

REPORT TO:
**Children, Young People & Education
Scrutiny Panel**

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REPORT TITLE:

**Enfield Child and Adolescent Mental
Health Services: Update on
Waiting Times**

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1. BACKGROUND

Enfield Child & Adolescent Mental Health Services (CAMHS) offer specialist mental health care to children, young people, families and carers up to their 18th birthday, or the end of Year 13. The service is largely outpatient clinic based, with some additional outreach provision, and emergency crisis provision to Enfield CYP who present to local acute hospitals. The majority of the workforce is drawn from the main psychological therapy professions: Clinical and Counselling Psychology, Child Psychotherapy, Family Therapy; plus CAMHS nurses, Child and Adolescent Psychiatrists, and new roles in development under national initiatives, namely Education Mental Health Practitioners.

The service is NHS-led and commissioned, with a small proportion of posts funded by LBE under a service-level agreement. This amounts to 2.1 WTE out of a total clinical workforce of 57.1 WTE (1.0 Clinical Psychologist in Family Assessment Centre, 0.2 Clinical Psychologist in Youth Offending Service, 0.5 Clinical Psychologist and 0.4 Consultant Psychiatrist in Looked After Children Team). We work in close partnership with the whole spectrum of agencies supporting CYP in the borough, both in day-to-day clinical practice and at a strategic service development level. The service is regulated by the Care Quality Commission and achieved a rating of “Good” in the last two inspections in 2019 and 2017.

There are five core teams within the service, with further areas of additional provision:

The Generic & Neurodevelopmental CAMHS Team provides a comprehensive range of assessment and therapeutic interventions for CYPF across the age range, for common emotional & behavioural difficulties,

Autistic Spectrum Conditions & other neurodevelopmental conditions such as ADHD. It is the largest team with the highest volume of referrals.

The Service for Adolescents and Families in Enfield (SAFE) provides a comprehensive, rapid and flexible service with a particular focus on addressing the most urgent and acute problems facing troubled adolescents, including self-harm and severe mental health crises.

The Service for Children and Adolescents with Neuro-Developmental Disorders (SCAN) is a specialist team for CYP with severe learning disabilities & neurodevelopmental disorders, coupled with mental health problems. The team works closely with special schools in Enfield.

The Health, Education, Access and Resource Team (HEART) offers a range of services to improve the emotional wellbeing of Enfield looked after children. This includes assessment and treatment for emotional difficulties, consultation for carers and professional staff, and support to a therapeutic fostering service.

The Mental Health Support Team in Schools (MHST) is a pilot project funded by NHS England and Health Education England under the *Trailblazer Programme*, linked to the 2017 Green Paper to transform CYP mental health support in England. Launched in October 2019, this collaborative project between Enfield CAMHS and LBE Educational Psychology aims to deliver three core functions: 1) **Evidence-based interventions** for mild to moderate mental health and emotional wellbeing concerns, 2) Support to senior mental health leads in schools to develop a **whole-school approach to mental health and wellbeing**, 3) Timely **advice and signposting** to schools.

Outside of these core teams, there is additional CAMHS provision in a range of other services including Youth Offending Service, Custody Liaison & Diversion, Family Assessment Centre, Child Development Team and Enfield Parent-Infant Psychotherapy Service.

Clinical workforce WTE by team	
Generic & NDS	20.8
SAFE	13.1
SCAN	4.2
HEART	2.0
MHST	12.8
Other	4.2

Total	57.1
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Referrals by team Jan-Nov 2020	
ACCESS/Generic & NDS	1195
SAFE	302
SCAN	88
HEART	78
MHST	78
CDT	363
EPIP	107
YOS	53
Total	2264

The main sources of referrals are:

- GP (approximately 50%)
- Education (15%)
- Social Care (10%)
- Paediatrics (10%)

2. CURRENT WAITING TIMES

Waiting times for first appointment

Each of the CAMHS teams operates their own intake procedures and response times, depending on the needs of the client population served and to manage demand and capacity. The service has a **Key Performance Indicator target for 95% of first appointments to occur within 13 weeks of referral receipt.** The current position for CAMHS waiting times aggregated across all Enfield teams is as follows:

New referrals seen in November 2020:

94% (164 cases) had first appointment within 0-6 weeks of referral
 4% (7 cases) had first appointment within 7-10 weeks
 0% (0 cases) had first appointment within 11-13 weeks

2% (3 cases) had first appointment after 13 weeks

Performance against the overall service target of 13 weeks or less referral-to-first appointment wait time in 95% of new cases seen, in each of the previous 6 months:

June	93%
July	93%
August	84%
September	97%
October	92%
November	98%

There is variation in waiting times attributable to differences between the teams and their client populations:

- SAFE sees high-risk urgent cases within a working day, and lower risk referrals within 2 weeks
- MHST and HEART routinely see new referrals within 6 weeks
- SCAN and Generic/NDS more commonly 7-10 weeks, or up to 13 weeks for first appointment
- All teams will prioritise high-risk cases and respond urgently where necessary

Secondary waits in Generic/NDS

In order to manage the high volume of referrals, Generic/NDS operates a daily ACCESS rota, in order to provide phone consultation, risk assessment, prioritisation and advice and signposting to new referrals. All referrals receive two or more phone contacts as part of this initial response, and this constitutes the first appointment for most referrals to Generic/NDS. Whilst this enables necessary prioritisation, it means that referrals face a secondary wait for more specialist assessment and treatment.

Through this year, we have seen an increase in issues of higher complexity, acuity and risk reflected in referrals, meaning that a greater proportion of referrals are allocated to the high priority stream following ACCESS triage. These higher priority cases are held by ACCESS and seen for specialist assessment/intervention within four weeks within current timescales. The increase in higher priority cases has unfortunately resulted in longer delays for medium and lower priority cases. In the Generic/NDS team, medium priority referrals are typically waiting up to three months, and lower priority referrals up to twelve months for specialist assessment/intervention.

National benchmarking

Enfield CAMHS participates in **national benchmarking** with other services, providing a useful reference point for demand and capacity. The provisional benchmarking report for 2020 shows:

- The number of referrals received is in line with the national average
- The referral acceptance rate (86%) is higher than the national average
- Average waiting time to first appointment is in line with the national average
- Number of client contacts is higher than the national average
- Workforce numbers are lower than the national average
- The number of client contacts per WTE is higher than the national average

3. ISSUES AND CHALLENGES

Demand and Capacity

National and local benchmarking data shows a clear upward trend in referrals to CAMHS over the last 8 years. In addition, the recent NHS population survey¹ looked at the mental health of children and young people in England in July 2020, and changes since 2017. It found that rates of probable mental disorder have increased. In 2020, one in six (16.0%) children aged 5 to 16 years were identified as having a probable mental disorder, increasing from one in nine (10.8%) in 2017.

Through the pandemic we have seen higher acuity and increased risk concerns in referrals. The necessary prioritisation of these referrals has unfortunately led to longer secondary waiting times for less urgent cases, as described in the previous section. Other areas of high pressure and demand in our services are urgent risk assessment and crisis response (including cover to acute hospitals), and high demand for diagnostic assessments for neurodevelopmental conditions such as ADHD and ASD.

New investment through NHS CAMHS transformation initiatives, including MHST has brought some increases in staffing, but our workforce numbers per head benchmark well below the national average. This is acknowledged by commissioners, and levelling up of services is a stated aim across the North Central London Clinical Commissioning Group.

¹ [Mental health of children and young people in England, 2020: Wave 1 follow up to the 2017 survey](https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up) <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2020-wave-1-follow-up>

Pandemic Impact and Service Response

The commitment and flexibility of staff throughout the year has been outstanding. Service opening hours and contact arrangements have all been operating as normal throughout the pandemic. We have kept a staff presence at our sites Mon-Fri 9-5, with enhanced crisis/oncall arrangements, including out of hours. Infection control and social distancing measures are in place in our clinic in line with national guidelines. We saw a drop in our referral numbers in the early phase, with numbers returning to expected levels in most areas through the summer. Referrals have been higher than usual in the autumn term.

There have been many areas of notable practice through the pandemic, including:

- Implementing a mixed offer of face-to-face, phone and video, including online groups
- Creation of duty line for professionals to raise urgent crisis concerns
- Creation of 24/7 crisis line for CYPF
- NCL-wide crisis pathway involving diversion from acute hospitals to community crisis hubs
- Early Years Speech and Language Therapy and CAMHS Clinical Psychology conducted a successful pilot on autism assessments via video call, for children under 6
- MHST developed tailored resources for schools. These included creating short videos and creative resources for children facing the disrupted transition to secondary school, for schools to embed on their websites and share directly with families
- Our SCAN team continued to work closely with Special Schools in the Borough, with weekly multi-agency meetings (including school, social care, SEND) to discuss cases for concern and respond
- Our YP participation group continued to meet virtually Strength of local partnerships, promoting:
 - Information exchange, review of pandemic plans, mutual support, all under the umbrella of the Educational Psychology-led “Enfield Thrives Together” network
 - Informing the community, e.g. Our Voice webinar for parents, online Q&A for the public in conjunction with local Healthwatch
 - Planning for the future, e.g. Trauma-Informed Practice in Schools, Wellbeing for Education Return, MHST second phase rollout

4. NEXT STEPS

Waiting times, demand and capacity

Our waiting times are monitored and reported on a monthly basis to the CCG, with action planning to ensure waiting times within the 13-week target, and

reduce secondary waits. Waiting lists are reviewed on a weekly basis between clinicians, team managers and the service manager to ensure a team approach to meeting waiting time targets, with particular scrutiny and prioritisation of cases with extended waits. Through these processes, areas of concern are being escalated through to senior leaders in the Trust and the CCG, where possible looking at the need for additional resources.

We are committed to an ongoing process of quality improvement, seeking to optimise our care pathways, and to provide the best possible services within the constraints we face. Recent developments in this area have included offering more group interventions, streamlining phone triage to provide quicker access to face-to-face assessment, and improving our information packs with signposting advice to self-help resources and other sources of support.

At a broader level, we are working as a partnership in the borough to improve services and access across the system, in order to provide help when and where it is needed. This includes an improved online offer with the commissioning of Kooth. Kooth provides free, safe and confidential support to teens through qualified counsellors and a moderated online platform. Our partnership with schools-facing services and the further rollout of the MHST will also improve access to help in school communities. Service providers in Enfield have also been engaged in a NCL-wide demand and capacity mapping exercise, commissioned by NCL. It is expected that this will provide a baseline for comparing services relative to population numbers across the sector, forming a baseline for future levelling up.

MHST phase two rollout

During the first year of this pilot, key aims were the recruitment of senior clinicians, training of the 8 Education Mental Health Practitioners (EMHPs), and building links with schools. Direct therapeutic support for CYP was due to start in April but has only really begun since September 2020 due to COVID-19. The team is currently working with 16 early implementer schools and educational settings across Enfield to deliver the three core functions, and train the EMHPs. EMHP training will be completed by January 2021, with full rollout to the remaining schools thereafter, covering 40 settings in the borough. The business case is being developed for continuation of the service beyond the pilot phase (Sept 2021). We are also working to strengthen links with community organisations supporting vulnerable, marginalised, or minority groups. It is envisaged that the MHST will have a positive impact on both access rates and waiting times for CYP in the future, by providing early access to specialist help, embedded in school communities.

Crisis care

Before the pandemic, work was underway across NCL to enhance crisis care for CYP, in line with the NHS Long Term Plan ambition of 24/7 crisis care for CYP. This has brought the addition of an out-of-hours nursing team to provide

an urgent response to CYP who present to A&E having self-harmed. There has been a concerted focus on strengthening the NCL crisis pathway throughout the year, as a critical element of the pandemic response, and to relieve the urgent pressures faced by the acute hospitals. There is proposed new investment for CAMHS liaison staff to cover hospital sites in Barnet and North Middlesex, filling an urgent gap and bringing these sites into line with equivalent settings in the south of the sector.

Developments in this area have been underpinned by a health-led provider collaborative including stakeholders across North Central and North East London. On 1st October, the collaborative took over responsibility from NHSE for commissioning local CAMHS inpatient services. The collaborative will be working across the patch to develop and improve care pathways across the full range of services that feed into in-patient care. It is intended that this will improve access to local beds, and greatly reduce the out of area admissions which have been a great concern in recent years.