

Wiltshire Council

Health Select Committee

12 January 2021

Final Report of the CAMHS Task Group – Part B

Purpose of the report

1. To present the findings and recommendations of the task group for endorsement by the committee and referral to the Cabinet Member for Children, Education and Skills and the Bath, Swindon and Wiltshire Clinical Commissioning Group (BSW CCG) for a response.

Background

2. This final report is known as 'Part B' of the Children and Adolescent Mental Health Services (CAMHS) Task Group, as it solely relates to three of the task group's Terms of Reference (detailed below). The task group submitted their Part A final report to Health Select Committee on [18 December 2018](#) and Children's Select Committee on [8 January 2019](#). The Executive Response to Part A's final report was received by Health Select Committee on [5 March 2019](#) and Children's Select Committee on [8 January 2019](#). For full details of the task group's activity, this report should be read in conjunction with its Part A final report and executive response (accessed through the links above).
3. As the governance arrangements for the re-commissioned CAMHS model were being reviewed during the task group's Part A activity, it was agreed that it would be appropriate to consider this area in Part B's exercise. Additionally, data relating to the re-commissioned CAMHS model's performance was not available during Part A, because this scrutiny review took place as the re-commissioned model began to be implemented.
4. During [Children's Select](#) consideration of the Part A final report, the committee asked the task group to consider how the voluntary and community sector help to provide preventative services to children and young people in Wiltshire. This addition has been added to the task group's Terms of Reference for Part B. As referenced in the earlier reports, this task group aligns with the Business Plan 2017-27 priority of 'protecting the most vulnerable'.

Terms of reference

5. With the addition and agreement of the Terms of Reference from Children's Select Committee on [8 January 2019](#), Health Select Committee subsequently endorsed the task group's Part B Terms of Reference on [5 March 2019](#).

Terms of Reference

- a) Consider the governance arrangements for the recommissioned CAHMS service
- b) Look at existing data and ensure that the new model's performance will be robustly monitored and benchmarked against this by the council, partners and by the proposed future scrutiny exercise
- c) Consider how the Local Transformation Plan, as well as the third sector, aim to provide preventative services to children and young people in Wiltshire and to identify any gaps in provision

Membership

6. The task group comprised the following membership:

- Cllr Phil Alford (Chairman)
- Cllr Clare Cape
- Cllr Gordon King
- Cllr Fred Westmoreland

Methodology

7. The task group is grateful to the following witnesses for contributing to the scrutiny review:

Cllr Pauline Church	(formerly) Cabinet Member for Children, Education and Skills, Wiltshire Council
Martine Bloom	Contract Manager, NHS England
Judy Edwards	Commissioning Programme Lead, Wiltshire Council
James Fortune	Head of Service – Bath and North East Somerset, Swindon and Wiltshire CAMHS, Oxford Health
Helen Jones	Director of Joint Commissioning, Wiltshire Council
Tim McIlhinney	Performance and Business Manager, Oxford Health
Lisa Miller	Service Manager: Community CAMHS Wiltshire, Oxford Health
Clare O'Farrell	Interim Director of Commissioning, Wiltshire CCG
Dr Georgina Ruddle	Assistant Director of Mental Health, Learning Disabilities & Autism, Wiltshire CCG
Paul Stallard	Head of Psychological Therapies, Oxford Health
Judith Westcott	Head of Special School Transformation, Wiltshire Council

8. Alongside verbal evidence provided from the witnesses listed above, the task group also considered the following sources of evidence:
 - Access Rates to CAMHS for Wiltshire and its statistical neighbours: 2018/19
 - BANES CAMHS Governance Arrangements: Structure Chart
 - BANES, Swindon and Wiltshire (BSW) CAMHS Demand Rates: April 2015 to May 2019
 - BSW Quarterly Report for CAMHS: Quarter One 2019/20
 - Children Commissioner's January 2020 Report: The State of Children's Mental Health Services
 - NHS Benchmarking Report for CAMHS 2018
 - Outcomes-Based Commissioning: background and case studies
 - Oxford Health Foundation Trust - Project Board and Governance Structure
 - Oxford Health Foundation Trust – Referral Criteria for Wiltshire CAMHS Community Services
 - Oxford Health Foundation Trust - Routine Outcome Measures: Audit Summary from 1 November 2017 to 31 January 2018
 - Oxford Health Foundation Trust – Waiting Time Data: *comparison between the period before the re-commissioned CAMHS model's implementation and after the re-commissioned CAMHS model's implementation*
 - Terms of Reference – BSW CAMHS Project Board
 - Terms of Reference – Oxford Health Foundation Trust CAMHS Contract Review Board
 - Wiltshire CAMHS Governance Arrangements: Structure Chart
 - Wiltshire's Youth Mental Health and Wellbeing Conference 2019: outcome report and recommendations
9. The task group also attended Wiltshire's Youth Mental Health and Wellbeing Conference, held on 13 November 2019 in Devizes; which enabled them to discuss and meet with the third sector, to understand the preventative role that voluntary organisations play in meeting the mental health needs of Wiltshire's children and young people.
10. The task group met six times between October 2019 and April 2020, including their attendance at Wiltshire's Youth Mental Health and Wellbeing Conference.
11. This final report and its recommendations have been discussed with the Cabinet Member for Children, Education and Skills and the Wiltshire CCG (now the Bath, Swindon and Wiltshire CCG).

Evidence

The Thrive Hubs

12. The task group looked at the Thrive Hubs during their Part A activity. The Thrive Hubs are an initiative designed to deliver positive mental health outcomes for children and young people; by facilitating closer working between schools and

clinicians, to increase the knowledge and skills to support pupils with emotional and mental health difficulties and deliver brief mental health interventions.

13. Since the Thrive Hubs had been implemented, a majority of schools in Wiltshire had come forward and expressed their desire to become a Thrive Hub School. As not every school in Wiltshire was a Thrive Hub, this meant that this provision was not equally distributed across the county. As a result, the decision had been taken to re-distribute resource for the Thrive Hubs, ensuring greater equality of access to secondary schools. In addition, some schools will benefit from mental health support teams working with them. This approach linked into the Government's ambitions, outlined within the 2017 [Green Paper](#) 'Transforming Children and Young People's Mental Health Provision'.

Access Coordinators

14. Adhering to the 'No Wrong Door' policy highlighted in the re-commissioned CAMHS model, work had been progressed on implementing a 'Single Point of Access', which encompasses the role of 'Access Coordinators'. The Access Coordinator contacts individuals whose referral to CAMHS is considered preventable, and then signposts that child/young person to the most appropriate service to meet their needs. The Single Point of Access is front-loaded, so that individuals can expect to receive an immediate call back from an Access Coordinator, if their CAMHS referral is considered avoidable.
15. If a child/young person's CAMHS referral is preventable, 'signposting' by an Access Coordinator would be facilitated by the Coordinator directing the child/young person and their parent(s)/carer(s) to a number of interconnected avenues, which encompass referrals back to Primary Care (counselling), voluntary sector organisations (counselling and youth groups), as well as online self-help portals (such as Kooth).

Self-Referrals

16. In BANES and Wiltshire there had been a self-referral process operating for around two years, which had seen an increase in referrals from the parents/carers of children and young people, although a significant number of these referrals had been preventable (i.e. they did not meet the threshold for CAMHS treatment).
17. Significantly, the number of referrals received from parents/carers had reached nearly the same level as those received from GPs. Again, a large proportion of GP referrals did not meet the threshold for CAMHS treatment and thus, had been signposted. Oxford Health (the CAMH service provider) signalled their ambition to work as part of a whole system approach; to help better manage demand by reducing preventable referrals.

NHS Benchmarking Report

18. One of the findings from the NHS Benchmarking Report 2018 was that demand for the CAMH service outstripped supply. Consequently, waiting times for the

service had increased and were faring worse than in the previous year across BANES, Swindon and Wiltshire. However, the vast majority of children and young people were being seen within 12 weeks, with the average waiting time across BANES, Swindon and Wiltshire from referral to assessment being seven weeks (when the national average was nine weeks).

19. The task group were made aware of the improvement plan to reduce waiting times and that with additional money from the Wiltshire CCG, Oxford Health had recently expanded their staff capacity.

Access Rates

20. Target access rates to CAMHS are set nationally by NHS England. The access target standard for 2018/19 was 32%¹. For 2019/20 it would be 34% and for 20/21 it would rise to 35%. Despite having commissioned the same service, BANES and Swindon's access rates appeared better than Wiltshire's access rate. However, because of quality issues with the data, this information could not be wholly relied upon to present an accurate picture of accessibility to CAMHS.
21. There is no systemic monitoring of whether an individual is re-referred back into mental health services. In other words, no agency records whether someone who has previously been treated by CAMHS requires further support from specialist mental health services later in their life. As both children's and adult mental health services make a note of an individual's NHS number, the Executive stated that it is possible to track whether someone had been re-referred to mental health services throughout their life course.

Governance Arrangements

22. Previously, there had been a gap in GP representation in the CAMHS governance arrangements, however this gap had now been filled. However, GP feedback had always been included as part of the CAMHS contract review meetings. On the whole, evidence provided from the Council's commissioners, Oxford Health and the Wiltshire CCG suggested that the current CAMHS governance arrangements had been working well.
23. The most recent OfSTED report highlighted the importance of scrutiny of place-based services, recommending that such scrutiny arrangements be sustained. However, because of the impacts of current health and social care sustainability planning and the NHS 10-year plan, CAMH services had now become commissioned across the entire BANES, Swindon and Wiltshire (BSW) footprint. There is, therefore, a danger that CAMHS scrutiny work would inevitably focus on BSW strategic matters; meaning that local authority areas would receive less attention. The role of the interim Director of Commissioning at the Wiltshire CCG was welcomed, as this would go some way to ensure that Wiltshire's CAMHS receive ongoing scrutiny.

¹ The figures in paragraph 19 relate to the total number of children and young people expected to have a diagnosable mental health disorder

Conclusions

The Thrive Hubs

24. The task group's Part A research had shown that the Thrive Hubs were an innovative idea, which had been delivering positive mental health outcomes for children and young people in Wiltshire. In light of the on-going review and re-organisation of the Thrive Hubs, the task group stressed that this provision should not be taken away. The Executive responded that the task group's comments would be considered in any final decisions and also, that those who had been benefiting from the Thrive Hubs would not lose this resource.

Access Coordinators

25. As the Access Coordinators would be signposting children and young people to services not delivered by CAMHS (Oxford Health), the task group agreed that this could be an area where individuals either "fall through the cracks" or end up being bounced between different services.

26. However, members were informed that the 'On Your Mind' website represented a shop window of all of the mental health services available to children and young people in Wiltshire. Therefore, it had become easier and clearer for both service users and professionals alike to see the type and level of support offered by different agencies, ensuring that care is more joined-up and any transitions become more seamless. The website will be developed and enhanced as part of the commissioning of a new early mental health support service, to be delivered by Barnardo's from April 2020.

Self-Referrals

27. Even though individuals' ability to self-refer to CAMHS had increased the overall number of referrals, the task group maintained the view that this was an advantageous tool for children/young people and their parents/carers. Members felt that a screening tool in front of the referral page, may help to give parents/carers additional information at the point of seeking support and making a referral.

28. For example, if those making a self-referral were aware of the threshold for CAMHS treatment and the most appropriate services/agencies that could offer preventative support, members agreed that this could lead to a reduction in preventable CAMHS referrals, with children/young people being appropriately signposted to a specific agency for the support they required. This would be the aim of any screening tool: reducing the number of preventable CAMHS referrals.

Access Rates

29. Even though the access rate data was unreliable, it was still being used by stakeholders to track how accessible CAMHS is for children and young people. Members stressed that work ought to be undertaken and prioritised with colleagues in BANES and Swindon, to ensure that the data is of a high quality

and can be relied upon to present an accurate picture of accessibility to the CAMH service.

30. Additionally, tracking the number of individuals re-referred back into mental health services (both children's and adult mental health services), could highlight an area for future service improvement. For example, if evidence demonstrated that a majority of individuals with anxiety need to access specialist mental health services for the same condition in future years, interventions could be more targeted.
31. In essence, this approach could help to minimise the potential for an individual to be re-referred to mental health services for the same issue at a later date and therefore, reduce the possibility of services becoming overloaded. The task group felt it would be important for all initial mental health assessments (for both children and adults) to consider whether an individual had already been seen by mental health services and, if so, an evaluation conducted as to how the individual engaged with preventative services.

Governance Arrangements

32. Although the Wiltshire CCG were scrutinising Wiltshire's CAMH services through their Director of Commissioning, this role had only been designated as an interim post. Therefore, the task group agreed that it was vital that place-based scrutiny of CAMHS be sustained in the long-term. That being said, the BANES, Swindon and Wiltshire Associate Director acts as the Chairman of the CAMHS contract monitoring activities.

Proposal

33. To endorse the report of the task group and refer it to the Cabinet Member for Children, Education and Skills and the Bath, Swindon and Wiltshire CCG for a response at the Committee's next meeting.

Recommendations

- 1. That the Children's and Health Select Committees welcome the positive and proactive engagement from the Executive and the Wiltshire CCG throughout this important review**

That the Cabinet Member for Children, Education and Skills and the Wiltshire CCG consider implementing the following:

- 2. To help better manage demand for the CAMH service and to ensure that the self-referral process is used most effectively by GPs, parents/carers and children/young people:**
 - i) a screening tool to be made available to those using the online self-referral form;**
 - ii) the online self-referral screening tool to indicate the criteria for a CAMHS referral to be accepted;**

- iii) the online self-referral screening tool to clearly identify the agencies and services that would offer support, if the threshold is not met for CAMHS treatment;
 - iv) a clear mental health pathway to be developed, which is robustly marketed and promoted via the 'www.onyourmind.org.uk' website and targeted at children and young people, parents, carers and professionals.
3. Wiltshire Council's Commissioners to work closely with their colleagues in BANES and Swindon to resolve issues with unreliable statistics, so that data reporting for accessibility to CAMHS can become accurate and consistent across the BANES, Swindon and Wiltshire footprint
 4. In order to further target mental health interventions and strengthen the links between children's and adult mental health services, to investigate whether an individual's interaction with specialist mental health services can be tracked via their NHS number and if so, this system to become integrated into future service enhancements
 5. To ensure the continuous scrutiny of Wiltshire's mental health services, for the Wiltshire CCG to clearly outline how this objective would be met in the long-term
 6. To ensure that the roles, responsibilities and accountability of each agency involved in the delivery of CAMHS is clear, a structure chart to be drafted, outlining the management structure of the CAMHS contract
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Cllr Phil Alford, Chairman of the CAMHS Task Group

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Appendices

None

Background documents

Links have been provided within the body of the report and are copied again below:

[CAMHS Task Group – Part A Final Report](#) – considered by Health Select Committee
[CAMHS Task Group – Part A Final Report: Executive Response](#) - considered by Health Select Committee

[CAMHS Task Group – Part A Final Report](#) – considered by Children's Select Committee

[CAMHS Task Group – Part A Final Report: Executive Response](#) – considered by Children's Select Committee

[Terms of Reference – Part B](#) – endorsed by Health Select Committee
[Terms of Reference – Part B](#) – endorsed by Children’s Select Committee

[Transforming Children and Young People’s Mental Health Provision: A Green Paper \(2017\)](#)