



Health and Social Care Select Committee Review Scoping Report - 2022/2023

A Review of the Child and Adolescent Mental Health Service (CAMHS) Referral Pathway in Hillingdon

1. OBJECTIVES

Aim of the review

At its meeting on 22 November 2022, the Health and Social Care Select Committee elected to undertake a major review of the referral pathway into Child and Adolescent Mental Health Services (CAMHS). This review aims to consider ways in which the current service user experience could be improved to better meet their needs (and those of their families). The scope of the Select Committee's review is limited to the journey that children, young people and their families have when being referred to CAMHS for a mental health condition.

Terms of Reference

The following Terms of Reference are suggested for the review, subject to any changes agreed by the Committee:

1. to gain a thorough understanding of how children and young people are referred to CAMHS and the associated timescales;
2. to scrutinise the referral pathway and review its effectiveness;
3. to review the current availability of alternative support and how these options are communicated to children, young people and their families;
4. to explore the effectiveness of the different agencies in communicating with each other as well as the effectiveness of their communication with the child, young person and their family on their journey to assessment and treatment; and
5. subject to the Committee's findings, to make any conclusions, propose actions and make service and policy recommendations to the decision-making Cabinet (who may then refer formally to the relevant external body).

2. BACKGROUND

Context and Key Information

Child and Adolescent Mental Health in the UK

In December 2020, it was thought that most teenagers had largely fended off the physical effects of Covid-19. Unfortunately, there was evidence that lockdown had a negative impact on the mental health of a high number of children and young people in the UK. Although some children benefitted from having more time at home with their parents during the pandemic, the lockdowns and disruption to schooling (including challenges with exams) and family life had a negative impact on others.

During the first lockdown in March 2020, the number of children presenting at hospital and at CAMHS fell. However, in January 2023, researchers have found that the number of children in England needing treatment for serious mental health problems has risen by 39% in a year. The impact of the pandemic, along with social inequality, austerity and online harm are thought to have contributed to this increase.

It is normal for children and young people to experience various types of emotional distress as they develop and mature. For instance, it is common for children to experience anxiety about school. When symptoms persist, it may be time to seek professional assistance. For most children and young people, mental health distress is often episodic, not permanent, and most can successfully navigate the challenges of having a mental health disorder with treatment, peer and professional support and services, and a strong family and social support network.

As of January 2022¹, boys aged 6 to 10 years were thought to be more likely to have a mental disorder than girls (nearly double), but this pattern is reversed in those aged 17 to 23 years, with rates higher in young women than young men. There was a less significant difference in 11-16 year olds. Over half of all mental health disorders had started before the age of 14, with 75% by 24 years of age.

In 2019/20, 4,127 children were admitted to inpatient mental health care and emotional disorders, particularly anxiety and depression, were on the rise. It has been recognised that social media could have a negative impact on a young person's emotional health.

Children and young people are more likely to have poor mental health if they experience some form of adversity - such as living in poverty, parental separation or financial crisis - where there is a problem with the way their family functions or whose parents already have poor mental health. Young people who identify as LGBTQ are also more likely to suffer from a mental health condition. Looked after children are four times more likely to experience mental health issues than their peers.

¹ <https://www.local.gov.uk/about/campaigns/bright-futures/bright-futures-camhs/child-and-adolescent-mental-health-and#:~:text=They%20are%20correct%20as%20of%20January%202022.%20At,rates%20higher%20in%20young%20women%20than%20young%20men.>

A third of people in the youth justice system are estimated to have a mental health problem and nearly ¾ of children with a mental health condition also have a physical health condition or developmental problems.

Over 40,000 children and young people were admitted to hospital after harming themselves in 2017/18 – and there has been an increase in the number of younger children self harming. An average of ten 9-12 year olds are admitted to hospital each week due to self harm.

Between April and June 2021, 190,271 individuals aged 0-18 years were referred to children and young people's mental health services in the UK. This was an increase of 134% on the same period in the previous year (81,170) and a 96% increase on 2019 figures (97,342). The average waiting time for children and young people to access mental health services ranges from 8 to 82 days (almost 12 weeks).

In 2018, only 20% of children and young people started treatment within four weeks. Spend per child ranges from £14- £191 per person compared to the average adult spend on mental health services which was £225 per person. On average, local Integrated Care System areas spend less than 1% of their overall budget on children's mental health and 14 times more on adult mental health services. However, some local areas are spending considerably more. Government funding for the Early Intervention Grant has been cut by almost £1 billion. Public health funding, which funds school nurses and public mental health services, have seen a £700 million real terms reduction in funding between 2014/15 and 2020/21 - a fall of almost a quarter (23½%) per person.

In 2019, specialist services were turning away one in four of the children referred to them for treatment. 4% of children accessed mental health services in 2019/20 which was equivalent to about 1 in 4 children who needed mental health services.

There is limited support available for children under the age of five. 42% of CAMHS in England do not accept referrals for children aged two and under and there are only 39 parent-infant teams in the UK.

Around 75% of young people experiencing a mental health problem are unable to access any treatment at all or are forced to wait so long that their condition gets worse.

Areas identified for improvement

The Committee hopes to find improvements to the referral pathway into CAMHS. The improvements should help young people and their families to access the help they need sooner. The earlier young people can get the help they need, the better the chance there is of minimising the impact of mental health problems. This not only helps the young person themselves and their families but could also relieve some burden placed on adult mental health services due to resolving mental health issues before the young person reaches adulthood.

Current data, best practice and research

1. Children’s Mental Health in Hillingdon Data

According to Hillingdon’s Joint Strategic Needs Assessment (JSNA²), hospital admissions for self-harm in children have increased in recent years for England. In Hillingdon, 85 young people aged between 10-19 were admitted to hospital following self-harm during 2020/21.

Hospital admission for mental health condition for those aged under 18 years is lower for Hillingdon as compared to England and the London region. The trend has decreased between 2010/11 and 2019/20.

Figure 81 Hospital admissions for mental health conditions under 18years for 2019/20.

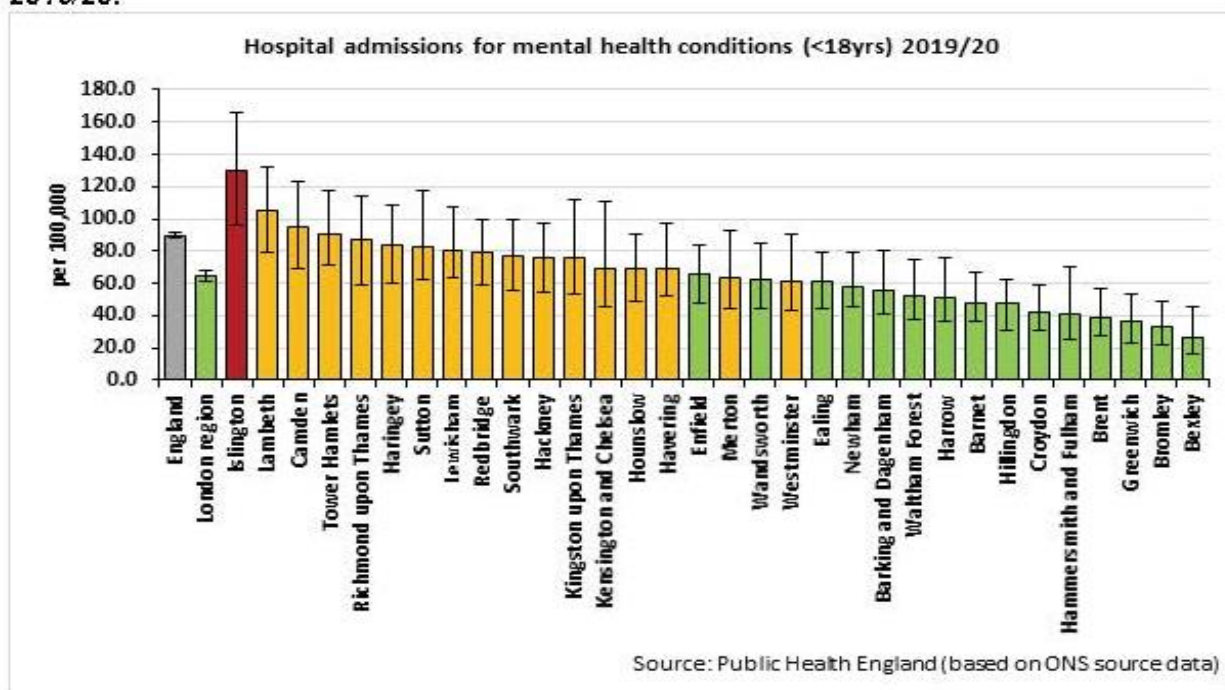
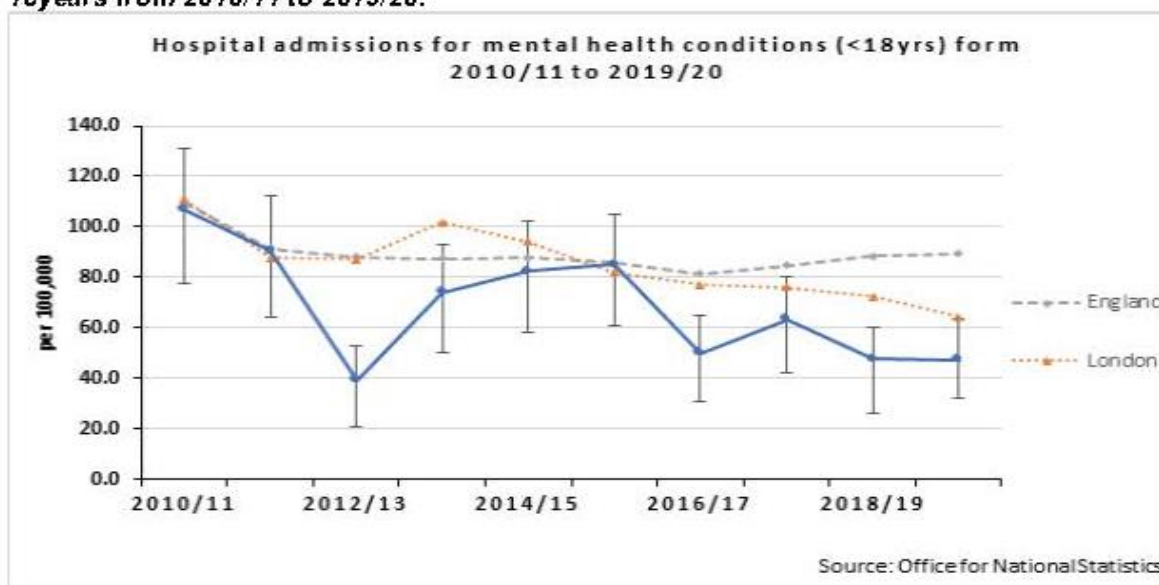


Figure 82 Trend in hospital admissions for mental health conditions under 18years from 2010/11 to 2019/20.



² https://www.hillingdon.gov.uk/media/9690/Hillingdons-full-JSNA-report-2022/pdf/Hillingdons_Joint_Strategic_Needs_Assessment_2022.pdf?m=1654598108797

In Hillingdon, the number of children attending Hillingdon Hospital (where CAMHS is also involved) has been fairly stable over the last three quarters at approximately 125 per quarter. As this number is not monitored nationally and there is no benchmarking data available, the Children's Safeguarding Partnership Board monitors this indicator to identify trends and patterns.

The number of CAMHS referrals also remains fairly stable at around 465 per quarter (as at June 2022), with 88% being aged 6 to 16 and a 50/50 male/female split. In June 2022, there were approximately 500 children supported by CAMHS with 177 waiting for intervention to start.

2. CAMHS Referrals

The Specialist Hillingdon CAMHS team is part of a wider Hillingdon Thrive network of frontline statutory and non-statutory services who regularly engage with children and young people who have emotional, behavioural or mental health difficulties.

Referrals to CAMHS can be made through Gateway (a single point of access) by health, education and children's services colleagues as well as parents and carers. Young people over the age of 16 can refer themselves. Referrals are prioritised as: Emergency - 24 hours; Urgent - 7 days; Priority – 4 weeks; and Routine – 18 weeks. The following information is needed when making a referral to CAMHS:

- Current concerns / problems
- What are the triggers for seeking help at this time?
- How long had the problem existed, how severe is it and how does it impact on the child / young person's family, education, work?
- Relevant psychosocial and family issues including who is in the family or important people in the kinship system? Response to previous attempts to help?
- Is the child / young person / family aware of and consenting to the referral?
- Which other workers are involved?

Connected work

None identified at this stage.

Executive Responsibilities

The portfolio Cabinet Member responsible is Councillor Jane Palmer.

3. EVIDENCE & ENQUIRY

Potential witnesses (including service users)

Witnesses will be identified by the Committee in consultation with relevant officers and may include:

- Parents / guardians of service users (local residents)
- Lisa Taylor, Managing Director, Healthwatch Hillingdon
- Tina Swain, Service Director for CAMHS and Eating Disorders - Goodall Division at Central and North West London NHS Foundation Trust (CNWL)
- Alex Coman, Director - Safeguarding, Quality Assurance and Partnerships, LBH

- Jane Hainstock, Head of Joint Commissioning, North West London Integrated Care Board (NWL ICB)
- Tina Benson, Chief Operating Officer, The Hillingdon Hospital NHS Foundation Trust
- Voluntary Sector - P3 / KOOTH / HACS / CAAS / Mind / SENDIASS
- Schools
- Kelly O'Neill, Interim Director of Public Health, LBH
- Dr Ritu Prasad, Chair of Hillingdon GP Confederation

Lines of Enquiry

Lines of enquiry can be expanded as the review progresses or included in relevant witness session reports. However, lines of enquiry may include:

1. How is a child or young person referred to CAMHS?
2. What is CAMHS service capacity and current usage levels?
3. Are service users' needs being met?
4. How many rejected referrals are then re-referred?
5. How are services able to help children and young people in need?
6. Why / when are children and young people being turned away from services?
7. What alternative provision or support is offered to children, young people and their families when they are turned away from CAMHS and how is this communicated?
8. How does the CAMHS service collect information on patient satisfaction (including responses from the families of patients)?
9. Are parents and young people aware of the range of services that can provide support?

Surveys, site-visits or other fact-finding events

Such opportunities will be identified as the review progresses

Future information that may be required

Further information may be identified as the review progresses.

4. REVIEW PLANNING & TIMETABLE

Proposed timeframe and milestones for the review:

Meeting Date	Action	Purpose / theme	Witnesses / officers attending
26 January 2023	Agree Scoping Report	Information and analysis	
21 February 2023	Informal Witness Session 1	Information and analysis	Parent of service user
21 February 2023	Witness Session 1	Information and analysis	

Meeting Date	Action	Purpose / theme	Witnesses / officers attending
21 March 2023	Witness Session 2	Information and analysis	
June 2023	Witness Session 3	Information and analysis	
Outside the committee – workshop / survey / networking session / consultation / informal meeting with users, etc...			
July 2023	De-brief and emerging findings	To discuss key findings and identify potential recommendations	
September 2023	Approval of draft final report	Proposals – agree recommendations and final draft report to Cabinet	
October 2023	Final report to be presented to Cabinet		

Resource requirements

The review will be undertaken within existing resources.

Equalities impact

The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies to have due regard to the need to:

- eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
- advance equality of opportunity between people from different groups.
- foster good relations between people from different groups.

The broad purpose of this duty is to integrate considerations of equality into day business and keep them under review in decision making, the design of policies and the delivery of services. There are no equality impact issues relating to the matters set out in this report. When analysing information on victims, offenders or location of crime and ASB generally, the protected characteristics are recorded, analysed and disproportionate trends identified when planning the appropriate strategic and operational intervention.

Background Papers / further reading

1. Children and young people's emotional wellbeing and mental health – facts and figures - <https://www.local.gov.uk/about/campaigns/bright-futures/bright-futures-camhs/child-and-adolescent-mental-health-and#:~:text=They%20are%20correct%20as%20of%20January%202022.%20At,rates%20higher%20in%20young%20women%20than%20young%20men.>

2. Hillingdon Joint Strategic Needs Assessment 2022 -
<https://www.hillingdon.gov.uk/jsna/>
https://www.hillingdon.gov.uk/media/9690/Hillingdons-full-JSNA-report-2022/pdf/Hillingdons_Joint_Strategic_Needs_Assessment_2022.pdf?m=1654598108797
3. UK doctors flag mental pressures pandemic puts on young people – Financial Times (published 26 December 2020) - https://www.ft.com/content/36e31589-8e54-4241-9c36-3017a757e4f3?accessToken=zWAAAYWXSaBkkc824xWJlIRCQdOcNjAXp1fk8w.MEUCIQCpnfnwDybMVEWFPUdOGNjAWtzy4q6YWtj9bRDbaKzn4QIgDA AE491hAeq1n8TyGDEI82LMGRazuK22r599pG_o6RQ&sharetype=gift&token=3bfa129d-3782-4dd8-9b55-0a0cf39a90b6
4. Child referrals for mental health care in England up 39% in a year – The Guardian (published 3 January 2023) - <https://www.theguardian.com/society/2023/jan/03/child-referrals-for-mental-health-care-in-england-up-39-in-a-year>