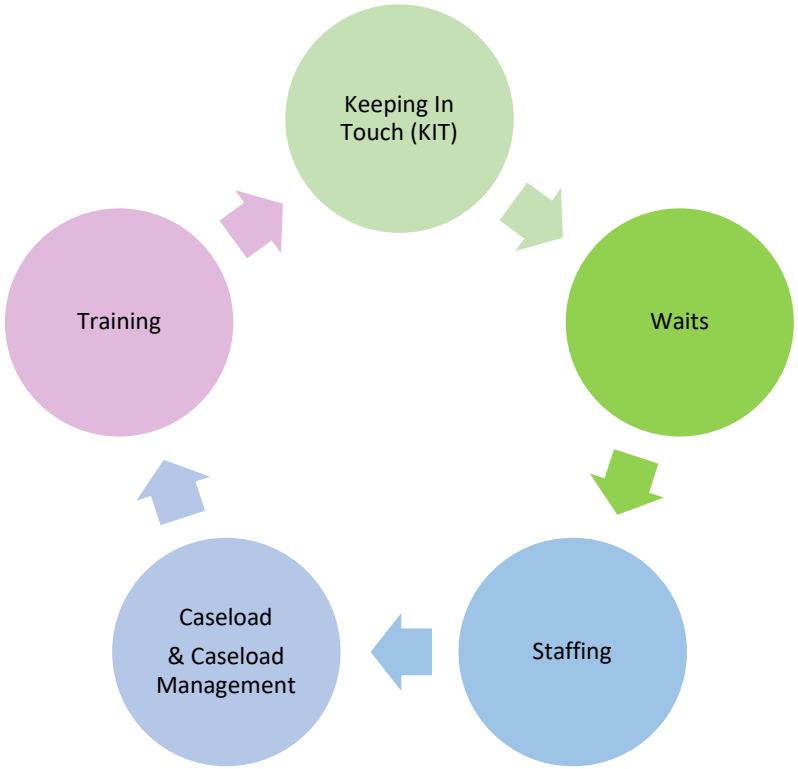
NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Children & Young People's Services Durham

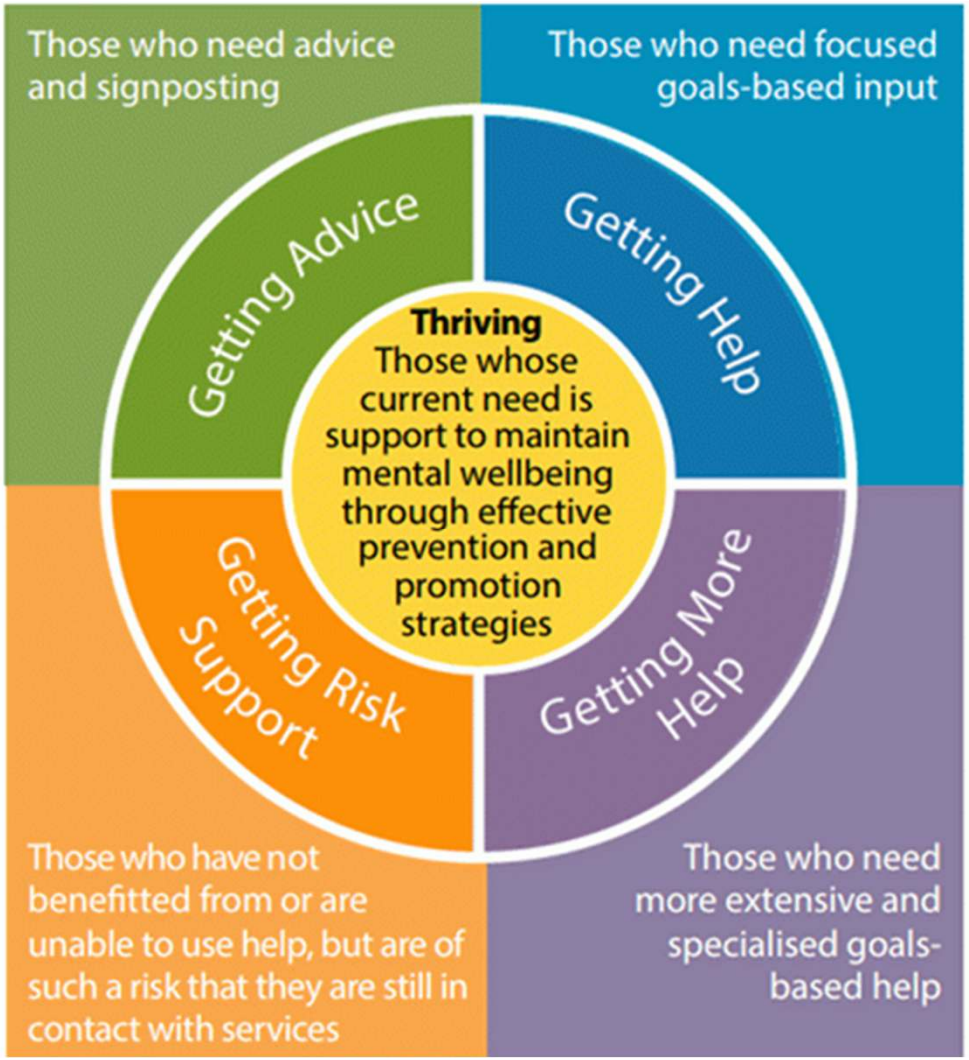
Children & young people's services

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Work programme- key areas



Children & young people's services – i-THRIVE



1 in 6 YP have MH needs, of these 30% require advice, 60% require 'Getting Help' and 5-10% require 'Getting more Help' and/or 'Risk Support'

Meetings with external colleagues, including commissioners, VCS/3rd sector providers and some local authority colleagues to co-create and deliver the i-THRIVE framework of care

A whole system and evidenced-based approach in supporting families with their emotional wellbeing and mental health needs

Draws a clear distinction between treatment and support

Children, young people and their families are active decision makers

Children & young people's services - i-THRIVE

- Internal restructure of CAMHS teams to align against i-THRIVE which commenced operationally in April 2021.
- Roll out of Mental Health Support Teams (MHST) to provide school based support, early help and prevention and meet young peoples need at place
  - Starting to embed in Durham and will start to develop 'whole system' practices with partner agencies
- Children, young people and their families get a more flexible access to appropriate services.
- Creates capacity in 'Getting more Help' teams to meet the needs of the more complex and risky cases
- Work planned within County Durham to further expand the 'whole system' of support to better coordinate and maximise efficiency of all available services and resource
  - North Durham pilot

In response to CQC concerns:

- Introduced Keeping in Touch (KIT) process which is monitored daily and all staff at clinical and senior management levels have oversight.
- 97% of children (and their families/carers) currently on the Trustwide CAMHS waiting list have had KIT contact within the timeframe in accordance with their risk level.
- Waiting lists are now electronically held giving much greater visibility and accuracy across the Trust.
- Recruiting alternative roles that add value to community CAMHS teams and help meet the increases in demand, including newly qualified nurses, support workers and assistant psychologists.
- Engaged with staff to develop clinically effective solutions, drawn from their expertise, for caseload management.
- Senior leaders hold 3 x weekly huddles to monitor waiting lists & monthly tracking of training compliance.

Waits

Waiting to assessment

- Average 23 days in Durham (non-neuro referrals)

Waiting to Treatment

- Average 203 days in Durham
- Strict definition of ‘treatment’, the support offered by the teams while young people are waiting for medical or therapeutic intervention is considered ‘treatment’ in other CAMHS services
- Waits for 2nd appointment (nationally recognised metric for ‘treatment start’) are in line with other services nationally

Waits (specialist neuro assessment)

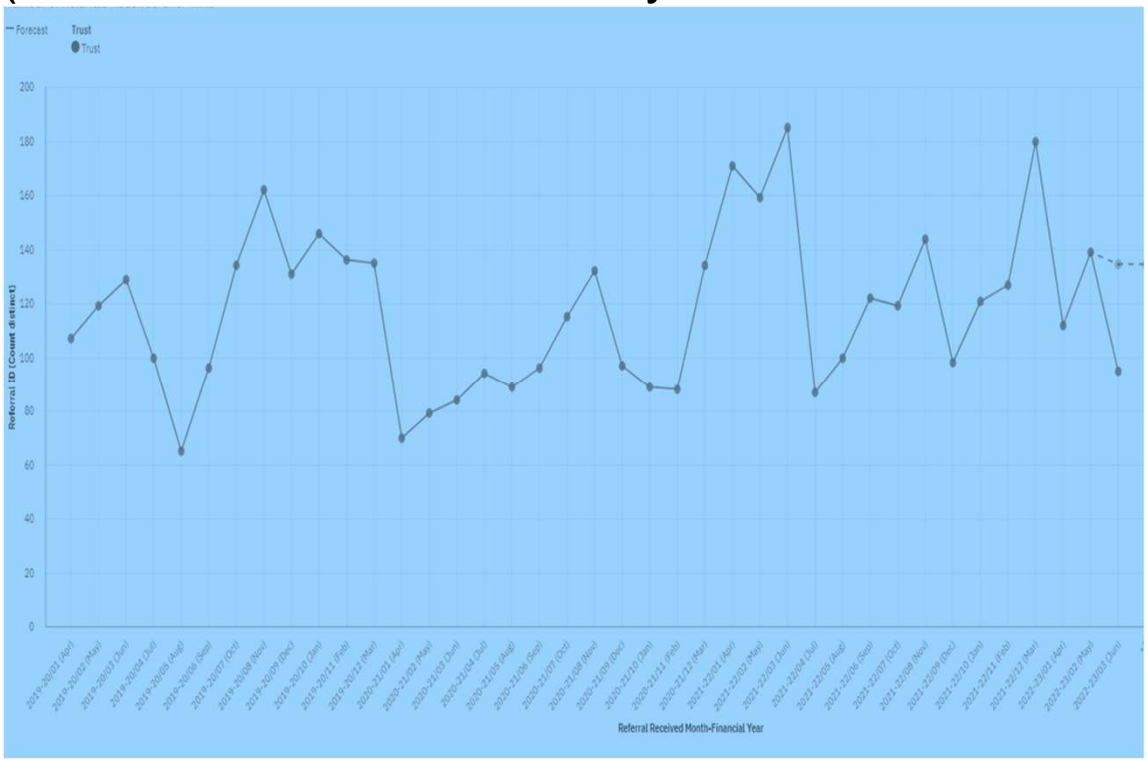
- **Waiting to Assessment**
- Average wait of those open is currently 318 days
- Waits for new referrals are currently in excess of 2 years
- This is reflective of the national picture and discussions are underway with stakeholders and partners to review what can be done to better meet families and children's needs to reduce the demand for specialist assessment.

Crisis service:

- 24/7 service in place with access to Intensive Home Treatment (IHT) and Intensive Positive Behaviour Support (IPBS) teams
- Average wait from referral to appointment is currently 1.68 hours
- Demand does fluctuate month on month (last full month of data is May 2022, second last dot to the right, 140 referrals)
- Limited availability of tier 4 CAMHS beds

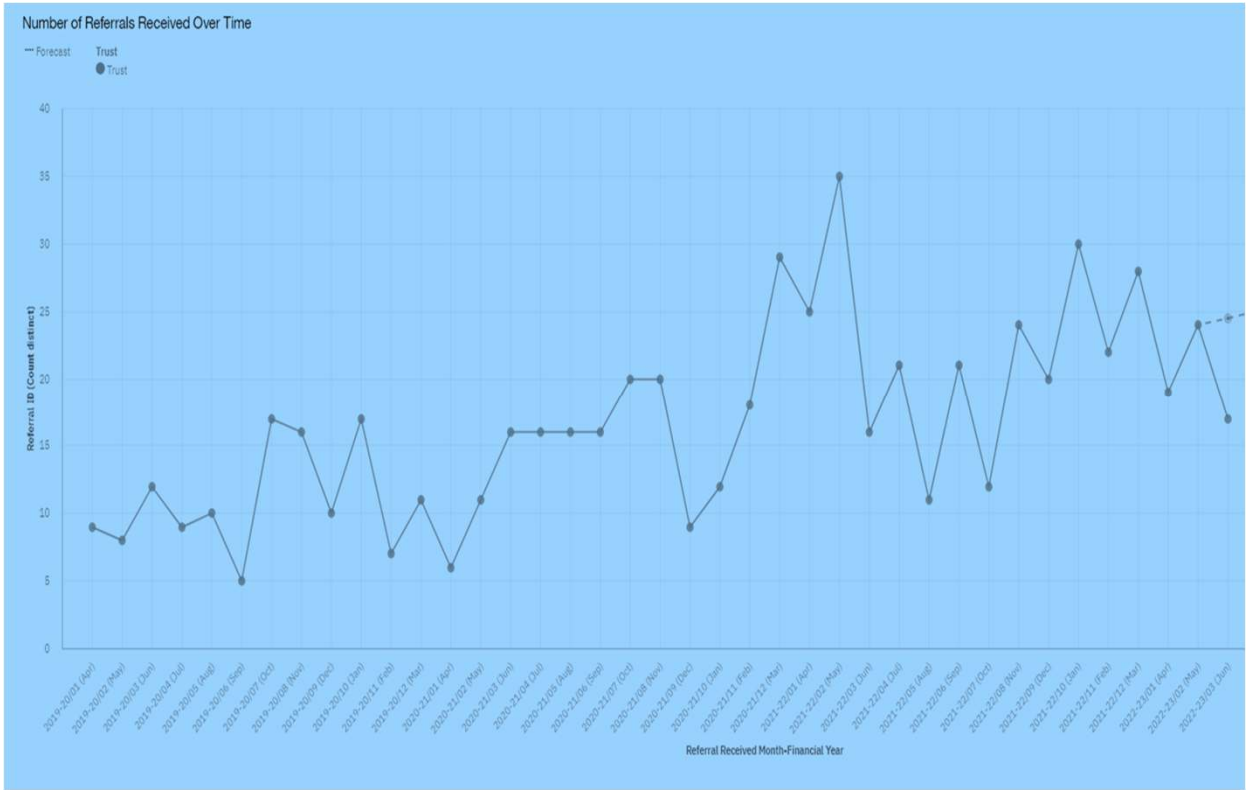
nationally is putting pressure on teams

  - Crisis and IHT teams are managing well, their input has reduced numbers admissions to inpatient beds overall.
  - Teams are successfully supporting YP and families in the community as an alternative to admission



Eating disorders:

- Currently no YP waiting longer than 1 week following urgent referral
- The majority of our YP who are routinely referred are seen within 4 weeks
  - 1 recent exception due to several DNA's
- Demand has increased since pre-pandemic levels (24 referrals received in May, last full month, second last dot to the right)
- YP tend to be presenting at a more advanced stage of illness currently
- Limited access to beds is putting pressure on paediatrics
- Increase in 'atypical' presentations (ARFID)
- Linked into regional and national work to identify systemic solutions to early help and prevention



Case examples involving complex PTSD:

- Female aged 14, LAC
- Early neglect and sexual abuse by father, removed aged 6
  - In stable foster placement
- Bad memories, shame and guilt, going blank, anger
- Concerning behaviours – shoplifting, stealing food, extreme reactions to minor issues, sexually disinhibited, lying
- Peer relationship difficulties

Treatment and outcomes:

- Lengthy involvement – over 14 months
- Initial reformulation of her difficulties and support for foster carer
- 1-1 work with young person, initially working on Shining Through Book
  - Lengthy preparation phase
  - Followed by 6 sessions EMDR
- Processing shame, blame and loss

Case examples outcomes:

- Reduction in PTSD symptoms
- Behaviours reduced, no longer stealing/lying/ harming herself
- Less angry, able to cope with disagreements
- Thriving at school, passed GCSEs
- Went to prom
- Claimed her foster family – changed name

Next steps:

- Work with partners to further embed i-Thrive within the whole system to better coordinate all available support services and maximise efficiencies
  - Pilot currently being scoped for North Durham to look at having multi-agency triage and decision making for YP requesting support with mental health
- Develop ‘upstream’ offer to families and schools to help reduce demand for specialist neurodevelopmental assessments
  - Needs-led approaches
- Communication plan for schools and public regarding service developments and how to access support
- Link with national team regarding further expansion of MHSTs for schools
  - Work towards 100% coverage
- Embed Mental Health (MH) practitioners into Primary Care Networks (PCN’s) to further enhance whole system offer