

# **Child and Adolescent Mental Health Services - Parents and Carers User Experience Report**

**By Healthwatch Barnsley**



**Author: Jade Bligh  
Report prepared  
December 2018**

## Introduction

### About Healthwatch Barnsley

There is a Healthwatch in every area of England. We are the independent champion for people using local health and social care services. We listen to what people like about services and what they think could be improved and share their views, with the power to make change happen. We also share views with Healthwatch England, the national body, to help improve the quality of services across the country. People can also speak to us to find information about health and social care services locally.

### In summary - local Healthwatch is here to:

- help people find out about local health and social care services
- listen to what people think of services
- help improve the quality of services by letting those running services, as well as the Government, know what people want from care

For further information please see [www.healthwatchbarnsley.co.uk](http://www.healthwatchbarnsley.co.uk)

Healthwatch Barnsley is commissioned by Barnsley Metropolitan Borough Council and hosted by Voluntary Action Barnsley (VAB). Healthwatch Barnsley (HWB) is a community led, community driven organisation with a Strategic Advisory Board, who are responsible for determining the direction of the organisation.

We are assisted by volunteers (Healthwatch Champions) whose role is to gather information and prioritise areas of work, ensuring engagement with all sections of the local population.

In some areas, Healthwatch provides advocacy for people making complaints about Health and Social Care Services; in Barnsley this service is provided by DIAL.

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## About this piece of work

A decision was made by HWB Strategic Advisory Board to revisit a piece of work which we had initially started in 2015, when we undertook a review of Child and Adolescent Mental Health Services (CAMHS) in Barnsley; the report highlighted emerging patterns around the waiting times when accessing CAMHS. The report we produced provided feedback on the service based on individual responses. From our findings recommendations were made, requesting a response within 20 days (see appendix 11 & 12 for recommendations and responses from 2015).

In Barnsley, CAMHS are provided by South West Yorkshire NHS Foundation Trust (SWYFT).

During 2018 we revisited CAMHS to do a follow up review to look at any changes and obtain feedback from children, young people, parents and carers.

This work commenced on 23 April 2018 when the manager of Healthwatch Barnsley wrote to SWYFT requesting details of the performance of the CAMHS service (appendix 8). A response was received from the General Manager of Barnsley CAMHS on 6 July 2018 (appendix 9).

As part of this review we wanted to establish progress made in the following areas:

- Initial waiting times for a CAMHS assessment  
(During the period January 2015 - December 2015 and January 2017 - December 2017)
- Initial waiting time for treatment  
(During the period January 2015 - December 2015 and January 2017 - December 2017)

In relation to the Autism Service:

- Initial waiting times for assessment  
(During the period January 2015 - December 2015 and January 2017 - December 2017)
- Initial waiting time for treatment  
(During the period January 2015 - December 2015 and January 2017 - December 2017)

Unfortunately, the majority of the data that was requested was unavailable. Appendix 9 details the explanation for this<sup>1</sup>.

Since 2015, the autism pathway is now managed by Barnsley Hospital Foundation NHS Trust.

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<sup>1</sup> Some amendments have been made to this data following the response from SWYFT to the recommendations

## Key findings

The first table below reflects our original request for information, with a change in date from January 2017 to April 2017 as the date CAMHS were able to provide the data from.

|  | January 2015 - December 2015 | April 2017 - December 2017 |
|--|------------------------------|----------------------------|
| Initial waiting times for a CAMHS Assessment           | Data not available           | 12.8 days                  |
| Initial waiting time for treatment                     | Data not available           | 268 days                   |
| Initial waiting times for Assessment (Autism services) | Data not available           | Data not available         |
| Initial waiting time for treatment (Autism Services)   | Data not available           | Data not available         |

Number of days average waiting time for treatment

|                   | 2016 | 2017 |
|-------------------|------|------|
| April to December | 297  | 251  |

Number of children and young people waiting for treatment

| December 2016 | December 2017 |
|---------------|---------------|
| 450           | 450           |

Number of referrals to CAMHS

|  | December 2016 | December 2017 |
|--|---------------|---------------|
| Total number   | 100           | 118           |
| Number not requiring assessment or intervention <sup>2</sup> | 49            | 40            |

This data does not show any real improvements in waiting times or number of children and young people waiting for services.

<sup>2</sup> See CAMHS Workers and Professional feedback section in this report for discussion

## Additional information

People who experience mental health crisis in a public place that are considered by a Police Constable to either be a danger to themselves or to other people, may be detained under Section 136 of the Mental Health Act and be removed to a place of safety. The table below shows the number of detentions of people under 18 in relation to Section 136 of the Mental Health Act (data not adjusted for population size, please note the differences may not be statistically significant).

| Area      | 2016           | 2017 |
|-----------|----------------|------|
| Barnsley  | 4              | 10   |
| Rotherham | 9 <sup>3</sup> | 7    |
| Doncaster |                | 8    |
| Sheffield | 3              | 2    |

As you can see from the above table, Barnsley had the highest number of detentions in South Yorkshire in 2017. <sup>4</sup>

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<sup>3</sup> Rotherham and Doncaster numbers combined in 2016 Data South Yorkshire Police / Home Office

<sup>4</sup> See later sections for parents, children and young people's responses to crisis in various sections in this report.

## Gathering the views of children, young people and families on their experience of accessing CAMHS

For this review, we received an agreement from SWYFT to carry out engagement with young people, parents and carers within CAMHS clinics based in New Street, Barnsley. Our children and young people’s worker engaged with a large number of parents and carers and young people, gathering their experiences when accessing CAMHS. In addition to face to face engagement, we reached parents and carers through Survey Monkey. This was shared on our social media platforms.

## Avoiding duplication and sharing our work with Chilypep

Chilypep is a children and young people’s empowerment project. It was agreed that we would work in partnership with Chilypep to carry out the engagement, in order to avoid over consulting with young people, parents and carers.

We worked with Chilypep to create surveys that were suitable for both projects (see appendix 10 for surveys).

We had an agreement in place with Chilypep and using this we shared the data and feedback we both collated over a number of weeks (details of the number of responses obtained by each organisation are given in the relevant section). All figures are included in our overall analysis in the report.

|                                       | Healthwatch | Chilypep |
|---------------------------------------|-------------|----------|
| Parents and carers surveys complete   | 73          | 0        |
| Young people surveys complete         | 21          | 10       |
| Professional/workers surveys complete | 29          | 36       |

## What our surveys told us from parents and carers

The following information shows the basic findings for the CAMHS survey completed by 73 parents/carers

Of the 73 parents/carers surveyed, they stated;

52 children/young people were still in receipt of receiving treatment from CAMHS, with the following:

11 children and young people's support had ended

2 had been signposted to other services

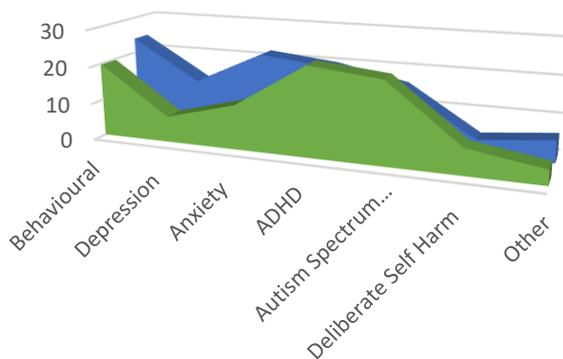
0 stopped attending

7 stated they were still waiting for support for the child

1 parent/carer skipped this question

## Reason for referral

Behavioural issues, anxiety and Attention Deficit Hyperactivity Disorder (ADHD), were recorded as the highest factor for referral. The graph below shows a comparison of the reason for referral from 2015 (green) survey and 2018 (blue):

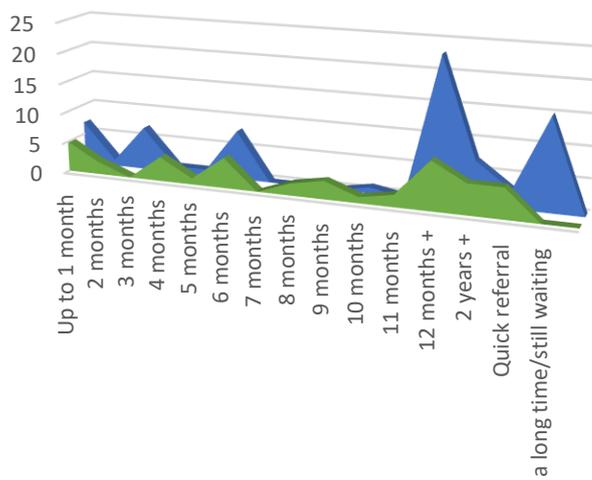


We asked “when waiting to receive support was any group work, parent sessions or information offered” to the parent or carer or the child. 68% stated they had not been offered any support whilst waiting, and the other 32% said they had received lots of support; the type of support received is unknown, and the reason why only 32% of the parents had received support is unknown.

## Waiting times

A high number of parents and carers said that they had been waiting a long time for an initial appointment from the time of referral. 33 were waiting 12 months and longer for an initial appointment, with an additional 15 still waiting for an initial appointment for the child. 25 of those surveyed waited between 1-6 months for an initial appointment.

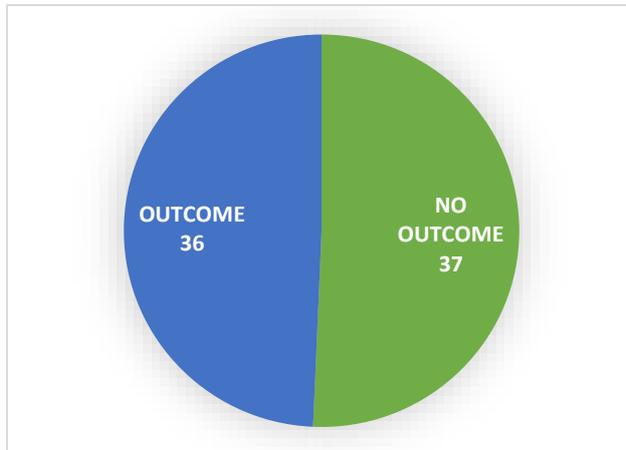
The graph below shows a comparison from 2015 (green) and 2018 (blue) waiting times from point of referral:



From 2015 there shows little improvement in the waiting times for the first initial appointment within the first 3 months, and from the 12 months mark the number of young people waiting is high. The waiting times still indicate this is an issue and most parents and carers felt that the waiting times are still too long.

We then asked what the waiting time was from the first initial appointment to the next appointment. 31 out of 62 of the parents who responded stated that they were seen within 6 months and were happy with this time frame. 31 out of 62 were unhappy with the waiting time as they were waiting for over 6 months, with 16 of those waiting over 2 years. The remaining young people were still waiting up to the point of completing this survey.

## Treatment, support and diagnosis



We asked “what was the outcome from treatment, support and diagnosis whilst accessing CAMHS”. 36 respondents stated the child had been given a diagnosis, and was attending sessions or one to ones, whilst 37 were still waiting for a diagnosis to be made or any kind of support.

## Examples from the parents and carers surveys in relation to outcomes:

“Diagnosis for ADHD”

“Diagnosis of autism, attendance at group and subsequent discharge as no autism support in Barnsley”

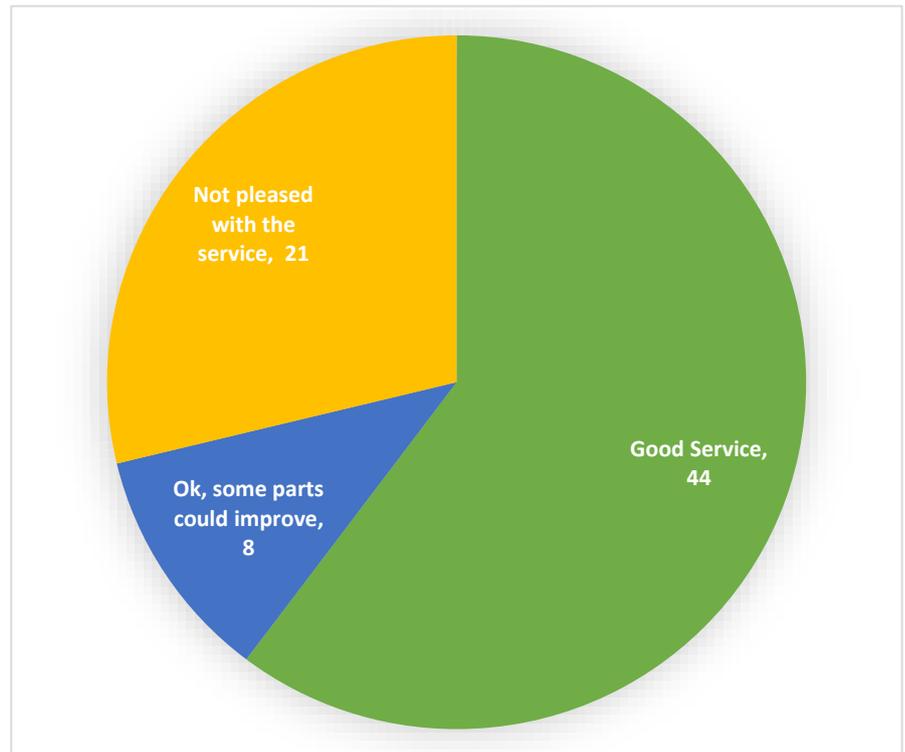
“ADHD confirmed and ASD referral and occupational therapy referral”

“None, missed an appointment and got removed from the service”

“Sees a CAMHS worker and psychiatry”

(Full list on appendix 2)

44 parents and carers expressed they were happy with the service the child received, both assessment and treatment, and happy overall with the process. 21 voiced they were unhappy with the service and received little to no support.



## Examples of what the parents/carers wrote about the outcome:

“Really good, we have been supported well, treatment has only just started”

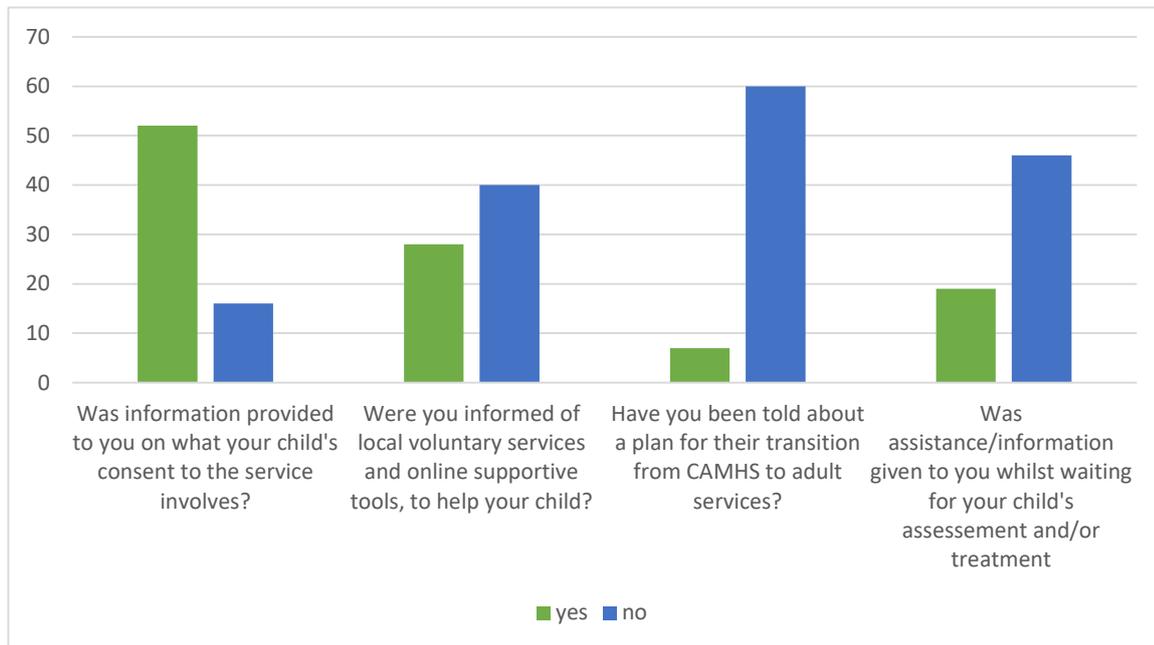
“Not good, they need more staff, I’ve been waiting 11 months for medication, the system is slow and need more staff to give a better service”

“Assessment was really good, treatment under review, still have difficulties though and still in need of support”

“Fantastic service once you’re in, staff are great”

(full list on appendix 2)

The chart below demonstrates that most parents and carers felt there was no information provided whilst waiting; they felt very little was offered and this was a significant area identified for improvement. The general consensus was that information could make the waiting time easier for the child.



## Support for parents/carers

We were keen to understand how CAMHS had used opportunities for information sharing; this was identified in our 2015 report as an issue for parents who felt there was little support given, and very little additional information provided during the waiting periods.

When asked how accessible it was to contact CAMHS for additional support outside of meetings, 29 out of the 60 who answered were pleased that they could access additional support, and pleased with the support they subsequently received. 31 parents and carers said there was no support available that they were aware of and this was identified as an area for improvement.

### Examples of comments left by parents/carers:

“Very good, response is always quick”

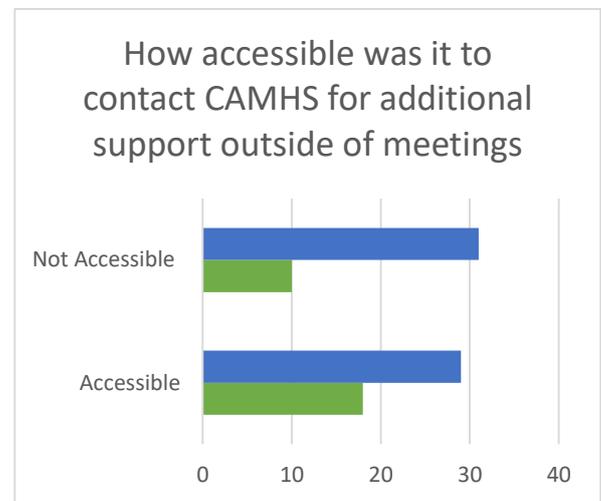
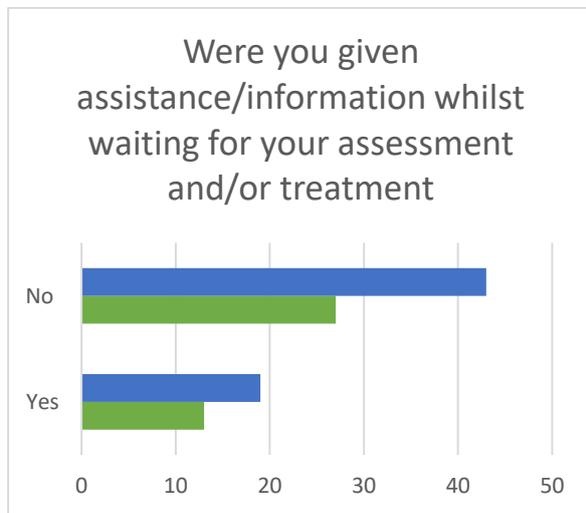
“Had to constantly chase and didn’t respond to some messages left”

“There was no help, I’ve rung up and begged for help and received nothing”

“Very easy by phone”

(Full list on appendix 4)

## Comparisons from 2015 (Green) and 2018 (Blue)



Parents often expressed that the level of support available to them as a parent was poor; 44 of the 67 parents and carers who had answered this question stated they had received no support at all. However, 23 said they did feel supported:

“Was no support for me”

“Not enough support”

“It was good, gained lots of support for myself”

“We have a strong support network”

(full list on appendix 4)

### Additional comments left by parents/carers

“CAMHS need more workers, and more help for parents”

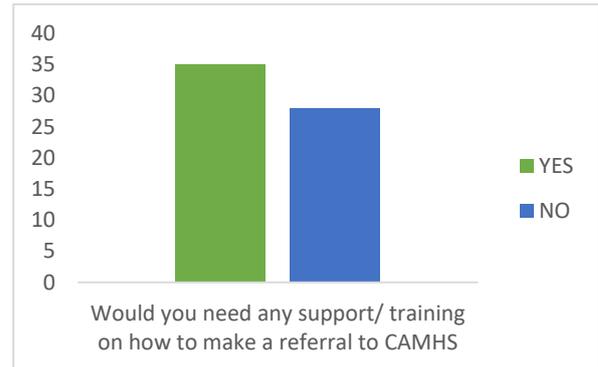
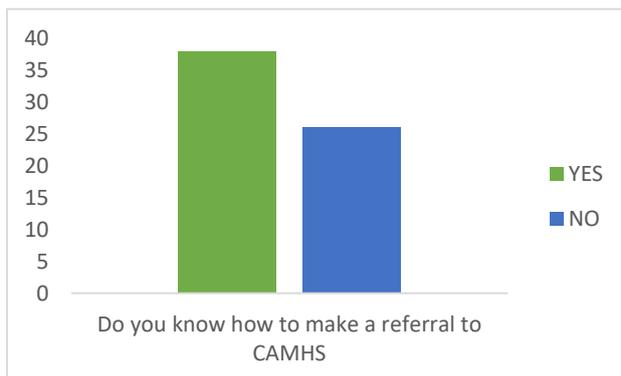
“Good overall, friendly service”

“Just waiting a long time and no support whilst waiting”

(full list on appendix 4)

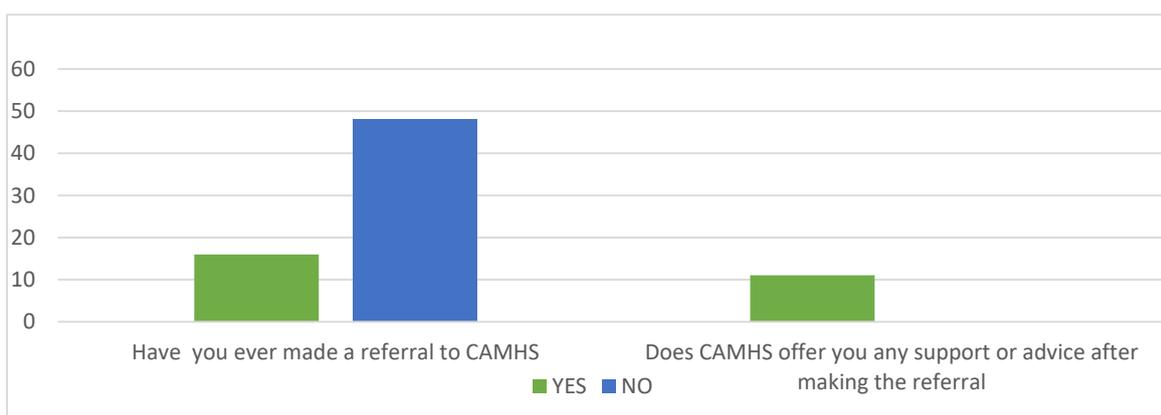
## Child Adolescent Mental Health Service Worker/Professionals feedback

### Feedback from 65 workers and professionals



38 out of 65 professionals who completed the survey said that they knew how to make a referral to CAMHS, with 35 of 65 stating they would need support/training on how to make a referral confidently.

16 professionals stated they have made a referral to CAMHS, 11 of these gained support and advice when making a referral to CAMHS. This shows advice is available if needed, making the referral process easier for professionals.



## Other comments from professionals

“I understand CAMHS are under resourced and trying different pathways to get support, sadly had YP who accessed through GP for medication but didn't get counselling”

“I'm not always involved, however I know who to go to for support on CAMHS and referrals”

“Any training welcome”

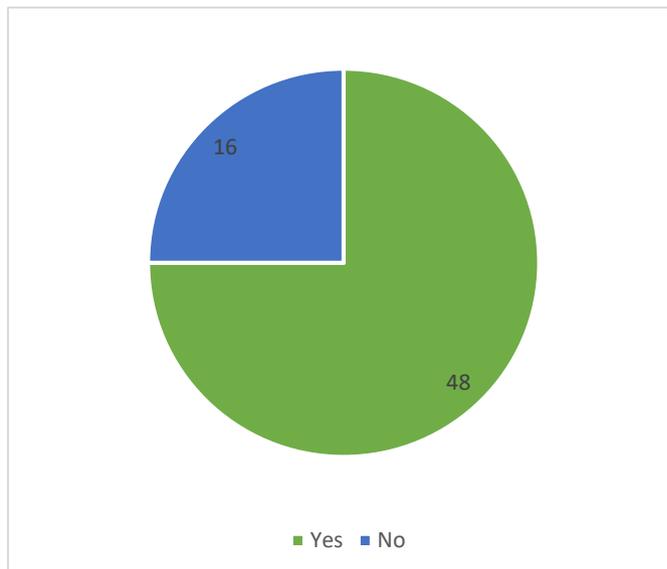
“I tried ringing a mental health number but not sure if it was CAMHS, believe it was a Cudworth number. Had difficulty getting anyone to answer. Was wanting to refer a young person into the Stress Pac course”

“CAMHS referrals are often not accepted due to "not meeting their threshold". So early intervention workers are working at much more challenging levels than they should be. CAMHS procedures change so often it's different each time you refer. CAMHS are underfunded and cannot cope with the amount of referrals. Waiting lists are too long”

“Young people are left at risk due to not being able to access mental health support. There is a lack of understanding about attachment and trauma in CAMHS. CAMHS practitioners can be unreliable and inconsistent. If CAMHS spent as much time working with young people as they do debating why they can't accept referrals, more young people would be able to access support”

“MindSpace in schools has helped”

“I have never had to use CAMHS so I think my knowledge of referral process is lacking, I do not feel that I would have trouble finding out how to refer if needed however”

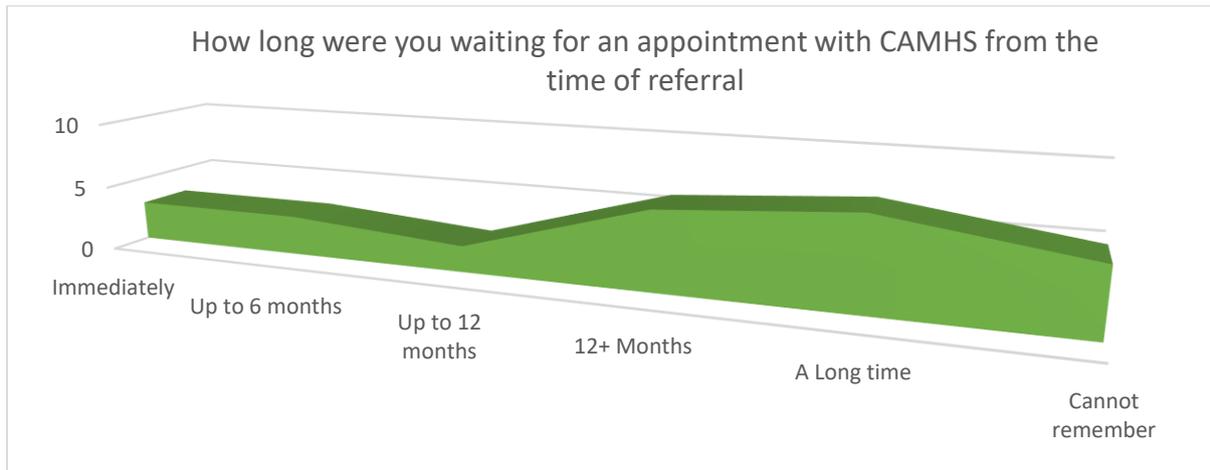


The chart to the left shows that 48 of the professionals stated that if the opportunity arose, they would be interested in attending a short training session around the CAMHS referral process, to improve their knowledge. 1 professional didn't respond to question.

## Child and Adolescent Mental Health Service Children and Young People Feedback

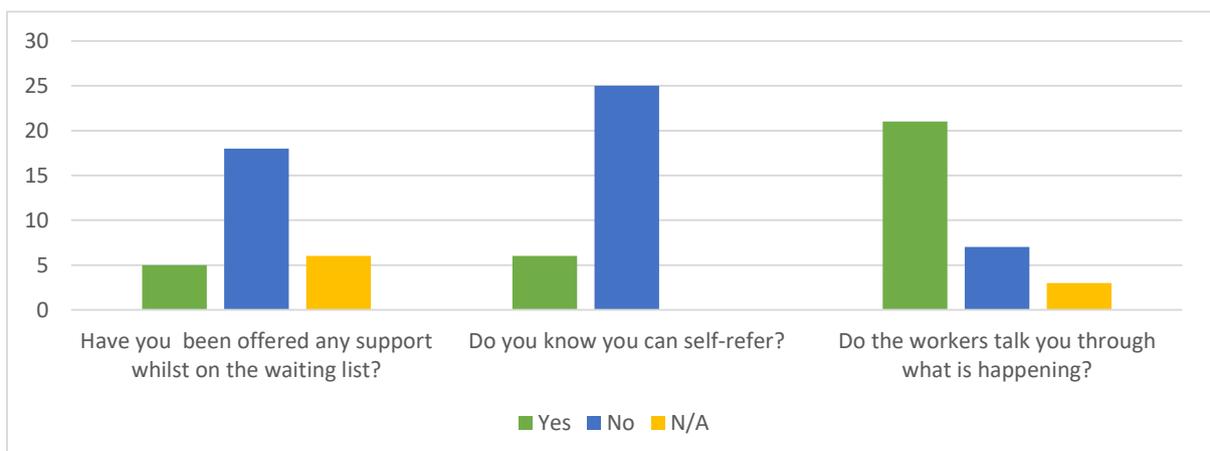
### Feedback from 31 children and young people

#### Waiting times/appointments



Most children and young people surveyed felt they were waiting too long to be seen from the point of referral. Over half stated that if they could change anything about the service, the waiting times would be one thing they would change, making the wait shorter.

26 out of 27 young people who responded were happy with the welcome from the reception staff and felt that their needs were understood. There were only positive comments received regarding the reception staff.



25 out of 27 young people believe the workers use terminology that they understand, and are happy they fully understand what is being said to them during their time at CAMHS.

20 of the young people stated they had not been offered support whilst waiting to be seen by CAMHS and 5 of the young people said they were given support during the waiting period. The support provided is unknown but this shows support may be available (but not known about by all young people accessing CAMHS).

25 out of 31 young people surveyed did not know about self-referral through the single point access (SPA);

### What is Single Point Access (SPA)

The Single Point of Access team offers a comprehensive assessment for clients referred to mental health services provided by the Trust.

The assessment can take place on NHS premises or in the home and clients will be seen by one or two staff members, one of which will be a qualified mental health professional. Clients are welcome to have a member of the family or a friend present at the assessment.

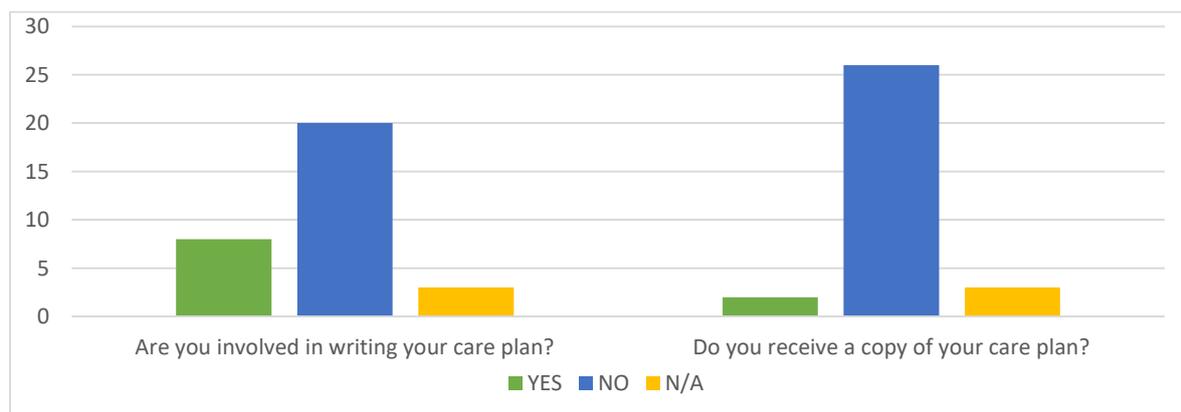
At the end of the assessment, clients will be asked to sign an agreement of the outcome and a copy of this will be given to keep. Clients whose needs are more complex may have several assessments or be offered an intervention lasting no more than six weeks. The client's GP will receive a letter following the assessment, including the outcome.

<https://www.southwestyorkshire.nhs.uk/services/spa-team-barnsley/>

When analysing the surveys, the 5 young people who understood the SPA were all involved with other organisations (this had given them prior knowledge).

14 out of 27 surveyed believed they were not involved in arranging their next appointment, they were just told when their next appointment was to be.

## Care plan involvement



Most of the young people had not been involved in the writing of their care plan, with some of the young people stating they didn't know what a care plan was. Those that were involved said they were happy with the overall process of the care plan; only 2 of the 31

young people had received a copy of the care plan, with the rest not receiving a copy. The reasons for this are unknown.

**Examples of comments from young people on how they felt about their care plan:**

“I want to be involved, to learn more about me and what they think”

“It’s ok, I’m told what is going to happen, so I think that is good, as I’m involved that way”

“Was barely involved, just felt like I was told what to do”

“I wasn’t involved in choosing, but I was told why I was there at my appointments”

(Full list on appendix 7)

## Parent/Carers Case Study 1

Age- 10-year-old

Gender- Male

### Reason for being referred to CAMHS

Sexually assaulted

### Waiting times

3 months to be seen from time of referral, a further 6 months wait from the initial appointment

### Have you or your child been offered anything whilst waiting to receive support

No

No parent support

### How accessible was CAMHS outside of appointments

Had to constantly chase and didn't respond to some messages left

### Parent / Carer comments,

Very little support given, felt it was a complete waste of time, bad service and treatment

## Parent/Carers Case Study 2

Age- 8

Gender- Female

### Reason for being referred to CAMHS

Possibly ASD, also under ASDAT, behavioural, anxiety, self-harm

### Waiting times

Almost 2 years from point of referral, a further 16 months to wait after the first appointment

### Have you or your child been offered anything whilst waiting to receive support

No, not that I can recall

### How accessible was CAMHS outside of appointments

Good, the lady we see is brilliant

### Parent / Carer comments,

Good all round, very informative and supportive,

I know there are funding cuts but I think there needs to be more help for parents in my position

## Young Person/Adult Case Study 3

Age- 18

Gender- Female

### Reason for being referred to CAMHS

Anxiety

### Waiting times

3 weeks from time of referral, 2 weeks for next appointment into the service

### Depending on your child's age, have you been told about a plan for their transition from CAMHS to adult services?

No

### How accessible was CAMHS outside of appointments

Very good

### Additional comments

Good overall, friendly service

Good, supportive but no service for adulthood, and now too old to access CAMHS

## Parent/Carer Case Study 4

Age- 13

Gender- Male

### Reason for being referred to CAMHS

He's been diagnosed with ADHD but still waiting for treatment

### Waiting times

Months from time of referral, 2 years for next appointment into the service

### How was the service your child received?

Not good, they need more staff. I've been waiting 11 months for medication, the system is slow and needs more staff to give a better service.

### How accessible was CAMHS outside of appointments

There was no help. I have called and begged for help and received nothing

### Additional comments

CAMHS needs more workers and more help for parents

There is no support until you get to see someone about medication

## **Parent/Carer Case study 5**

**Age-** 13

**Gender-** Male

### **Reason for being referred to CAMHS**

Behavioural

### **Waiting times**

18 months from time of referral, 18 months for next appointment into the service

### **How was the service your child received?**

Really good apart from the waiting times for assessment, it is too long

### **How accessible was CAMHS outside of appointments**

Not very good until assessment

### **Additional comments**

Waiting time is too long and had no additional help which makes you feel quite alone

## Key findings and recommendations

| Key findings  | Recommendations  |
|---|--|
| 1. When requested, most data was not available from SWYFT.  | A data set giving minimum, maximum and mean waiting times for assessment and treatment for all commissioned CAMHS services should be produced, so that performance of the individual services can be assessed going forward.   |
| 2. A high number of parents/carers expressed that they had been waiting a long time for an appointment from the time of referral to CAMHS. ECG advised HWB in 2015 that by 2016 the waiting time would be 5 weeks from the point of referral, our findings indicate this has not been achieved. | SWYFT, BCCG and BECG should revisit the waiting times as a priority area for improvement.  |
| 3. Little to no support given to parents and carers whilst the child is waiting to see CAMHS and little support given in-between appointments.  | SWYFT should provide support packs for parents and carers whilst waiting; this could be achieved by exploring what external services offer and information sent out at point of referral. The support pack should also include details of how to access crisis support 24/7. |
| 4. Little to no support given to children and young people whilst on the waiting list to see CAMHS.   | SWYFT should provide support packs for children and young people whilst waiting; this could be achieved by exploring what external services offer and information sent out at point of referral.   |
| 5. Depression and anxiety referrals have doubled since the last report by HWB in 2015.  | SWYFT should work more effectively in partnership with other organisations such as MindSpace, schools, Chilypep and any other organisation that may help support young people's mental health, to try reduce these referral rates.   |
| 6. A large number of children and young people, professionals and workers state they would be interested in attending short training sessions around making referrals to CAMHS.   | SWYFT and CCG should arrange training for children and young people, professionals and workers on the referral process into CAMHS.   |
| 7. Children and young people have little involvement in their care plan, evidence shows they would like more involvement in this.   | SWYFT should ensure children and young people are actively engaged in the preparation of their own care plan.  |

|  |  |
|--|--|
| 8. Children and young people would like more involvement in arranging their next appointment.  | SWYFT should ensure that children and young people are involved in arranging their next appointments.  |
| 9. Only a few young people knew what SPA is, the young people who did know were mainly young people who volunteered for certain groups | SWYFT should put together an information pack on self-referring through SPA which is suitable for young people. This information pack could be put together by young people. |

## Conclusion

From the report it is clear that there has not been much change in the substance of comments made in 2015 and 2018. In 2015 the BCCG advised that by the end 2016, the waiting times for assessment would reach 5 weeks. This time was reduced to three weeks but the waiting time for treatment is still long and is reflected in the comments in this report.

The lack of information given to children, young people, parents and carers is a cause for concern.

Once families are in the service they are generally happy with the quality of care they receive; the main criticism is the lack of support outside of meetings.

Additional support for families is needed when they are waiting to access CAMHS, as well as between appointments. Based on the feedback we received, it is evident that support packs would be beneficial.

## Next steps

HWB will present these findings to BMBC, BCCG, SWYFT.

Responses from BMBC, BCCG, SWYFT to HWB expected by 27 February 2019, see appendix 1.

In 2020 a further review from HWB will be scheduled.

Healthwatch will make this report public through our website, after the response deadline for service providers and commissioners.

## Acknowledgements

We would like to take this opportunity to thank Chilypep for their help in engaging with young people, parents and carers.

Also a big thank you to all the parents, carers, professionals and young people for completing our surveys; we understand we have asked some personal questions and we are grateful for your openness and willingness to engage with us.

## Abbreviations

|                 |  |
|-----------------|--|
| SWYFT           | South West Yorkshire Foundation Trust      |
| CAMHS           | Child Adolescent Mental Health Service     |
| ADHD            | Attention Deficit Hyperactive Disorder     |
| BCCG            | Barnsley Clinical Commissioning Group      |
| ECG             | Expert Commissioning Group                 |
| BMBC            | Barnsley Metropolitan Borough Council      |
| SPA             | Single Point Access                        |
| ASD             | Autistic Spectrum Disorder                 |
| ASDAT           | Autistic Spectrum Disorder Assessment Team |
| CBT             | Cognitive Behaviour Therapy                |
| OCD             | Obsessive Compulsive Disorder              |
| N/A             | Not Applicable                             |
| GP              | General Practitioner                       |
| HWB             | Healthwatch Barnsley                       |
| AM <sup>5</sup> |  |

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<sup>5</sup> Abbreviation used in questionnaire response (we are unable to identify this abbreviation)

Appendix 1

## Response to recommendations from service providers and commissioners

The following responses were  
received by 27 February 2019:



**BARNSELY**  
Metropolitan Borough Council

Rachel Dickinson,  
Executive Director  
People Directorate

Sue Womack  
Healthwatch Manager  
Voluntary Action Barnsley  
The Core  
County Way  
BARNSELY  
S70 2JW

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My Ref: RD/HWCAMHS19  
Your Ref:  
Date: 27 February 2019  
Enquiries Sarah Sinclair  
Direct Dial: [REDACTED]  
E-Mail: [Sarahsinclair2@barnsley.gov.uk](mailto:Sarahsinclair2@barnsley.gov.uk)

Dear Sue

Child and Adolescent Mental Health Services (CAMHS)  
Parents and Carers User Experience Report, December 2018

As requested please find attached the collective response from Barnsley Children and Young

People's Trust to the above report. The LA including Public Health and NHS Barnsley Clinical Commissioning Group have all contributed to the response. A slot on the June agenda for the Trust Executive Group (TEG) has also been allocated to the report so the Trust are able to consider the final report and actions/areas for development which need to be implemented.

Yours sincerely

Rachel Dickinson  
Executive Director — People  
Directorate Chair of SYPT/TEG

Encs

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## Barnsley NHS Specialist CAMHS

### Healthwatch report - response from Barnsley Children and Young People's Trust.

February 2019

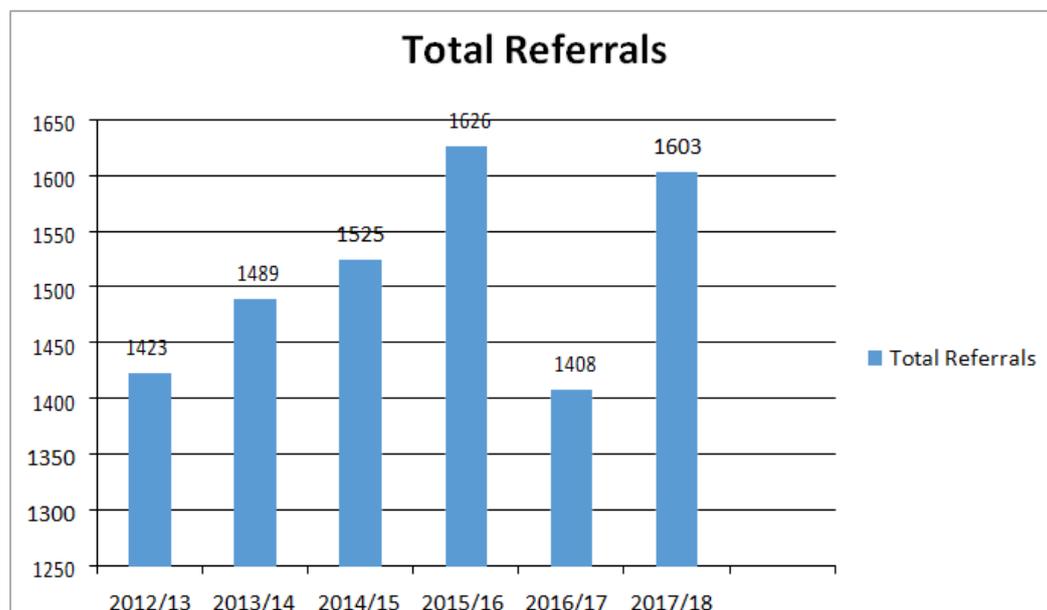
#### 1. Introduction

Healthwatch Barnsley have undertaken a parents and carers user experience review in April 2018 of the Barnsley NHS Specialist CAMHS service following a similar review undertaken by Healthwatch in September 2015. The review rightly highlights the unacceptable long waits that some of our young people experience from their initial assessment to the commencement of their treatment but does not reflect that those young people who are referred as emergencies are seen within 4 hours and those referred as urgent are seen within 7 days. The review however does make a number of pragmatic recommendations.

#### 2. Background

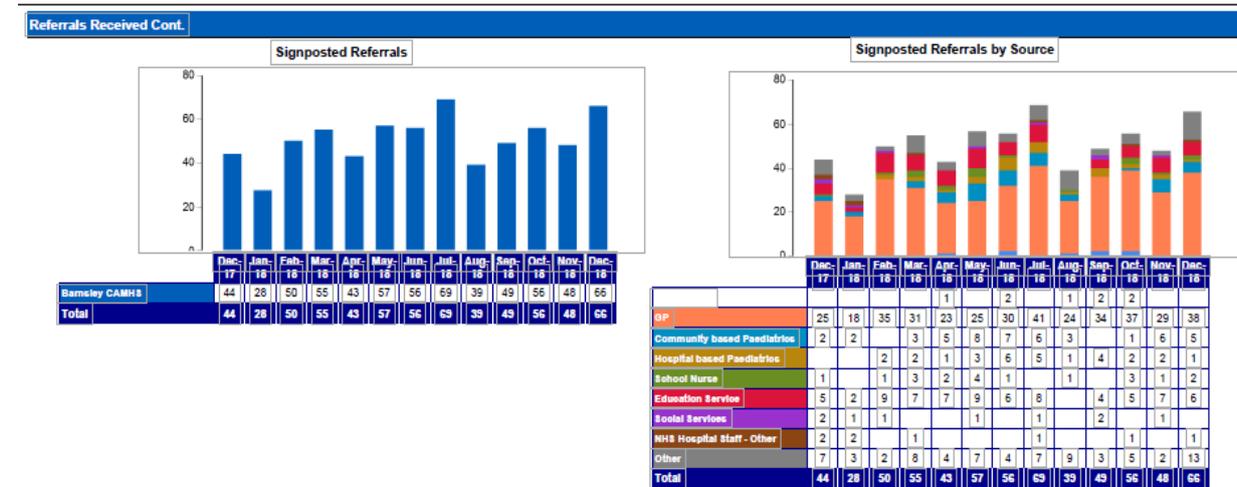
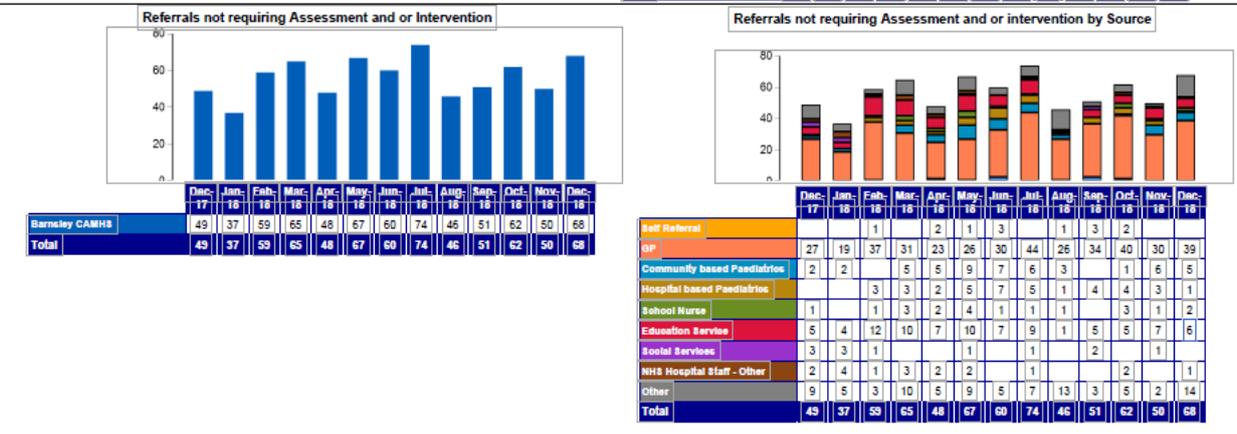
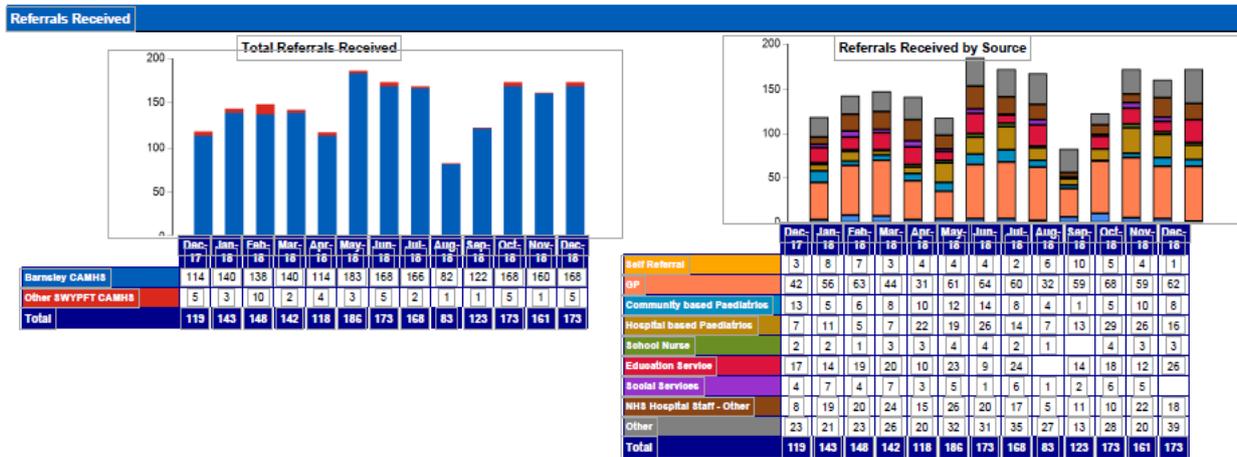
Since 2012/13 there has been constant, high level of referrals into the NHS Specialist CAMHS service, as shown by the table below.

CAMHS Referral data



Unfortunately, the capacity of the workforce has not been able to grow at the same rate as the demand and although more than £3m is invested in the Barnsley NHS Specialist CAMHS service it is evident that there is a lack of appropriately qualified people within the local labour force. This leads to unfilled vacancies which impact on the services capacity to meet the continually high demand.

The data below highlights the number of monthly referrals received within the most recent 12 months and identifies the source of those referrals whilst also highlighting those referrals not considered appropriate for the CAMHS service but which are signposted elsewhere for support.



**Description: Referrals not requiring assessment and or intervention**

Referrals received includes all referral sources, urgencies and those referrals received that are assessed as not requiring a service from CAMHS.

Referrals not requiring assessment and or intervention includes all referrals marked in the electronic patient record as "inappropriate", "inappropriate advice/liaison given" or "inappropriate (signposted)" upon discharge. This could be done as soon as the referral comes in to the service or may happen after the initial or choice appointment.

It does not include any clients where they have been signposted to another organisation/agency after treatment with the service.

Signposted referrals are a subset of the total 'Referrals not requiring assessment and or intervention'.

The Healthwatch report references the work that partners committed to undertake in 2015 but there has been a slight misunderstanding of the focus of that work. The commitment in 2015 was to reduce the waiting time from referral to the initial assessment to below 5 weeks over an 18 month period. The waiting time in 2015 from referral to initial assessment was in excess of 18 weeks but was reduced to under 3 weeks by remedial work undertaken in 2016/17 and this has been sustained to the present day.

However, as already referenced, the wait from the initial assessment to the start of treatment can be long for some young people. The current average wait of the 4 CAMHS pathways is 247 days with the longest waits being experienced by young people on the complex behaviour pathway, primarily young people with ASD, ADHD and / or LD.

There is targeted work underway to consider how the lengthy ADHD assessment and diagnosis pathway could be reduced; how treatment for ADHD (primarily medication) could commence sooner and be reviewed more efficiently and effectively to release clinical capacity within the system; ensuring that young people have undergone an early help assessment prior to commencing on the pathway to ensure all appropriate interventions have taken place in a timely manner.

It should also be noted that each child or young person on the CAMHS waiting list is reviewed at regular interviews to ensure that there has been no further deterioration in their emotional wellbeing - where deterioration has been identified the young person's case is escalated and their treatment prioritised. Whilst on the CAMHS waiting list both the young person and their parents may access support via MindSpace, the mental health therapeutic support team based in each of Barnsley's Secondary schools.

It is clear from the Healthwatch review however that many children and parents feel unsupported whilst on the waiting list so we will work with the CAMHS service to progress the recommendation made by Healthwatch to develop Support Packs for parents and carers and also Support Packs for the children and young people themselves, which should include specific information on SPA (Single Point of Access). Our Young Commissioners, OASIS (facilitated by Chilypep) could assist in this work to ensure that young people influence the contents of the Support packs. We will also continue to promote the MindSpace website, [wearemindspace.com](http://wearemindspace.com) which contains a plethora of information on self-help strategies, with the option of self-referring into the MindSpace service for additional support.

Plans are in place to develop a website for mental health, which will provide information and resources to complement existing sources of information. Barnsley have also secured funding from Department of Health for the development of a local app for mental health issues for children and young people in which the young people of Barnsley are actively involved in designing. We are also looking at potentially including online consultations. Chilypep have also developed resources to support children and young people with tools to manage anxiety and stress. e.g. Mental Health First Aid Toolkit.

There appears to be a majority consensus that young people and their families are happy with the service received by CAMHS once their treatment has commenced. We are working with NHS Barnsley CAMHS service to reduce the waiting times between initial assessment and commencement of treatment and to assist us with this we have invited NHS England's Intensive Support Team to undertake a comprehensive service review of the Barnsley CAMHS service to identify areas in which potential improvements could be made. This review is scheduled to be undertaken in late March 2019 with a full report containing recommendations due approximately 6 weeks after the review has concluded.

### **3. Summary**

The recurrent transformation monies received from NHS England in support of delivering the recommendations of the 'Future in Mind' report continue to enable all health and social care partners to transform the delivery of services for children and young peoples' emotional health and wellbeing across the whole system in Barnsley, not just the NHS Specialist CAMHS service.

The passion, commitment and drive amongst all partners to deliver better outcomes for Barnsley's children and young people has resulted in strong bonds between partners delivering key elements of the 'Future in Mind' programme in Barnsley, namely MindSpace, Chilypep, CAMHS, Youth Offending Team, Public Health, Early Years, parents, schools, voluntary sector organisations and the children and young people themselves.

There is still much to do. Following a recent Peer Challenge Review undertaken with Doncaster CCG it is evident that we need to develop a robust Workforce Strategy to resolve some of the key challenges facing CAMHS services locally. We also need to focus on improving young people's experience of transitioning from CAMHS services to adult mental health services.

We welcome the recommendations from the Healthwatch review and together with our partners we will continue to focus on early intervention and prevention services to ensure the young people of Barnsley experience positive emotional health and wellbeing.

Barnsley CAMHS  
New Street Health Centre  
Upper New Street  
Barnsley  
S70 1LP

01226 [REDACTED]

27<sup>th</sup> February 2019

Dear Jade,

**CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)**

Thank you very much for the draft report you sent, and for the time you spent visiting our service. The report has been very useful in helping to decide what we need to do to make Barnsley CAMHS a better, more accessible service which provides support and enables young people and their families to feel safe.

We specifically used the comments in the report to help inform an action plan focusing on improving help, support and advice offered to those young people on our waiting list, as we understand, and this is echoed within your report, that at present young people and their families do not feel well supported whilst awaiting our services and therefore are more likely to worry that things are going to get worse and are unclear on how to access help.

Please see the following table which summarises the data you requested for the period April to December 2017;

| Month  | Wait (days) to initial assessment | Wait (days) to treatment |
|--------|-----------------------------------|--------------------------|
| Apr-17 | 30                                | 396                      |

|         |      |       |
|---------|------|-------|
| May-17  | 11   | 308   |
| Jun-17  | 15   | 246   |
| Jul-17  | 12   | 239   |
| Aug-17  | 7    | 240   |
| Sep-17  | 8    | 228   |
| Oct-17  | 10   | 252   |
| Nov-17  | 12   | 252   |
| Dec-17  | 10   | 251   |
| Average | 12.8 | 268.0 |

Please also find attached the KPI report for December 2018 for Barnsley CAMHS to give you an idea of the type of data we are able to produce to measure waiting times. If further clarification to interpret this data is needed, please feel free to contact me.

| Recommendations  | What we have done or what we are planning on doing   |
|--|--|
| A data set giving minimum, maximum and mean waiting times for assessment and treatment for all commissioned CAMHS services should be produced, so that performance of the individual services can be assessed going forward. | As a service we produce monthly reports that detail the average wait for first and second face to face appointments. This enables us as a service to review our waits and any trends in regards to whether they are increasing or decreasing. These reports go to commissioners, General Managers and Deputy Directors. We also report CAMHS performance routinely to our clinical governance and clinical safety board  |
| SWYFT, BCCG and BECG should revisit the waiting times as a priority area for improvement.  | We have a KPI to meet for all initial assessments following referral to be completed within 5 weeks. Waiting times for treatment remains too long and as a service we are reviewing our current practice and adopting more creative and innovative working styles to try and offer treatment in a more timely manner. Our group programme offer is increasing and adapting to try to meet demand, this includes a DBT group which we hope will be running by Summer 2019 now that we |

|   |  |
|---|--|
|   | <p>have a number of clinicians in the service trained in this very useful modality. As a service we are awaiting the outcome of a business case bid that will dramatically improve the waiting time specifically for ADHD medication. We are also currently in the midst of waiting list initiatives targeted at some of our longest waits.</p> <p>We are increasing capacity within our Single Point of Access team with a long term goal of clinicians working within this team being able to offer all the initial assessments for the service, which would allow for much more capacity for other staff to offer treatment, therefore reducing waiting times.</p> <p>From June 2017 in conjunction with CYP-IAPT we welcomed an exciting new training programme for Children and Young People’s Wellbeing Practitioners into the service and have since secured 2 qualified wellbeing practitioners. At present we also have a further 2 trainees who are due to qualify in June 2019 and 2 more training places to commence in June 2019. With support from our commissioners we hope to have 6 qualified CYP-WP’s working into the service from June 2020. These Wellbeing Practitioners will work with appropriate cases straight from referral preventing further demand on the core CAMHS service.</p> <p>Alongside the aforementioned wellbeing practitioners we are strengthening our working relationships with Mindspace the school based emotional and mental health service for young people of Barnsley, so that there is an offer of support for all young people.</p> <p>We have recently been successful at recruiting to a number of vacancies in the service, and once these clinicians are in post we hope to see improvements in our waiting times.</p> |
| <p>SWYFT should provide Support Packs for Parents and Carers whilst waiting, this could be achieved by exploring what external services offer and information sent out at point of referral. The support pack should also include details of how to access crisis support 24/7.</p> | <p>The Single Point of Access Team have been set an action to produce a “Support Pack” with up to date information on what community agencies and services are available in Barnsley for families to access, and what literature and online support they can access, including</p>   |

|  |  |
|--|--|
|  | <p>evidence based and safe recommended Apps for young people to access<br/>The Single Point of Access team and the Young Persons Outreach Team are also currently action planning to look at developing both a Parent Support and a Peer Support group for Barnsley families to access which we hope will improve access to emotional support and enable communities to feel more engaged and supported together</p>   |
| <p>SWYFT should provide Support Packs for children and young people whilst waiting, this could be achieved by exploring what external services offer and information sent out at point of referral.</p>                                  | <p>As Above</p>  |
| <p>SWYFT should work more effectively in partnership with other organisations such as MindSpace, schools, Chilypep and any other organisation that may help support young people’s mental health to try reduce these referral rates.</p> | <p>We have worked hard to develop working relationships with other agencies that offer support to young people in Barnsley (Such as TADS and initiatives supported by Creative Minds) and through team development meetings and sharing of information we hope clinicians make use of these services when devising discharge care plans and signpost families to access these.<br/>MindSpace was developed as a joint CAMHS/Springwell Academy initiative and the Mindspace team includes a CAMHS practitioner. This relationship is further strengthened through a joint referral allocation process (as part of SPA) to strengthen joint working</p>                               |
| <p>SWYFT and CCG should arrange training for children and young people professionals and workers on the referral process into CAMHS.</p>   | <p>CAMHS are scheduled to present at an upcoming Practice Nurse forum in Barnsley to advise and educate on our referral process and criteria to ensure that GP surgeries have up to date knowledge on our service to ensure referrals into it are appropriate; helping to improve the timeliness of support offered to young people and their families.<br/>Likewise we are in the early stages of setting up liaison meetings between CAMHS and the public health service in Barnsley (Health Visitors and School Nurses) to ensure these professionals are aware of the most appropriate services to direct families to and what advice and support they can instil themselves</p> |

|   |   |
|---|---|
| <p>SWYFT should ensure children and young people are actively engaged in the preparation of their own care plan.</p>  | <p>These issues will continue to be reinforced through supervision</p>  |
| <p>SWYFT should ensure that children and young people are involved in arranging their next appointments.</p>  | <p>As above</p>   |
| <p>SWYFT should put together an information pack on self-referring through SPA which is suitable for young people. This information pack could be put together by young people.</p> | <p>Our Single Point of Access Team have been tasked to work closely with our service participation group and ChilyPep to prepare this</p> |

Alongside the above actions I would sincerely hope that as a service we can continue to build solid working relationships with both ChilyPep and yourselves, Healthwatch, to enable us to ensure that our plans detailed above continue to meet your recommendations and also include a high level of participation from young people.

On behalf of Barnsley CAMHS, thank you again for taking the time to visit us and review our service to help improve the offer to the young people of Barnsley and their families.

Yours sincerely,

Kate Jones

Service Manager - Barnsley CAMHS<sup>6</sup>

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<sup>6</sup> Additional data report tables were provided. Healthwatch Barnsley hopes to work with SWYFT on these tables to try to produce easily understandable information for the public during summer 2019.

## Appendix 2

### What was the outcome from the CAMHS assessment?

Responses have not been edited

- still attending
- diagnosis ADHD
- CBT and tads
- non yet
- great couldn't have been better
- none yet
- no outcome yet
- CBT
- no outcome yet still receiving sessions
- non miss an appointment and got removed from the service
- we were told our son was accepted on to CAMHS and after 16 months this is our first appointment today
- having ongoing support
- referred for therapy with mum and dad
- a diagnosis
- ADHD (inattentive and hyper) Currently going to be starting autism tests
- Not enough evidence to support ASD, had 1:1 who decided because he understood what a girlfriend was, & was too empathetic, they would not support a diagnosis of ASD
- diagnoses
- nothing
- diagnosed with ADHD
- no outcome yet, been tested for ADHD
- my daughter is to have weekly sessions
- non yet
- ADHD
- CBT group, one to one after this up to date
- diagnosed with ADHD, ASD
- no outcome yes still waiting for diagnosis
- don't know still waiting
- no outcome yet
- ADHD
- saw doctor, depression/anxiety/OCD. went priority for CBT
- Support with school transition for 6 weeks
- Having got 1 yet
- Still ongoing can imagine it going on a while as the worker will be changing soon
- zero
- Very little support given, felt it was a complete waste of time
- ADHD confirmed n ASD referral n occupational therapy referral
- ASD
- diagnosed with ADHD
- a diagnosis
- assessments for ADHD and OCD AND ASD
- ongoing
- it was agreed for my child to receive treatment
- Still waiting outcome

- Still waiting
- To be referred for CBT
- Been told he has ADHD after waiting 2 1/2 years now being left in limbo other what happens next
- ADHD diagnosed
- Waiting to see the doctor.
- She sees a play therapist on a fortnightly basis and is on the waiting list to begin dinosaur school
- Got a diagnosis of ADHD
- ASD diagnosed
- CBT
- diagnosis
- Cams worker and psychiatry
- Diagnosed with ADHD and now medicated. Still under CAMHS. But find it difficult to get an apt or for anyone to ring back when I leave a message
- Nothing - it took family mediation to ask CAMHS for referral for ASDAT which resulted in begging ASD
- Possible ADHD
- Was put under a doctor and diagnosed with autism spectrum disorder
- Still ongoing
- ADHD ASD
- Haven't been seen yet been told there's a 3 years waiting list AM
- Still ongoing
- Was told that my daughter was fine and nothing else needed to be done other than medication from doctor. No one picked up that my daughter had Asperger's and was not depressed
- Son diagnosed with ADHD
- ASD diagnosis
- Continued support ADHD diagnosis and medication
- Diagnosis of autism, attendance at a group and subsequent discharge as no autism support in Barnsley
- More appointments
- N/a
- Cams worker and psychiatry

## Appendix 3

## How was the service your child received?

Responses have not been edited, other than where a name has been redacted

- good
- very good
- brilliant from start to finish
- fantastic service once you're in it, staff are great
- good service, listen to me
- good service
- all staff are supportive and listened to my concerns fantastic service
- good for the few appointments she actually had
- still need to see outcomes from first appointment
- fantastic service
- still ongoing
- a good process really happy
- really good service, my child has got lots of support
- fantastic, cannot fault the service
- fantastic, lots of help and support
- never got seen
- good with all the help we get
- very good
- very good
- good up to date staff great
- good
- great couldn't ask for anyone better than [REDACTED]
- they have tried and we had a few workers but my daughter didn't get on or should I say found it hard to talk to, she has had medication but still struggling
- was ok once in the service it is getting in that is the issue
- my child is on 6 monthly check ups, just assesses weight, height and tablet review
- good, the staff are amazing with my son
- initial appointment was promising now still waiting
- was ok, staff are professional
- satisfactory
- excellent, however we were fortunate enough to be able to afford private CBT
- Not very effective
- Having got one yet
- Slow, awkward
- Fantastic
- Zero
- Bad
- Good
- not good, they need more staff, I've been waiting 11 months for medication, the system is slow and
- Ok the key worker was amazing with me an adult and also my child
- Appalling from start to finish, my depression was also brought into why my son is the way he is. No one appeared to want to take any responsibility for my son, being passed from one person to another, mainly due to workload & demand, meaning my son had years of no support when he needed it.

- Assessment was really good, treatment under review. Still have difficulties though and still in need of support.
- Not good at all
- Brilliant
- Wonderful Ok
- We have been treated very well by CAMHS but have had to seek therapy from a charity as CAMHS just don't have the funds to help and could be on a waiting list years
- Not been seen
- All seemed ok once we finally started having appointments
- Awful
- Was fine just the long waiting list
- Poor quality
- Good
- Ok long wait but quick diagnosis and medication
- The assessment was thorough and professional. There was no treatment or support
- Rubbish
- Awaiting assessment
- Still on going
- Assessment was fine. An appointment with school then discharged
- Really good, we have both been supported well, treatment has only just started
- Good just a long wait
- Still waiting
- It was sped up because she was in crisis
- the people doing the assessments were fine it is just too long to wait to see if your child has got ADHD when they are struggling and you have no help no advice from nobody
- Waiting for doctor to decide medication
- Assessment treatment was good however it's afterwards with the waiting. It's not only frustrating for the child but the parents/carers too
- Good all round, very informative and supportive A long drawn process
- Ok but could have been better
- ongoing- good continued care - medication monitored
- Really good apart from waiting times for assessment too long
- needs more staff to give a better service good, supportive but no service for adulthood

## Appendix 4

# How accessible was it to contact CAMHS for additional support outside of meetings?

Responses have not been edited

- ok
- ok long waits for call back
- very accessible
- not done this
- great
- not sure
- not good
- was ok not great
- not very good
- very good
- no
- very good,
- very good
- very good
- non because we weren't on the system
- varied with receiving information
- not good
- not great
- OK
- very easy, just appointment times were a long time
- rubbish
- NONE
- don't know
- Not very good used to phone to speak to his nurse and was out or in meeting most of the time
- Not at all
- Okay Good to rearrange appointment
- Not offered
- Rubbish
- Very hard
- Very good
- Haven't tried to contact them since we had appointments quite hard before we had second appointment
- Couldn't access it as they said she didn't need support
- Very hard
- was ok, reception is quick at answering but calls back were a long time if ever needed
- easy
- very Good
- Good
- Difficult
- Very accessible
- zero
- Had to constantly chase and didn't respond to some messages

- Difficult
- there was no help, iv rung up and begged for help and received nothing
- Good
- none until assessment happened
- Telephone, contact to reception
- Very easy by phone
- Hard wasn't given a number
- We still waiting and hoping to hear sometime soon
- Very they will always help
- You could ring reception but to speak to someone you would have to wait for them to ring you back and it could be days before they did
- Not great
- Quite good
- Very hard to get to speak to anyone. Left many messages but 9 times out of 10 didn't get a call back or response
- Not
- Not easy as messages had to be sent to find out, if they replied. Once discharged, no help at all
- Wasn't very good. Needed CAMHS input at various meetings and nobody ever came
- Ok
- OK
- Not very easy
- Good
- Depends who you get to talk to

## Appendix 5

# How was the level of support for you as a parent/carer from CAMHS?

Responses have not been edited, other than where a name has been redacted

- ok
- no support given
- good
- not sure
- loads
- no support
- not good
- ok
- ok
- same not good
- from the initial referral to now I have not received any support, I have been contacting CAMHS for help whilst waiting but received no help
- very good
- not bad
- it was good, gained lots off information and support
- ok, there could be more
- good
- nothing
- as a parent I don't get any support
- not good at all
- non existence
- fantastic, [REDACTED] has been here for my son and myself through all our problems
- great
- non
- None
- NOT GREAT
- non existent
- not very good, could be better
- consistent
- Not very effective
- Good
- Nearer zero
- Not good
- Good, the lady we see is brilliant
- No support given
- No support at all
- Rubbish
- Limited due to the fact they didn't diagnose ASD so therefore washed their hands of him
- Average
- Nothing at all
- Will find out soon hopefully

- I'm not really happy
- We have a strong support network
- CAMHS have always tried their best for our family but I believe the lack of funds let them down
- Haven't had any
- No support yet just going through assessments
- Awful
- wasn't too bad Not enough support
- Good
- Not needed
- Professional at appointments no other support
- Rubbish Good we have a lovely care worker
- None
- Poor there is no support until you get to see someone about medication
- Good
- not very good until assessment
- intermittent support now, initially none
- really good
- I haven't received any help as yet
- What support !! if it wasn't for school getting me an early practitioner I would not have had any support
- Fantastic
- crap Was no support to me

## Appendix 6

### Additional comments/issues

Responses have not been edited

- the service was great for my son, but been waiting over a year for my daughter referral got rejected, we are still trying to gain help, where do we go now? another young person been failed by the system
- I found the lack of support for parents and carers frustrating, it was basically like your child has this diagnosis we will treat it with this now there is the door, no support groups, no this is what needs to happen with schools, no you cannot claim financial support
- good
- Can't diagnose without assessment in a school setting but can't get him in school... nightmare
- zero
- Needs seriously looking at!
- CAMHS need more workers, and more help for parents
- good overall, friendly service
- waiting time is too long, and had no additional help which makes you feel quite alone
- Just waiting a long time & no support while waiting
- Waiting list is far too long. Young children shouldn't have to wait like this as their issues are only getting worse without help they need
- I just been told my son has ADHD I asked about medication and was told I had to do parent meetings I have done two already I don't know how to go on about medication don't know what to see about medication and I've been left in limbo as I don't know what my next step is to help my son
- know there are funding cuts but I think there needs to be more help for parents in my position
- Not enough support or information given at all
- Sending information to wrong address and when kids have sensory problems you don't expect them to test fire alarm every Wednesday at 3.00 when kids are in the building
- More prescribers needed to get waiting lists down - not only is a child in a state but the family is in crisis unable to help the child
- The way ASD was explained to me was that it's a spectrum, with varying degrees of diagnosis, yet my son was told he didn't tick enough boxes to have a diagnosis, surely this is part of the varying degree?? It took me 18mths to get a 2nd opinion and I had to take him to Sheffield for it, and I cried with relief when they did diagnose him. It's shameful that there are kids in and around our area, that suffer in silence, due to not ticking enough of these so called boxes, that are treated like criminals due to their behaviour that they have no control of. It's appalling that due to funding, these children are left without help, the families have to cope not knowing, and appear to only deal with extreme cases, I'm not impressed with the service at all
- Wasn't believed to begin with. Had to be referred 3 times for assessment. Now you can never get hold of anybody and appointments are like gold dust CAMHS failed my son and this was admitted by senior doctor 8/6/2018 10:59 AM

- Children have to wait to long for appointments, and I have an 8 Yr. old son who needs more help than my other son and he got refused into CAMHS
- It would be nice if my son could talk to someone at CAMHS instead of getting a diagnosis and then forgot about More funds need to be found for children's mental health services it's a lottery to get the care needed for all
- Too long waiting list
- The waiting time for appointments is ridiculous he was 8 when he was referred he is 12 now and we still have no diagnosis, which would probably have been quicker to do when he was younger as there wouldn't have been as much to go over. And he wouldn't have just done a year of high school with none of the teachers knowing what to do with him so numerous exclusions
- No one, including doctors, listened to me. I'm now in the position of no support until next year as she's too old to go back to child services and too young to be referred to adult services
- None
- None
- no
- Two years in a child's life is too long to wait for assessment and support. While we waited our son was deemed inappropriate for mainstream education, largely because of social and emotional needs. He has never reached the threshold to get any actual help from anyone though. So he falls through the cracks between education and health. There is nothing in Barnsley for kids with additional support needs, mainstream schools are inadequate for kids without additional needs let alone kids who need to be understood and supported differently. It is no better as they move into adulthood I just have to hope that I'm around for a long time to come because there is no meaningful support for housing, work, health, social inclusion here.
- my daughter waited 2 years for an appointment. She had her initial appointment then one more after that she missed a couple of appointments so she was told to be referred.
- rubbish service
- We have a good support worker
- CAMHS didn't give support apart from offer on the cygnet course and Gave some information to look online

## Appendix 7

# Comments from young people on how they felt about their care plan

Responses have not been edited

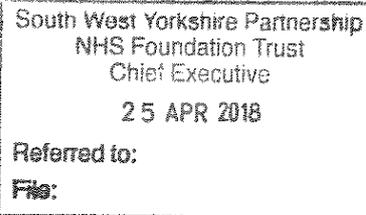
- was barley involved, just felt like I was told what to do
- I've had a really positive overall experience with CAMHS
- GOOD
- considering it been 5 years quite complicated
- didn't feel listened to through transition period regarding having to leave the service at 18, I didn't feel ready but was obliged to leave because of my age
- I don't feel involved, I wish I was more in the loop as this would make me more comfortable with getting help, my problems have worsened as I feel unable to talk to people
- I didn't know what was on my care plan, but my support with CAMHS has now needed
- I don't know if I had a care plan
- I've only had 4 appointments so far so I don't think were near creating a care plan yet
- was asked about all my problems and what I would like to improve, and that was put in my plan I think
- I don't know
- was good I think
- good
- don't know do I have one, now they moved me on
- don't know what it is
- don't know
- it was good
- nothing! I was seen once and then left alone, I really needed help
- I'm not
- I want to be involved, to learn more about me and what they think
- its ok, I'm told what is going to happen, so I think that is good, as I'm involved that way
- I am told what to do I do it, I have not yet got a diagnosis, but we all know I am ADHD
- I just listen to what they say
- not been seen yet so I won't have one I don't think
- I wasn't involved in choosing, but I was told why I was there at my appointments
- I was told what I would need, and what sessions I would be having
- Bad, as I was not involved

Appendix 8  
Letter to SWYFT



Priory Campus,  
Pontefract Road  
Barnsley S71 5PN  
Tel: 01226 320106

23<sup>rd</sup> April 2018



Dear Sean Rayner

Healthwatch Barnsley are undertaking further work on the Child and Adolescent Mental Health Services.

We would welcome your assistance and response to our request for information in line with the requirements of the:

- Local Government and Public Involvement Health Act 2007 Section 224 as amended in the,
- Health and Social Care Act 2012 Part 5 Section 186

As part of this review we would like to establish progress made to date in the following areas:

- Initial waiting times for a CAMHS Assessment  
(During the period January 2015 - December 2015 and January 2017 - December 2017)
- Initial waiting time for treatment  
(During the period January 2015 - December 2015 and January 2017 - December 2017)

In relation to the Autism Service

- Initial waiting times for Assessment  
(During the period January 2015 - December 2015 and January 2017 - December 2017)
- Initial waiting time for treatment  
(During the period January 2015 - December 2015 and January 2017 - December 2017)

Thank you in advance

Kind Regards

A handwritten signature in black ink, appearing to read 'Sue Wornack', written over a light blue horizontal line.

Sue Wornack

Healthwatch Barnsley Manager

Appendix 9

## Response from SWYFT

Dear Sue: please accept our apologies for the delay that has occurred in respect of this request.

Unfortunately we are unable to supply waiting times data for the entire period requested due to records being a combination of electronic and paper, meaning that this would require manual checking of individual cases which would exceed the 18 hour time limit for requests.

Having considered how best to provide you with information to inform and support the work you will be undertaking with CAMHS we have provided the KPI report which details the assessment and treatment times for the service during the time frame requested in 2017. Please note this excludes our Eating Disorder from July 2017 onwards as this has been reported separately since this time.

I am sending this information on behalf of our Performance and Information team and for your future reference our Customer Care team manage Freedom of Information requests and can be contacted via [Customer.Services@swyt.nhs.uk](mailto:Customer.Services@swyt.nhs.uk)

Regards

Claire Strachan

Appendix 10  
Survey Documents

**Parent/carers feedback questionnaire**

**Regarding your child's care with CAMHS**

Child's Age: \_\_\_\_\_ Child's Gender: \_\_\_\_\_

Is your child: (please tick) or (circle)

Still working with CAMHS  Support ended  Signposted to other services

I stopped attending  still waiting to receive support

a) Has you or your child been offered anything whilst waiting to receive support e.g. Group work, Parent information sessions, if so what was you offered?

.....

**Reason for child referral (please tick) or (circle)**

Behavioural  Depression  Anxiety  ADHD

Autism Spectrum Disorder  Deliberate Self Harm  Other

**Please give a brief description of the reason for your child's referral to CAMHS**

**How long was your child waiting for an appointment with CAMHS from the time of referral?**

**How long did your child wait for an appointment after the initial assessment appointment?**

**What was the outcome from the CAMHS assessment?**

**How was the service your child received? Assessment? Treatment.**

**Was information provided to you about, what your child's consent to the service involves?**

Yes  No

**Were you informed of local voluntary services and online supportive tools, to help your child?**

Yes  No

**Depending on your child's age, have you been told about a plan for their transition from CAMHS to adult services?**

Yes  No

**Was assistance/information given whilst waiting for your assessment and or treatment**

Yes  No

**How accessible was it to contact CAMHS for additional support outside of meetings?**

**How was the level of support for you as a parent/carer from CAMHS**

**Additional comments/ issues**

**Has your child ever had a mental health crisis or a major incident.**

Young people's views on accessing CAMHS

Age:                      Gender:

(Please tick) or (circle)

- Still working with CAMHS    Support ended    Signposted to other service  
 I stopped attending    I am still waiting to receive support

a) How long have you been waiting?

b) Have you been offered anything whilst on the waiting list e.g. Group work, information sessions, if so what was you offered?

Who referred you to CAMHS? (Please tick) or (circle)

Parent/Carer  Teacher  Youth worker  other

Do you know you can self-refer to CAMHS through SPA (Single point of access?)

Yes  No

If yes, how did you find out about this.....

Reason for your referral (please tick) or (circle)

Behavioural  Depression  Anxiety  ADHD

Autism Spectrum Disorder  Deliberate Self Harm  Other

Please give details of your condition (if known)

Do the workers talk you through in detail what is happening with your treatment? Yes  No

Are you involved in writing your care plan? Yes  No

Do you receive a copy of your care plan? Yes  No

Please give details on how you feel about your involvement in your care plan (if any good and bad)

Do you feel the CAMHS building and session rooms are young people friendly? Yes  No

If anything what would you change?

What do you like about CAMHS?

If you could change anything at all about CAMHS what would it be?

Do the workers use terms you understand in your sessions? YES  NO

Are reception staff welcoming and understand your needs? YES  NO

Are you involved in arranging your next appointment? YES  NO

Have you ever contacted the out of hours' service? YES  NO

If YES please give details on how you found this

**Data Protection** Yours and the Childs details will be stored on confidential, secure registers used only by Healthwatch Barnsley and Chilypep. This form will be stored anonymously and will only be shared as statistical data for monitoring purposes. Healthwatch Barnsley and Chilypep are registered under the Data Protection Act. Should you decide at any time that you no longer wish to be a member or for us to hold your contact details, simply contact us and we will remove you from the database.

Do you fit in to any of the categories below? (Please Tick) or (circle)

- Living with parent/s    In Foster Care    Homeless    In Temporary Housing  
 Living with relative



YP/Students worker/teacher short CAMHS QA

what is your service or school? \_\_\_\_\_

Do you know how to make a referral to CAMHS?    Yes     No

Would you need any support/training in how to make a referral to CAMHS?    Yes     No

Have you ever made a referral to CAMHS on behalf of a student/YP you are working with?

Yes     No

Does CAMHS offer you any support or advice after making the referral    Yes     No

if any, what was the support that was offered?

Are you aware a young person can self-refer to CAMHS through SPA (single point of access?)

Yes     No

if yes please tell us how you know about this

Any other comments?

If the opportunity ever arose Would you be interested in attending a short training session around the CAMHS referral process    Yes     No

## Key findings and recommendations from the report produced in 2015

| Key findings   | Recommendations  |
|--|--|
| <p>1. It is clear to see that once a child has an appointment with CAMHS, the service they receive from practitioners and doctors is very good. Parents feel CAMHS helps and supports the child fully, improving their child's condition through the meetings they have.</p>   | <p>1. It would be beneficial for South West Yorkshire Partnership Foundation Trust (SWYFT) to look at the Friends and Family Test (FFT) cards they get from parents and carers and other sources of patient feedback, to ensure that any good practice is also monitored closely, thus ensuring continuation.</p>  |
| <p>2. Parents and carers were very complimentary about the new CAMHS clinic, which had recently been relocated from the Keresforth Centre to the New Street Clinic. A couple of families had some suggestions about how the clinic could be brightened up further.</p>   | <p>2. SWYFT could consider using brighter colours in the consultation rooms and perhaps having some themed rooms with characters on the wall that children can identify with.</p>  |
| <p>3. Parents stated that their child receives very good care from the CAMHS workers. Most parents we spoke to are very happy with the service their child receives and advised us that they fully support the child.</p>  | <p>Again this outlines good practice which must be documented and benchmarked, to ensure the majority of service users, leave the service with this impression.</p>  |
| <p>4. Healthwatch found that the children and families we spoke to between October and December, still mentioned long waiting times to access the service and a high percentage of the young people referred were not seen for 6 months or more, with 13 of those surveyed advising of a wait of over 12 months.</p> | <p>Waiting times are still an issue for individuals engaged with CAMHS, however through our intelligence sharing networks with the Clinical Commissioning Group (CCG) and Expert Commissioning Group (ECG) lead, we have been assured that waiting times to the first choice appointments are reducing.</p> <p>The lead for the ECG has advised that the current waiting time is 7 weeks and it is hoped that CAMHS will reach a 5 week wait time by March 2016.</p> <p>Healthwatch will be monitoring this through our intelligence sharing meetings and intend</p> |

|   |  |
|---|--|
|   | to carry out an Enter and View in 2017, to ensure waiting times are reducing as planned.   |
| 5. Healthwatch also found that for some parents there seemed to be a long wait to achieve diagnosis. In that time the parents and carers felt helpless, receiving little support. | Whilst Healthwatch Barnsley understands the complexities of reaching a diagnosis and the importance of making the right diagnosis, more must be done to provide support for parents during this period. More must also be done to ensure that parents and carers are engaged in discussions with professionals on a regular basis in terms of progression and reports after diagnosis must be received in a timely manner.   |
| 6. A high number of the parents and carers stated they found the support for them to be minimal and also found it hard to seek support outside of the meetings.                   | SWYFT and the ECG need to look at what external services are available to support the parents and carers in between meetings.<br><br>This has been raised by Healthwatch previously with SWYFT who at the time advised that they were aiming to set up some peer support groups, therefore it would be appreciated if in your response to our key findings and recommendations you could include an update on this activity. |
| 7. There was not clear evidence in our findings that parents found CAMHS very accessible outside of the meetings, once they had engaged with the service.                         | SWYFT and the ECG could map the support package they offer, including accessibility to the service outside of scheduled appointment times and ensure that it is accessible and that information on their support package outside of meetings is made available to service users and carers for utilisation.  |
| 8. Most parents had not been provided with information to explore whilst they were waiting for their child to access the service.   | SWYFT and the ECG need to think about how they can engage with the local social prescribing service as it develops in Barnsley.  |
| 9. Have more leaflets and information available detailing support strategies available for parents and carers when waiting to access CAMHS or in-between meetings.                | There must not be an overreliance on web-based interactions and communications, and the service must opt for a mixed marketing approach. Ensuring information is offered and provided in a number of ways and formats.   |

10. Whilst a higher percentage of parents were happy with the service once engaged, we were concerned to note that staff resource is an ongoing issue impacting upon service delivery and communications.

SWYFT and the ECG need to look at average time taken to achieve a diagnosis, and look at the systems surrounding the wait time to ensure systems are in place, keeping service users informed of progress.

An audit should also be undertaken to look at staff resources, and they must further challenge authorities both locally and nationally with evidence of shortfalls to ensure resource meets service demand.

Appendix 12

## Response from Rachel Dickinson on the key findings from the 2015 Recommendations



**BARNLSLEY**  
Metropolitan Borough Council

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Directorate for Children, Young People and Families  
Executive Director: Rachel Dickinson

PO Box 609, BARNLSLEY S70 9FH

Tel: [REDACTED] Fax: [REDACTED]

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Carrienne Stones  
Healthwatch Manager  
Voluntary Action Barnsley  
The Core  
County Way  
Barnsley  
S70 2JW

Our Ref      RD/LH  
Your Ref  
Enquiries to   Rachel Dickinson

Dear Carrienne

### Child and Adolescent Mental Health Services (CAMHS)

Thank you very much for the comments you sent us, they have been very useful in helping us decide what we most need to do to make CAMHS a better and more accessible service. We would be grateful if you could pass on our comments to your members as follows:

We used your comments to help inform a review looking specifically at access to the CAMH Service. Your comments helped us to understand that getting access to CAMHS within a reasonable timescale, for both urgent and non-urgent issues, is really important. This is particularly the case when children and young people and their parents or carers are feeling anxious that things might get worse if they don't have someone to talk to about their problems or issues.

To try and make the service easier to use for those that need it most we used the review to look at:

- waiting lists
- how cases are triaged (or reviewed when the referral is first received)
- response times for urgent cases
- waiting times following the initial 'choice' appointment and how cases are allocated to different clinicians
- discharge practice (what happens when the treatment comes to an end) and;
- the quality of information back to referrers when cases are rejected because CAMHS are not thought to be the appropriate service

#### **What we found:**

- demand for the service is very high and increasing
- CAMHS is not always best placed to deal with some of the issues that people present with
- waiting times are unacceptably long both for the initial choice appointment and the wait to see an appropriate clinician following the choice appointment
- there are lots of cases that remain under the care of CAMHS because it is felt that there might not be anyone else (such as GPs) able to do what CAMHS does

#### **What we have done and what we are planning to do:**

We have agreed with the provider of CAMH services, South West Yorkshire Partnership NHS Foundation Trust (SWYFT), an action plan to reduce waiting times for non-urgent cases to a maximum of five weeks. This will take time to achieve but we are also working with SWYFT to identify what help we can provide to ensure waiting times are reduced.

We have set out our priorities for the service to improve including how cases are dealt with once a referral has been received. This is work in progress and we will need to consult with you further to check that our suggested improvements will work effectively from your perspective.

We have agreed to some time-limited, one off investment to allow CAMHS to concentrate on clearing a backlog of cases waiting to be assessed for Autism Spectrum Disorders (ASD). ASD assessments are important and can be very time consuming which has an impact on the rest of the cases waiting to be seen by CAMHS.

We have devised a new system for children and young people requiring assessment for ASD in future which should mean that the demand on CAMHS is reduced.

CAMHS have improved the quality and kind of information they give to referrers when they are not the appropriate service which should ensure GPs and others know what to do when a referral has been rejected.

We have worked with the management of Healthwatch to make sure it is understood that where very serious concerns are raised about a service through feedback and / or consultation (such as not responding appropriately to very urgent cases) this should be pursued through formal channels and registered as a complaint. This is particularly important since it allows us as the commissioners to hold providers to account for their service delivery. It also provides formal means for service users to ensure that similar mistakes do not occur again.

Finally, building on some of your comments and feedback from the Barnsley Youth Council, the Chief Nurse for NHS Barnsley is leading a piece of work to establish what is needed to ensure children, young people and families can be effectively supported to meet their emotional health and wellbeing needs before they get to the stage of needing CAMH services. This work is concentrating on three areas:

1. Improving the ability of staff in the universal workforce (children's centres, schools etc.) to help children and young people with brief interventions to prevent the need for CAMHS;
2. Improving the way, we support parents and carers to understand and help their children to be happy and confident and enjoy positive relationships;
3. Establishing a lower level service offer for children and young people who would benefit from access to 'talking therapies' such as counselling.

On behalf of the Children and Young People's Trust, thank you again for taking the time to help improve services in Barnsley. We very much appreciate your continued feedback regarding CAMHS and related services so we can see if our changes are working.

Yours sincerely

A rectangular box containing a handwritten signature in black ink. The signature is written in a cursive style and reads "Rachel Dickinson".

Rachel Dickinson

Executive Director, Children, Young People and Families

Chair of CYPT

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