

Children and Young Peoples Mental Health in Bury

Assurance report on CAMH
service



The impact of the pandemic has been felt across all of the children's pathway and system

- All services have been impacted and overwhelmed during the pandemic. With lock down measures in force, services were able to be maintained at a varying levels with online and virtual clinics and support , however for those that needed face to face appointments the backlog grew.
- Since moving out of lock down the NHS is dedicated to addressing waiting times. This overview will highlight the work that has been done to date with mental health services for children and detail the increased activity and support that has been secured, as well as looking at what has been undertaken across the children's system to address long waiting lists and .

Emotional wellbeing and mental health

Pressures:

- One in six children aged 5-16 may develop some form of probable mental health problem. Referrals to GM's CAMHS services rose by 124% over the first two years of the pandemic, and the total population of young people in contact with mental health services overall grew by 13%. In some cases, this has been considerably more extreme.
- GM Community eating disorder services have seen a 400% increase in referrals since the start of the pandemic
- Impact of family stress and trauma
- Most vulnerable cohorts of young people most severely negatively impact by covid: SEND, Cared For and Care Leavers
- National CAMHS vacancy rate of approx. 11% (Bury in a better position with very minimal vacancies over last 12 months)



Over the last year we have continued to support CYP MH system by bolstering the offer across all areas of the iThrive Model

Examples of New Service models and reformed pathways across all elements of ithrive model

- **iTHRIVE Getting advice and guidance** - myHappymind and developing a MH campaign. iTHRIVE developments (silver cloud, CVSE) Kooth – QWELL . Suicide prevention training now offered and being taken up in Schools
- **iTHRIVE Getting help** - Mental Health Supports Teams (MHSTs) in schools and Bury College
- Increased DA offer building on the LA offer, this now provides much needed support for children aged 5 and up, this also includes an offer for children who use harm in their relationships . Evidenced based interventions pre and post diagnosis
- **iTHRIVE Getting more help** - Single Point of Access (SPoA) and investment in Practitioners for further services to support CYP, is already improving access to the right provision. Key worker model role out. SAL therapist in the neuro team
- **iTHRIVE Getting risk support** - Dynamic Support Register - improved monitoring and targeting support for vulnerable CYP- Development of the Intensive be Specialist Behaviour Support team



Mental Health Support Teams

Current Progress –update

- 2 new teams supporting 32 settings
- Phased approach to delivery commenced Sept 2022 we have practitioners physically in 18 of the 19 phase 1 schools and we are live (taking consultation/referrals etc) in 14 out of the 19. We will be live in 18 of the 19 schools by the end of January/beginning of Feb 2023 with the final phase 1 school (Summerseat) going live mid-February.
- Phase 2 will start late February-April in line with recruitment at the end of mobilisation we will be live in 32 schools covering a population of approximately 18,000.
- Ongoing developments at a GM level with funding for 10 new teams coming



GM Crisis work Community Based Crisis Support

- 24/7 crisis line for CYP and their families staffed by CYP specialist practitioners
- VCSE Thrive Navigators co-located in CAMHS to offer CYP and families to thrive once therapeutic support has ended(Step down support)
- Introducing CYP practitioners in PCNs and GPs with highest CAMHS referrals

Transforming Crisis Services

Expansion of Home Intervention Team Service opening up to referrals from RRT and Mental Health programme schools and Liaison services.

Development of multi-agency response for children and young people to prevent a mental health crisis, provide assessment and support on paediatric wards. Accelerating to implementation with RRT and HIT oversight and leadership.

Core 24 all age Liaison



Trust Comparison

Borough:	Oldham	% Increase	Bury	% Increase	HMR	% Increase	Stockport	% Increase	T&G	% Increase
Number on Waiting List:	235	78%	1016	36%	540	28%	156	-71%	1494	7%
Distinct Patients on Waiting List:	223	70%	928	28%	522	27%	156	-71%	1425	33%
Waits over 18 Weeks:	41		561	30%	262	51%	43	-90%	1008	-6%
Average Wait in Weeks:	10.41	81%	24.21	23%	18.82	21%	15.85	-56%	31.29	0%
Maximum Wait in Weeks:	38.14	175%	112	60%	61.71	57%	63.71	-42%	93	-34%

Correct on 3/11/22

PCFT response

- All young people waiting have been clinically triaged.
- Review of the 25 longest waiters each week
- Well-being checks, case load reviews and duty contacts include a data quality review of waiting list status
- Issues escalated via the formal Operations and Performance and Quality governance structures.
- Waiting well initiatives in place
- Helpline offer for CYP evenings and weekends
- Exploration around neuro –development pressures, exists across GM and other ICS

Bury CAMHS waiting list initiative and outcomes

2 weeks in December and a week early in January this year, CAMHS have run 3 focus Blitz weeks.

Further to this, for those children assessed, from March, CAMHS will start up a range of group based support, including -

- An under 12s anxiety program, Worry Wizard ([The Worry Wizard - Help children and young people move from Worries to Wellbeing](#))
- There will also be an anxiety group work for 12- 15-year-olds.
 - 12 – 15-year-olds group on a managing emotions
 - Group work for those young people experiencing low mood
 - Autism and Anxiety group



Impact on waiting times

- Core CAMHs waiting time is now approximately 6 months
- Neuro, still faces challenges with waits of up to 2 years but more work is being explored to progress a system wide approach to support. ND is still around 2 years in total due to MDT, ADOS , QB etc but the wait time for the initial assessment aspect has reduced to 14 months (down from around 20 months)



Moving forward

- Whole system response
- Levelling up with additional investment a priority (would also broaden therapy offer)
- Comprehensive CAMHS
- SPOA showing impact already
- Continued implementation of the NHS long term plan.

