

Children and Young People's Mental Health – Access to Support.

To: Adults and Health Committee

Meeting Date: 5 October 2022

From: NHS Cambridgeshire and Peterborough Integrated Care Board

Electoral division(s): All

Key decision: No

Forward Plan ref: N/A

Outcome: The Adults and Health Committee are asked to note the report and the challenges facing children and young people's mental health provision.

Recommendation: Adults and Health Committee are recommended to:

Note the content of this report along with current challenges that are facing children and young people's mental health provision.

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1. Background

- 1.1 This report is submitted to the Adult and Health Committee to provide information and assurance regarding the delivery of mental health support for children and young people. Specially the issue of waiting times for support and how the local system is responding and addressing any waits for support. This report is a follow up to a report presented in March 2022 [Document.ashx \(cmis.uk.com\)](https://cmis.uk.com/Document.ashx) which detailed the various services currently available. This report will not repeat that information, however this report will provide updated service level information.
- 1.2 The committee is asked to acknowledge the local and national increases in demand and complexity of need for mental health support. Prevalence of Children and Young People's Mental Health (CYPMH) has increased from 1 in 10 Children and young people (CYP) in 2004, to 1 in 9 in 2017, to 1 in 6 in 2021. This increased need has impacted access to support as has the workforce challenges.
- 1.3 The committee is asked to note the information within this report and that a service presentation will accompany the report when presented at the committee meeting.

2 Main Issues

- 2.1 Children and young people's mental health has seen an increase in prevalence over the past 16 years, as noted in paragraph 1.2 of this report. This increase in prevalence between 2017 and 2021 equates to an estimated additional 8,200 children and young people having developed mental health problems since the covid pandemic in Cambridgeshire and Peterborough.
- 2.2 In addition to the increased need and prevalence of mental health problems the committee is also asked to note the current funding position in Cambridgeshire and Peterborough. The Mental health planning for 2022/23 shows that Cambridgeshire and Peterborough ICS is spending £10 per head on children and young people's mental health (excluding learning disabilities) against an England average of £12 per head.
- 2.3 This investment below the national average impacts on the capacity of services to deliver support. Cambridgeshire and Peterborough ICB are committed to continuing to invest in children and young people's mental health and utilise funding opportunities when they become available.
- 2.4 Resource constraints can affect services abilities to recruit and retain workforce which impacts service delivery. Retention is an issue and within CPFT current there is a 14% vacancy rate across the children, young people, and family's directorate. The challenges of workforce are not unique to Cambridgeshire and Peterborough and providers have plans in place to ensure they can continue to recruit staff and retain those with skills within the system. In addition to this the ICB and NHSE are continuing to provide training and development opportunities to ensure there is the required level and skill of workforce. However, the committee is asked to note that this is an ongoing area of concern and the cost-of-living issues currently being experienced is impacting on the workforce, particularly the voluntary sector but also in areas of the county with higher living costs.

- 2.5 The challenges of funding, workforce, demand and ability to meet the needs of our population is an issue that is known and there is work being undertaken to address this. A new children and young people's mental health strategy¹ has been developed and this compliments and builds upon a transformation programme that is being undertaken to improve the provision of both early intervention and specialist support.

3 Service delivery

- 3.1 The spectrum of emotional wellbeing and mental health need and support is broad and there are a large number of services that contribute to this system of support for children and young people. The committee is asked to note that to fully support a child and family requires a range of support from prevention activities, early intervention to specialist services. Appendix A detail some of the prevention activities which are mainly commissioned and assured through Public Health. This report will note a few key areas of this work.
- 3.2 Chat health is delivered by the healthy child programme and provides a texting service, with the main reason for use is emotional wellbeing concerns. This service received 9,644 messages during 2021/22. The healthy child programme also delivered targeted support to 430 CYP with a primary need of emotional wellbeing. The healthy schools service works with schools and supported them in a number of ways, including 34 schools supported to undertake a mental health training needs analysis, 72 schools were represented at mental health competency webinars and 165 schools have accessed personal development materials to support development of resilience skills.
- 3.3 In addition to the above support, Cambridgeshire Community Services are commissioned to provide support through the Emotional health and wellbeing service, which includes emotional health and wellbeing practitioners, children's wellbeing practitioners and mental health support teams in schools. Below details the current activity information for these services.

Emotional health and wellbeing practitioners' data – April 21 – March 22

643 professional consultations

96 education staff offered staff support sessions

5 local services webinars, covering 19 services, attended by 623 professionals

135 training places offered

Children's Wellbeing Practitioners (CWP) data – April 21 – March 22

221 assessments

540 contacts with children and young people

7 CWP trained over 3 years

Mental health support teams in schools 22/23 Q1 data

	Cambridge	Huntingdon	Peterborough 1	Fenland / Wisbech	Peterborough 2	Fenland March Whittlesey
How many education settings have you delivered a MHST	15	21	17	16	12	18

¹<https://www.cpics.org.uk/children-and-maternity>

service to in this quarter?						
Out of these settings, how many have you supported in the delivery of whole school/college approach activities/interventions to this quarter?	15	19	12	12	9	16
Out of these settings, how many have you supported with advice and/or liaison with specialist services this quarter?	14	14	13	8	9	11
Out of these settings, how many made a referral this quarter?	15	16	13	12	11	17

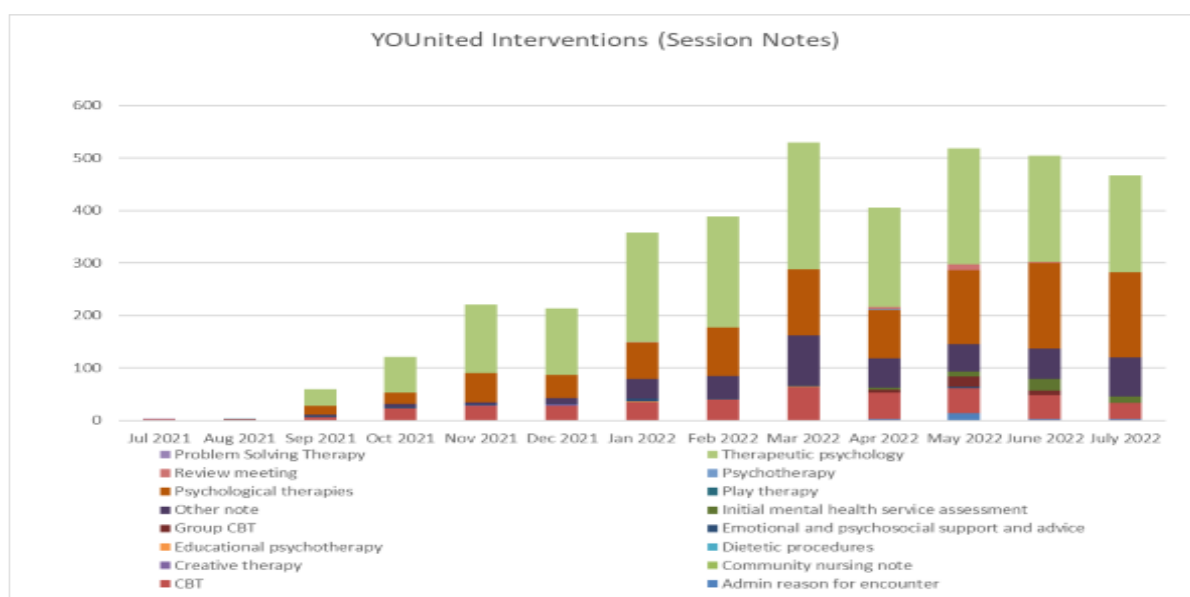
- 3.4 Access to the Emotional health and wellbeing practitioners is through a new online consultation booking scheme which enables school staff to book a slot convenient to them and currently these are available within 7 – 10 days. Requests for training within schools are responded to promptly and aim for within 1 week.
- 3.5 YOUNited is a new partnership of service delivery between Cambridge and Peterborough Foundation NHS Trust (CPFT), Cambridgeshire Community Services, Centre 33, and Ormiston Families. The service commenced in July 2021 and provides a central referral hub for early intervention and specialist mental health pathways. Currently the hub is available for professionals to refer Children and young people. These referrals are assessed and allocated to the most relevant level of support. This includes Ormiston families to deliver the 12 years and under pathways. Centre 33 to deliver support for those 13 – 25 years. CPFT to provide specialist CAMH services. This support could be advice, guidance, one to one interventions, group support, a range of digital solutions which are supported by a practitioner, or specialist child and adolescent mental health support, including neurodevelopmental pathways and eating disorder service. YOUNited is currently available for professionals only to make contact to have a discussion for non-crisis cases. Young people aged 13 – 25 years can self-refer direct to Centre 33 if prefer.
- 3.6 YOUNited commenced service delivery in the context of services continuing to work with COVID restrictions. A limited mobilisation period impacted the number recruited at contract commencement. The new partnership approach and bringing together of four organisations with different regulations, cultures and infrastructures was a challenge. This was further impacted by a waiting list inherited from the previous early intervention provider and the continual flow of specialist referrals for CAMH services. As a result, YOUNited ability to deliver the level of support required and desired by CYP and their families, the providers, their workforce and by commissioners in the system has been challenging.
- 3.7 The committee are asked to note the following service level information and that further details will be provided within the presentation which will accompany this report at the committee meeting.

- 3.8 Referrals: As noted there is increasing demand, and this is seen within the referral numbers. The chart below details the current data for access to services from YOUNited and the neurodevelopmental pathways.

Service	Referrals	Waiting times
YOUNited (includes early intervention and specialist CAMHS)	Average referral per month 648 Range 1061 to 352	CAMHS is 33 weeks
ADHD	Since December 2021 the service has seen an increase in referrals above the mean of 34 per month with a peak in June 22 at 65 referral.	The longest current wait for ADHD services in 41 weeks
ASD	The number of referrals received by the ASD service has increased since July 2021 and stayed above the mean An increase since March 2022 showing average referrals of 55 per month compared to an average of 32 between October 2020 to Feb 2022) A maximum of 68 referrals in March 2022 and July 2022.	Longest wait is 43 weeks and has an appointment offered for 18/10/22

- 3.9 This information demonstrates the increased demand on services and the longest times children and young people are waiting for support. This varies between the care pathways. The information provided in the charts below aim to assure the committee of the number of children and young people receiving interventions and also the range of these interventions.

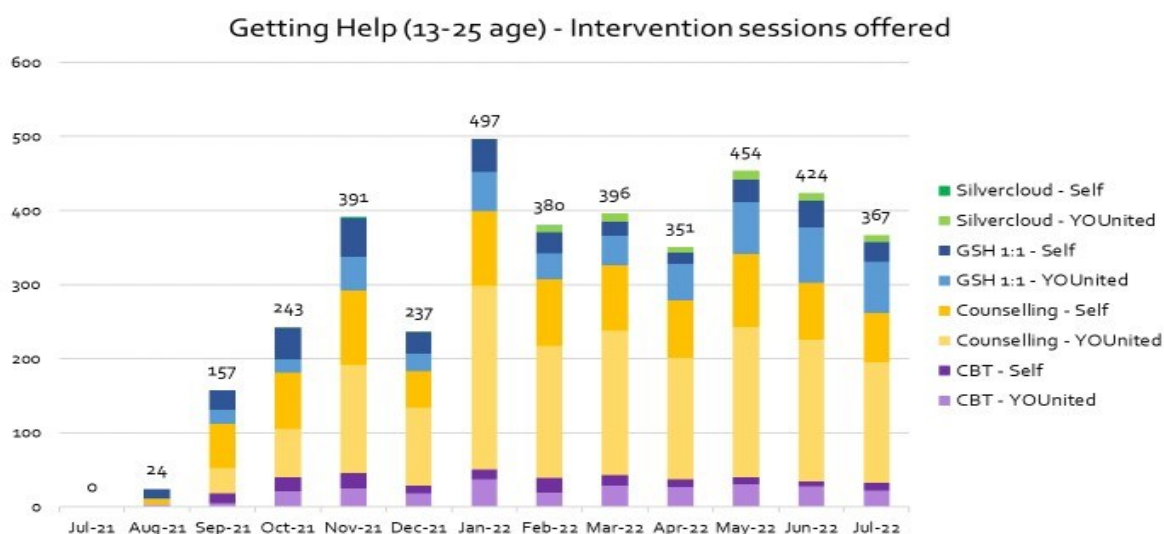
Below is the number of interventions provided by Ormiston Families (12 years and under)



Does not include C33 data which is shown on slide10

Data Source MI Reports CPFT

Below is the range and numbers of interventions offered by Centre 33 (13 – 25)



DNA/YP Cancellation rates: 20%

Does not include group work, check in calls & risk work sessions

Data Source: Charity Log C33

- 3.10 The system is aware of the challenges and has a set of measures in place to address them including a weekly waiting list meeting to review those on the list and their current risk profile.
- 3.11 Data has been and continues to be a challenge to ensure services have oversight of the children waiting, a data cleansing process is in place to ensure the figures accurately reflect the current position and demand for support at the different levels.
- 3.12 The YOUnited partnership have recently held a learning event to review the way the partnership is working, reviewing the processes to identify how to make the flow of children and young people better and timelier. This learning and development of the service will continue, to ensure the best outcomes for children and young people.
- 3.13 In addition to system challenges one area this report wishes to highlight to the committee is the balance of timeliness and choice. As noted, the demand is great and the resources limited, options for support are varied to balance this demand / capacity gap. CYP are offered a range of interventions including group sessions, on-line support, and on-line counselling. Due to the nature of these interventions, they can be delivered at scale and quicker. However, people do choose for a range of reasons to have one to one support, either counselling or Cognitive behavioural therapy (CBT) which requires an increased workforce to deliver this resulting in a longer wait for this type of support. The evidence base for groups, on-line support is valid and therefore part of the solution is how we can ensure professionals and families are aware of these options. YOUnited are developing options grids to enhance the discussion of the type of interventions that can meet a person's needs. The aim being to help facilitate the benefits of the wide range of intervention and help people understand the impact of choosing one over another in regard to the wait for support. In addition, YOUnited are commencing a pilot of single session

therapy. This evidence based comprehensive assessment at the first interaction will be sufficient to support majority of people however it also provides an affective assessment for those needing further intervention.

- 3.14 Whilst people are waiting for an intervention there is a range of support available this includes Kooth, drop-ins at Centre 33 hubs, Keep your head website, which provides a range of both local and national support.
- 3.15 To support the flow of children in the system the role of primary care is essential. Currently the ICB is working with identified primary care networks to use non-recurrent funding to test and learn approaches to support children with mental health concerns. This is in its scoping phase with initial ideas related to social prescribing/ health coach roles and a training programme to enable robust referrals.
- 3.16 To conclude, access to support for children and young people requiring a mental health intervention is currently experiencing challenges due to high demand, increased acuity, and workforce capacity to deliver. The mental health system is continually reviewing options to enhance delivery of support and address workforce recruitment and retention.

4. Source documents guidance

- 4.1 Appendix A – Provision of support provided through Public health funding.