services as a proportion of the under-18 population
- The percentage of referrals that are closed before treatment
- Average waiting time for children who receive a second contact

Across all five of our CCG indicator scores, the top ten performing CCGs in 2020/2021 are:

Clinical Commissioning Group (CCG)	CCG overall score 2020/21
1. NHS WAKEFIELD CCG	25
2. NHS TEES VALLEY CCG	24
3. NHS HEYWOOD, MIDDLETON AND ROCHDALE CCG	23
4. NHS WOLVERHAMPTON CCG	22
5. NHS NORTH EAST LINCOLNSHIRE CCG	22
6. NHS CITY AND HACKNEY CCG	21
7. NHS LIVERPOOL CCG	21
8. NHS ROTHERHAM CCG	21
9. NHS BERKSHIRE WEST CCG	20
10. NHS WIRRAL CCG	20

CAMHS; “a last resort”

*“CAMHS should be the **last resort for children and families**. As Head of Community CAMHS, I believe that children and young people should always be supported within their families and communities, and within existing trusted relationships where possible - and one to one approaches should be a last resort – as that often locates a difficulty within a child rather than the system.*

Thrive and Thrive-like approaches show that this is the best way to support CYP. Of course, some need a CAMHS approach, but we must all look to why this approach is needed over something else. We all think of CAMHS as the solution, but Social Care, Education and the voluntary sector should be thought about alongside CAMHS.

The WAMHS approach provides an example of a system-level response and would be the first port of call where young people are in school. SPA (Single Point of Access) is instrumental in this approach being taken forward, therefore I would recommend everything coming through SPA and not stopping referring because of waiting lists, as this enables scrutiny of the approach offered to our children and young people, utilising the whole CAMHS Alliance and Emotional Health & Wellbeing offer in City and Hackney.”

Susan Crocker (Joint Head of Community CAMHS, Homerton Healthcare Foundation Trust)