Gateshead Council

FAMILIES
OVERVIEW AND SCRUTINY COMMITTEE
8 September 2022

TITLE OF REPORT: CAMHS and Impact of Covid - Update

REPORT OF: Cumbria, Northumberland, Tyne and Wear NHS Foundation Trust

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SUMMARY
The committee has requested a report in relation to the impact of the Covid 19 pandemic on the mental health of children and young people in Gateshead and the services supporting them. This report outlines the issues that have arisen including those affecting the delivery of services.

Purpose of Report

To inform the committee of the increased demand on services throughout the pandemic and the strategies being employed to manage this.

Background

The impact of Covid 19 on the mental health of children and young people has been widely reported.

Public Health England swiftly recognised the need and issued guidance on supporting children and young people (CYP) with their mental health and well being. (Guidance updated September 2020 Guidance for parents and carers on supporting children and young people's mental health and wellbeing during the coronavirus (COVID-19) pandemic)

The guidance offered advice on

- Ways to get urgent help for mental health and support
- How CYP might cope with stress during the pandemic
- How CYP might manage with physical health issues
- How CYP who care for others might be supported
- Strategies to address bullying
- Support for CYP experiencing grief or bereavement

Referrals into Children and Young People's Services (CYPS) during the first wave of the pandemic dropped. This was attributed to the loss of the school structure (education being a key referrer for children and young people) and concerns about attendance at GP or other appointments during lockdown.

However, many young people were clearly struggling with the changes to their routines, the fear of the unknown, worries about loved ones, the loss of social contact with peers and the increased pressure on families who were under often under financial pressure and forced to be together for long periods of time. Sadly, there was a marked increase in domestic violence and many young people were exposed to

risk which they may otherwise not have faced had they been at school or able to socialise (Domestic abuse and Covid-19: A year into the pandemic (parliament.uk))

As children returned to school, and more readily started to access primary care support – the referral rate to all pathways in the CYPS services increased and has continued to do so exponentially.

1. Service Response

Initially, all young people, including those waiting for services, were contacted and risk assessed to monitor their wellbeing. Face to face contact with appropriate Personal Protective Equipment (PPE) was maintained for those deemed to be at medium or high risk of deterioration or harm, but the service was also flexible in responding to changing needs over time, offering online/telephone appointments by preference and if the circumstances allowed. These platforms often suited young people who were very comfortable with video appointments particularly.

Young people were helped to understand and strengthen their internal resilience, learn helpful coping strategies, relaxation techniques and mindfulness. Parents were encouraged to promote confidence and support their children by understanding the importance of communication, empathy and the need for their children to feel safe and supported. Quality family time was encouraged in the weeks prior to and early stages of returning to school, and young people were encouraged to open up to their teachers and caregivers and made aware that it had been a real privilege whilst working with them remotely during lockdown

Good outcomes were achieved through online therapeutic groups, developed in response to the ongoing pandemic. A 24/7 crisis line was developed, supported by individuals with Child and Adolescent Mental Health Service (CAMHS), CYPS and crisis service experience.

2. Impact on Services

There has been a noticeable decrease in overall staff resilience in the service through the pandemic. The CYPS service has experienced high levels of staff sickness (made up of both covid and non-covid related sickness) and recruitment and retention of staff have become a significant challenge.

Staff comments have included:

“Staff feeling worn out and stressed (and) mental health issues increasing”
“Demand outstrips capacity currently and with waiting lists grow(ing) this will only get worse”
“Caseload’s increasing with no cap”
“Lack of understanding of the pressures, stress of working from home”

The volume of work and interruption to normal processes has regrettably led to incidents of avoidable mistakes, for example we have experienced a breach in confidentiality brought about by letters being sent out to an incorrect recipient which was reported appropriately. However, for assurance clinical leads have directly supervised safeguarding cases and there has been increased Point of Contact (POC) liaison with the duty team.

The capacity of the duty service has been increased from two band six nurses to two band 6 nurses and a band 3 support worker daily, in order to manage the increased demand placed on the duty service.

The duty team have continued to respond to calls from young people in crisis, professionals involved with young people's care/treatment and parents/ carers.

These duty workers support communication from the service, cancelling appointments and contacting children/young people whose care co-ordinators are absent from work in line with business continuity planning. This ensures routine appointments are cancelled appropriately but children who need to be seen are re-directed to alternative support to prevent them reaching a crisis.

Despite the difficulties, the service has continued to support student nurses, nursing associates and apprenticeships even though this comes at a cost to permanent staff who have to offer practice supervision and mentorship to ensure learning opportunities are maximised. The benefit is that students are offered a valuable opportunity to experience community mental health work with children in the hope that they will seek to join the workforce on qualifying.

3. Neuro-disability Pathway

3.1 Overview

Staff sickness related to COVID has meant that a number of staff have been either absent, or more frequently, working from home at any one time. Face to face assessment appointments have consequently had to be rearranged and taken longer to complete.

Refurbishment of one of the office bases (Benton House, Newcastle) has resulted in the decant of staff into one base instead of two. This is impacting on how many young people can be seen face to face to complete assessments due to the temporary restriction on clinical space. This is expected to be resolved by October 2022 when the displaced staff will be able to return to their usual premises.

3.2 Assessment

The average number of referrals accepted over the past six weeks are 25 per week with the rate of referrals showing a continued increase.

Under a waiting list initiative, the Trust are transferring 25 cases per month to Toby Henderson Trust. A total of 292 cases have also been transferred to Psychiatry UK (P-UK) between April 2022-July 2022, with the total number of cases expected to be transferred to P-UK being 480 within the 22-23 financial year.

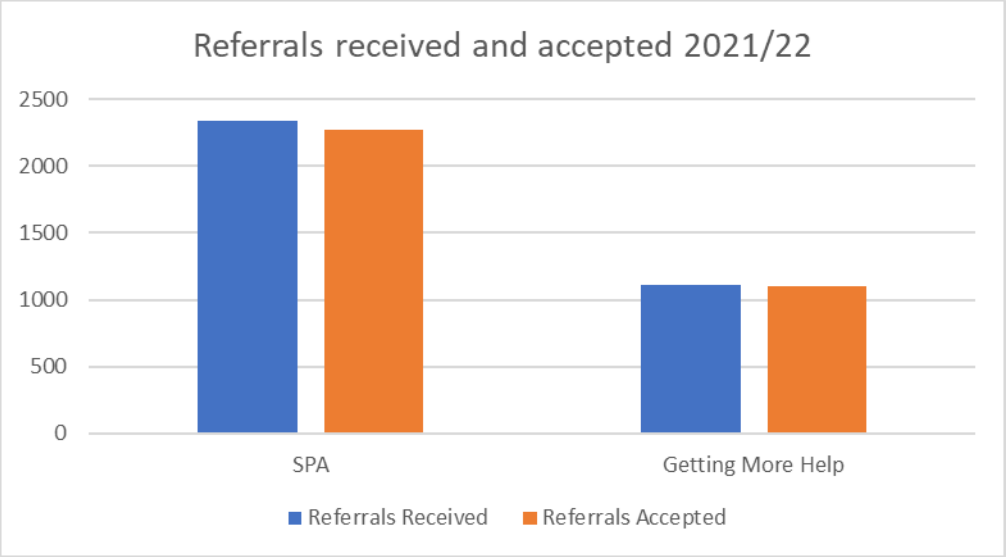
CNTW have also begun transferring cases to Helios, with 18 cases being transferred in July 2022. It is expected that the rate of transfer will accelerate each month with a total of 760 cases being transferred within the 22-23 financial year.

In order to help streamline the referral process, the team are in the process of reviewing the service referral criteria to include school information as essential to ensure we are receiving as much appropriate information at point of referral.

We are also in the process of reviewing the assessment pathway, looking at standard and complex assessments. We are trialling standard assessments being completed in a clinic model with one assessment day already having been trialled and more planned for September.

A clinician is allocated to a young person prior to their initial assessment appointment. Once allocated, they follow the young person through their journey so there is no wait for allocation after the initial appointment.

4.0 Mental health (MH) pathway



4.1 Overview

As per the above pathway, staff absence increased working from home, has resulted in assessment appointments taking longer to complete. The office decant has also interrupted service delivery in terms of clinical appointment availability.

4.2 Assessment

The average number of referrals accepted over past six weeks to this pathway is 13.3 per week.

Priority assessments are experiencing 6 weeks wait whilst routine assessments are waiting 16 weeks. Contact is maintained with children and young people whilst they are waiting, and any urgent/crisis needs escalated as required.

4.3 Treatment

Having been accepted into the mental health pathway young people will wait for allocation of a care co-ordinator. Based on the assessment, 5P formulation and Multi-Disciplinary Team (MDT) review young people are allocated a priority level of 1-5, 5 being urgent and 1 being least urgent.

The MH team are currently functioning with an average of 15 young people deemed priority level 5 who remain unallocated to a named worker. They are unallocated due to lack of caseload capacity within the care co-ordinators, this in turn being impacted by covid, retention and recruitment of staff and staff wellbeing. Additionally, there are a total of 125 young people unallocated following initial assessment.

Young people who have had an assessment and are waiting for treatment will be sent a waiting list letter which provides contact numbers for the Community Treatment Team, for Out of Hour's services and also signposts them to local organisations and self-help materials which may be appropriate to their needs.

Young people who are assessed in this team receive the following information on the outcome letters which are sent to referrer, young person/ Family and GP.

If you require additional support in the meantime, please do not hesitate to contact our CYPS Duty Team on 0800 652 2864. The Universal Crisis Team (CYPP) is also available 24/7 on 0800 652 2864. Additionally, you may find the following resources helpful:

- Young Minds - www.youngminds.org.uk – Important information for parents and young people around mental health and wellbeing.
- The Mix – helpline set-up for under 25s. Open Sunday to Friday, 2pm – 11pm. Call 0808 808 4994. Further information on The Mix website – crisis text message service available.
- RISE Mental Health support – www.rise.childrenssociety.org.uk – Resources and information for parents and young people around mental health and wellbeing.
- www.childline.org.uk Free and confidential help for young people in the UK. Visit the Childline website now for Free Services: Bullying, Sex & Relationships, Abuse, Feelings, Home & Families, School.
- Kooth.com - Free online support for young people experiencing mental health difficulties.
- Giveusashout.org - Shout 85258 is the UK's first free, confidential, 24/7 text support service. It's a place to go if you're struggling to cope and need mental health support.

They will be allocated to Clinical Team Lead.

The Clinical Team Lead will routinely review the allocation waiting list alongside the pathway manager, twice weekly (allocations meeting). Within this risks that have escalated from duty/ UCT are noted and allocation status reviewed. Clinical team lead will also delegate waiting list management phone calls to more junior staff members, and feedback directly to clinical team lead for oversight. This has recently begun (last two/three months).

The aim is for those waiting to be contacted every 4 weeks, to have parity with adult colleagues. However, due to capacity we are not in that position yet. We are working hard to improve this and hope by the end of November this process will be rolled out.

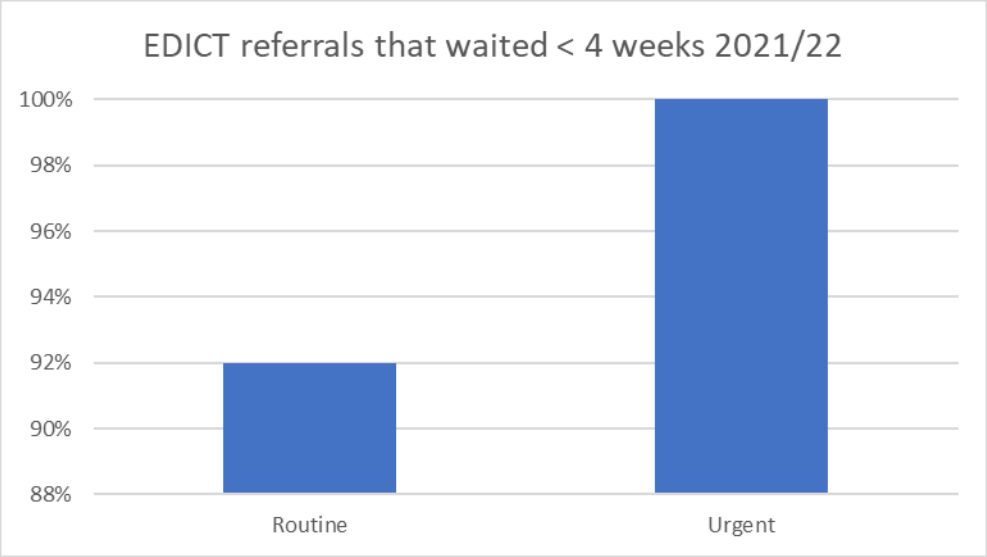
Our higher risk young people, as deemed by MDT, are offered weekly contact via our duty service, overseen by the clinical team lead who in turn feeds back into allocations meeting with the pathway manager.

Getting Help Newcastle:

Once the initial assessment has taken place there is no wait for allocation, therefore no need for contact.

The Clinical Team lead has begun to call families and young people who have been awaiting assessment for 10 or more weeks. This process is in its infancy and will continue to develop with improvements made along the process. Feedback from families has been that this “check in” phone call has been supportive and helpful. Our aim is for this process to be implemented, reviewed and changes made within a three-month period.

There has sadly been a noticeable increase of children and young people presenting with eating disorders during the pandemic and these have been prioritised as necessary.



5.0 Learning Disability/ Positive Behavioural Support pathway

5.1 Overview

Throughout the pandemic (past 2 years) there have been a number of areas that have impacted the work carried out within the LD/PBS pathway. These are briefly mentioned below:

- Staff being redeployed for periods of time to inpatient areas within the trust – impacting the capacity within the team
- Increase demand within the CYPS wide duty team – for a period of time each nurse within the LD pathway was allocated to do a day of duty each week.
- Schools/respite units within the area closed at various points – impacting on the completion of assessments/interventions within the team.
- Lack of Social Care provision within the area has had a huge impact on our population and their parents/carers – leading in some cases to hospital admission.
- The team have had to support a large number of young people and their parents/carers in extremely difficult situations. Pressure from social care colleagues to assess/manage mental health issues when in fact they are social care issues has been a huge pressure for all team members.

- There has been a number of staff changes within the team and also 2 nurses on adoption/maternity leave that we were unable to back fill due to no applicants. Changes in our medical cover within the team has posed challenges too.

5.2 Assessment
In the month of June 2022 the team received 17 referrals, and in July 13 referrals.

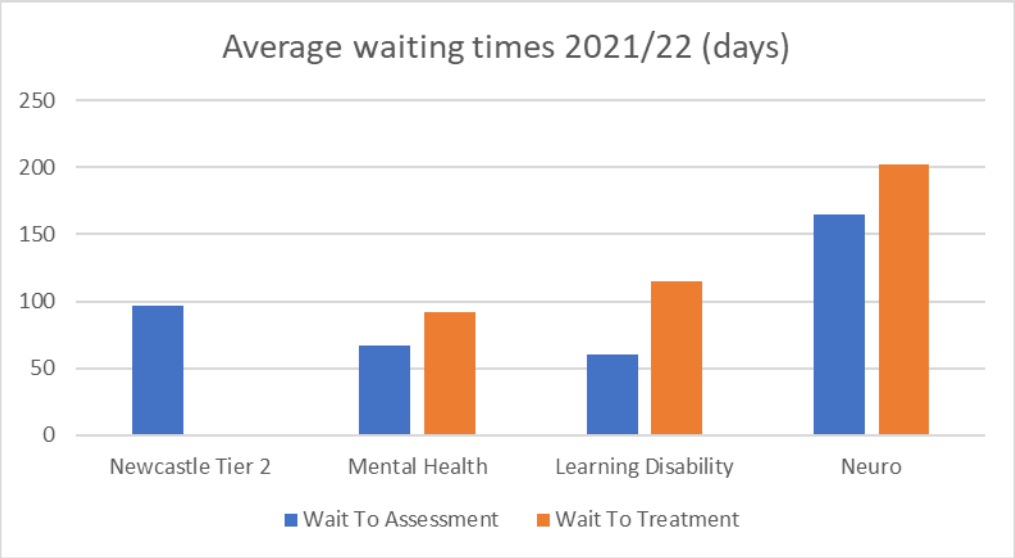
In this service, the average wait for initial assessment is 8 weeks with the team currently offering 4 initial appointments per week.

We are continuing to complete our initial assessments due to the complexity of our cases, to review risk and to review the assessment & treatment they will require.

5.3 Treatment
Following being accepted into the Learning disability/PBS pathway young people will wait for allocation of a Care Coordinator.

Due to the increase in referrals and the complexity of some cases currently in treatment, there has been a delay in the throughput and the ability to allocate new cases. Therefore, the waiting list for allocation of cases for assessment/treatment is increasing and the length of time before allocation is also increasing.

Table 1. Waiting Times



Recommendations

1. The Overview and Scrutiny Committee is asked to note the contents of this report

Contact: Anna English, Group Director Email: anna.english@cntw.nhs.uk