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Date:	Wednesday, 01 May 2024	Torquay
		TQ1 3DR

Dear Member

CHILDREN AND YOUNG PEOPLE'S OVERVIEW AND SCRUTINY SUB-BOARD - MONDAY, 19 FEBRUARY 2024

I am now able to enclose, for consideration at the Monday, 19 February 2024 meeting of the Children and Young People's Overview and Scrutiny Sub-Board, the following reports that were unavailable when the agenda was printed.

Agenda No	Item	Page
9.	**Children and Young People's Overview and Scrutiny Sub-Board Action Tracker** Partnership Response to Recommendations on Child and Adolescent Mental Health (CAMHS)	(Pages 2 - 64)

Yours sincerely

Governance Support
Clerk

TORBAY COUNCIL

Partnership Response to the recommendations of the Children and Young People's Overview and Scrutiny Sub-Board – Spotlight Review on Children and Adolescent Mental Health Services (CAMHS)

Recommendation 1:

That the Children and Young People's Overview and Scrutiny Sub-Board acknowledges that it is a multi-agency partnership responsibility to ensure that we meet the needs of our children and young people requiring support for their emotional and mental health needs.

Response:

No response required.

Recommendation 2:

That the Chief Nurse, Integrated Care Board (ICB) and the Head of Service, Child Family Health Devon (CFHD) be requested to provide assurance that all relevant steps are being taken to reduce waiting times for assessment and treatment through Child and Adolescent Mental Health Services (CAMHS) where these are the right services to meet the needs of our children and young people and where CAMHS does not best meet their needs they will introduce them to a service that will meet their needs.

Response:

Please see attached paper to continuous Children's Improvement Board May 2023 – attached as Appendix 2.

Recommendation 3:

That the Chief Nurse, Integrated Care Board (ICB) and the Head of Service, Child Family Health Devon (CFHD) be requested to provide evidence of how children and young people and their families and carers have been engaged in co-designing the services and support available to them and what action has been taken to determine if the current services are still fit for purpose taking into account the impact of Covid-19, cost of living crisis and climate change, ensuring that services offer flexibility to meet the individual needs of the user.

Response:

The SEND Improvement programme has accelerated the way in which we coproduce, codesign and consult with our families; both with children and young people with additional needs and their parents and carers.

Over the last two years the partnership has been working closely with the Torbay SEND Parent/Carer forum, SEND Family Voice Torbay to improve how we work alongside parents and carers. For example, we have coproduced the SEND Partnership Pledge and our SEND Strategy with a large number of children, young people and parents and carers, we have consulted with over one hundred parents on the new Graduated Response Toolkits and hold an annual participation survey for SEND which this year saw a significant growth in responders. We are determined to continue this coproduction with our parent carer forum being involved in other projects such as the Autism Education Trust Training and ASC Family Support programmes projects recently. Our development of a strong children and young people's voice has really accelerated this year with a dedicated participation Officer for SEND and the establishment of our new SEND Youth Forum group who meet monthly. We also have a feedback service for all children and young people, "Point of You", which aims to ensure children and young people's voices are at the heart of everything we do. For example, recently our children and young people have given feedback on videos for the family hub website which explain what an EHCP, Annual Review and Phase Transfer are, they have also helped co-produce a video about Torbay's Graduated Response. The SEND Youth Forum and Special Schools have been consulted on the production of a new SEND version of the Working Together Agreement document and also what the local offer should look like on the new family hubs website. The participation officer is also working with young people on a supported internship to discover what is working well for them and how we could improve for others going forward to ensure better outcomes for our children and young people with SEND.

Our new Priority Groups for our continued improvement work have been reviewed to ensure we have children, young people and parent and carer voices in every one of the five delivery groups as well as the higher decision-making Project Boards and Executive Boards so that the voice of our service users runs throughout all our improvement work.

Wider services will be supported by the Participation Officers within the Council linking across with other partners across health to ensure that this recommendation has been addressed.

Recommendation 4:

That the Chief Nurse, Integrated Care Board (ICB) and the Head of Service, Child Family Health Devon (CFHD) be requested to provide information and signposting on support that is available immediately to vulnerable children and young people and their families and the different pathways to access this support, such information to be widely shared across various platforms to ensure that the message reaches as far as possible to empower people to seek and access support at an early stage, which may lead to a reduction in the need to access formal CAMHS.

Response:

At the TSCP meeting held on the 21st March 2024 Louise Arrow (LA) provided the following update:

LA has recommended the multiple actions relating to the mental health of children and young people agenda across Devon are collated, and a way forward is identified. Commissioning plans will also be aligned…..This will provide a coordinated action to share back to the TSCP Executive Group members.

Recommendation 5:

That the Chief Nurse, Integrated Care Board (ICB) and the Head of Service, Child Family Health Devon (CFHD), Deputy Director of Commissioning – Out of Hospital, NHS Devon and Director of Children's Services be requested to review the language used in communications regarding emotional and mental health to use a 'Plain English' approach and to consider how the information will be received from those concerned who may be experiencing extreme anxiety and where appropriate include signposting to alternative provision.

Response:

Children's language that cares is being rolled our participation team and will be taken to one of the participation groups to review the information that we are aware of relating to emotional and mental health and provide a child friendly response for the Integrated Care Board (ICB) to consider.

Recommendation 6:

That the Chief Nurse, Integrated Care Board (ICB) and the Head of Service, Child Family Health Devon (CFHD), Deputy Director of Commissioning – Out of Hospital, NHS Devon and Director of Children's Services be requested to explore other options for alternative provision to traditional CAMHS such as offer from the community and voluntary sector or the scheme run by Cornwall Council).

Response:

It has been agreed that Penny Smith will undertake a review of the above as part of the ongoing discussions regarding the reconfiguration of Section 75 funding.

Recommendation 7:

That to help address the inequalities that emerge in the early years, the Director of Children's Services be requested to work with our partners to develop a dedicated mental health offer for families around early years which draws on support offered through parenting programmes health visiting, perinatal mental health services, and Family Hubs.

Response:

Within the family hubs there is an established peri-natal parent and infant mental health offer including 1:1 Emotional Wellbeing offer available to expectant and new Mothers and Dads/Co-Parents, Newborn Behaviours Observation's, Building Babies Brains, Tripple P, Video Interactive Guidance (not an exhaustive list) all available universally for families via the Family Hubs. Access is available via the Family Hub

website, connection to services via parent connectors, health visitors and sign posting from partners such as Early Years providers, Early Help and Social Care.

Recommendation 8:

That the Director of Children's Services be requested to work with the Chief Nurse, Integrated Care Board (ICB) and schools to develop a more co-ordinated approach to care for children and young people who need mental health support.

Response:

The national Mental Health Support Team (MHST) programme enables a joined-up approach between schools and mental health services. The funding for this programme is provided nationally and the programme is limited to the number of schools. However, Torbay has been successful in securing two waves of this funding. There are currently 20 schools within Torbay that have a MHST offer in place. The schools that receive this service cover 74.4% of the eligible school aged population. The teams are fully recruited to with 21 operational staff actively working across the schools. There are two teams made up of Child Wellbeing Practitioners and Mental Health Practitioners. The offer that is provided and linked to schools is below:

Child and Young Person Focused Support
-1-1 CBT interventions- 9 individual options
-Group interventions
-Decider skills groups
-Understanding and managing low mood workshop
-Exam stress workshop
-Resilience and dealing with change workshop
-Sleep hygiene workshop
-Participation and engagement (Mental Health Ambassador training) + refresher/top-up
-Understanding and managing anxiety workshop
-Transition workshop
-10 a day workshop
-Assemblies
-Stands at sports days
-Bullying workshop- in development
-Body confidence workshop
-Drop in sessions
-Digital offer of Lumi Nova (primary) SilverCloud (secondary)

Education Staff Support
-Staff awareness of mental health workshop
-Introduction to our service
-Time to reflect supervision space
-Consultations
-Spotting burnout and stress reduction workshop
-General Staff Wellbeing and 10 a day workshop
-Promoting a mentally health environment

-Exam stress support workshop

Parents/Carers support:
-Understanding children's mental health
-Supporting transitions
-Understanding and managing anxiety workshop
-Parents evening strand/ transition stand/ open evenings
-10 day workshop
-Supporting your child through exam stress
-1:1 and group parent led interventions

Recommendation 9:

That the Director of Children's Services and Chief Nurse, Integrated Care Board (ICB) be requested to develop a Joint Strategic Needs Assessment on children and young people's mental health and wellbeing, in order to better understand and respond to children and young people's mental health and wellbeing needs in Torbay and that this data is used to inform the design of services and that relevant performance indictors be developed to enable the Children and Young People's Overview and Scrutiny Sub-Board to monitor progress of delivery against the targets.

Response:

Please find attached at Appendix 1 a compilation of information from the Torbay JSNA 2023/24, the SEND JSNA, and information collated for the Overview and Scrutiny Spotlight Review December 2023.

Recommendation 10:

That an update on the recommendations in 2 to 9 above be presented to the Children and Young People's Overview and Scrutiny Sub-Board meeting on 22 April 2024.

Response:

This update has been presented to the Sub-Board on 19 February 2024.

Recommendation 11:

That the Children and Young People's Overview and Scrutiny Sub-Board will design a spotlight review as part of the 2024/2025 Work Programme to hear the voice of children, young people and their families.

Response:

The Director of Children's Services has agreed to work with the Sub-Board to determine the best way to carry out this review.

COMPILATION OF DATA RELATING TO CHILDREN AND YOUNG PEOPLE'S EMIOTIONAL HEALTH & WELLBEING IN TORBAY

This paper brings together a summary of data pulled from:

- Torbay Joint Strategic Needs Assessment 2023/24 TORBAY JOINT STRATEGIC NEEDS ASSESSMENT 2023/24 (southdevonandtorbay.info)
- Torbay SEND Strategic Needs Assessment 2023 Torbay Special educational needs jsna (southdevonandtorbay.info)
- Information collated for the Children and Young People's Overview and Scrutiny Sub-Board Spotlight Review of Child and Adolescent Mental Health Services and Emotional Wellbeing Support December 2023

Torbay Joint Strategic Needs Assessment (JSNA)

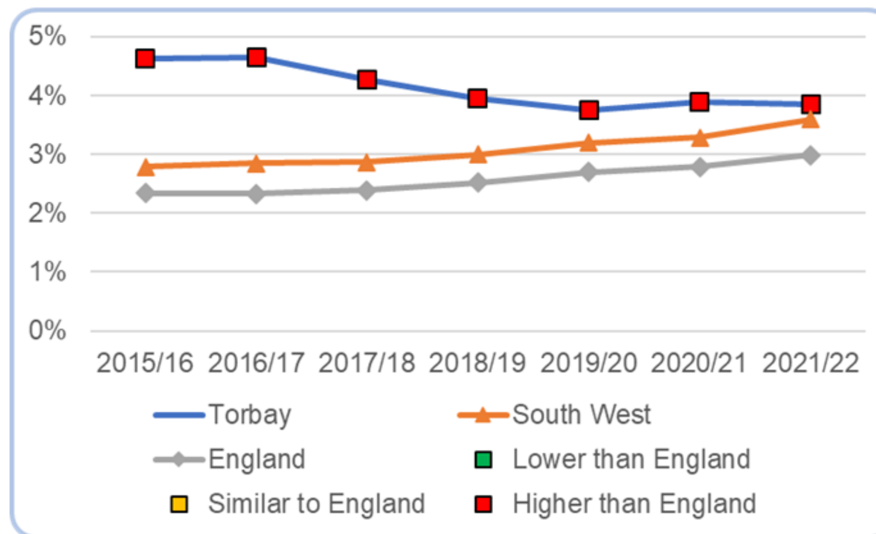
This section comprises data from the mental health chapter of the 2023/24 JSNA. For the full document see here: TORBAY JOINT STRATEGIC NEEDS ASSESSMENT 2023/24 (southdevonandtorbay.info)

It is well known that a child's learning and development is affected by their mental health and wellbeing. Poor mental health in childhood can impact into adulthood and untreated mental health problems as a child can severely impact people throughout their lives.

Fig 185 shows the percentage of school children who have Special Educational Needs (SEN) with a primary need of social, emotional and mental health. Torbay is significantly higher than England throughout but has decreased and then levelled out over the last few years. Torbay is higher than England for both primary and secondary pupils with these needs.

Torbay is significantly higher than England in the percentage of both boys and girls with these needs in 2020/21 and 2021/22 (the 2 years reported by OHID). More than double the number of boys than girls identified with these needs in Torbay, the South West and England.

Fig 185: Percentage of school pupils with social, emotional and mental health needs
Source: Fingertips

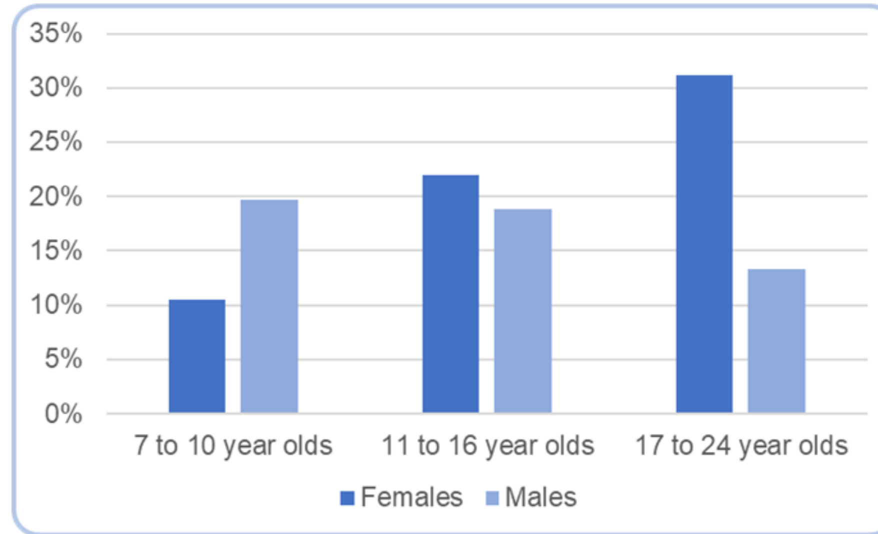


The 2022 survey of the mental health of children and young people in England is the wave 3 follow up of a cohort of children and young people from 2017. Surveys took place in 2017, 2020, 2021 and 2022 with findings weighted to represent the English population of children and young people. Surveys were completed by parents and/or the children/young people depending on their age.

Rates of children aged 7-16 years with a probable mental disorder rose from 12.1% in 2017 to 16.7% in 2020 and stayed pretty stable after that at 17.8% in 2021 and 18.0% in 2022.

Looking at 7-24 year olds in 2022 (Fig 186), differences can be seen between age and sex. 19.7% of boys aged 7-10 have a probable mental disorder compared to 10.5% of girls- boys are significantly higher. Conversely, far more young women aged 17-24 than young men of this age have a probable mental disorder- 31.2% of young women and 13.3% of young men.

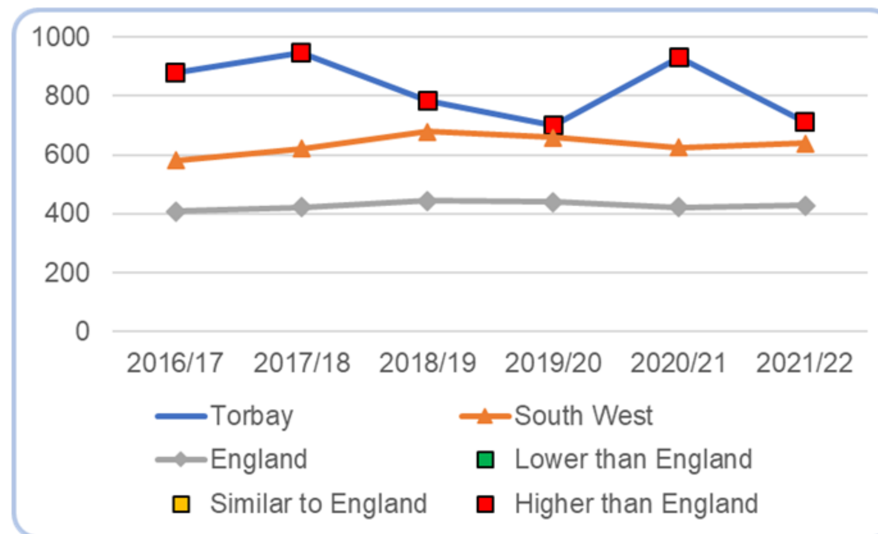
Fig 186: Percentage of children/young people with a probable mental disorder, England, 2022
Source: NHS Digital: Mental Health of Children and Young People in England, 2022, using the Strengths and Difficulties Questionnaire



Self-harm in this section is defined as intentional self-injury or self-poisoning. Hospital admissions for self-harm are used as a proxy of the prevalence of severe self-harm and are only the tip of the iceberg in terms of self-harm taking place. The data is for admissions not individuals so will be influenced by people who are admitted more than once, sometimes several or many times.

Hospital admissions for self-harm are more prevalent in younger people. For 10-24 year olds (Fig 193) Torbay has fluctuated over the years but has remained far higher than England for at least the last 6 years. There are large differences between females and males, across England rates are consistently between 3 to 4 times higher for females than males. In Torbay, the number of admissions for females is almost 4 times higher than males over the 5 year period 2017/18 to 2021/22.

Fig 193: Rate of hospital admissions as a result of self-harm, aged 10 to 24, per 100,000 (Age standardised)
Source: Fingertips



Social, Emotional and Mental Health from the SEN JSNA

This section comprises data relating to social, emotional and mental health from the SEND JSNA. For the full document see here: Torbay Special educational needs jsna (southdevonandtorbay.info)

Primary Needs of School Children with SEND

Amongst school pupils with an EHCP over the period 2019 to 2022, the single largest primary need was that of Autistic Spectrum Disorder which accounted for 22% of plans. This was followed by Social, Emotional & Mental Health Needs (21%), Speech, Language & Communication Needs (20%) and Moderate Learning Difficulties (15%). Between these 4 primary needs they accounted for 77.5% of EHCP (Fig 19). Pupils with a primary need are counted for each individual year.

For school pupils receiving SEN Support over the period 2019 to 2022, the single largest primary need was that of Speech, Language & Communication Needs (25%). This was followed by Social, Emotional & Mental Health Needs (25%), Specific Learning Difficulties (24%) and Moderate Learning Difficulties (9%). Between these 4 primary needs they accounted for 82.6% of SEN Support (Fig 19).

Fig 24: Social, Emotional & Mental Health (EHCP & SEN Support) 2019 to 2022 by ward

Please note that SEN Support figures for 'Severe' and 'Profound, Multiple' Learning Difficulties have been supressed due to low numbers.

Fig 19: Primary Needs for EHCP & SEN Support 2019 to 2022

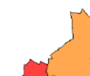
EHCP Primary Need	2019-22 Number	%
Autistic Spectrum Disorder	940	22.1%
Social, Emotional & Mental Health Needs	877	20.6%
Speech, Language & Communication Needs	830	19.5%
Moderate Learning Difficulties	645	15.2%
Physical Disability	340	8.0%
Severe Learning Difficulties	306	7.2%
Profound, Multiple & Learning Difficulties	105	2.5%
Specific Learning Difficulties	105	2.5%
Hearing Impairment	47	1.1%
Visual Impairment	22	0.5%
Other	21	0.5%
Multi-Sensory Impairment	9	0.2%

SEN Support Primary Need	2019-22 Number	%
Speech, Language & Communication Needs	2,344	24.7%
Social, Emotional & Mental Health Needs	2,340	24.7%
Specific Learning Difficulties	2,289	24.2%
Moderate Learning Difficulties	856	9.0%
Autistic Spectrum Disorder	543	5.7%
Other	523	5.5%
Physical Disability	262	2.8%
Hearing Impairment	172	1.8%
Visual Impairment	109	1.2%
Multi-Sensory Impairment	20	0.2%
Severe Learning Difficulties	Low	Low
Profound, Multiple & Learning Difficulties	Low	Low

Source: Torbay School Census Data

SEND by ward

Barton with Watcombe, King's Ash and Roundham with Hyde have above Torbay average proportions of pupils with primary needs of Social, Emotional & Mental Health (Fig 24).

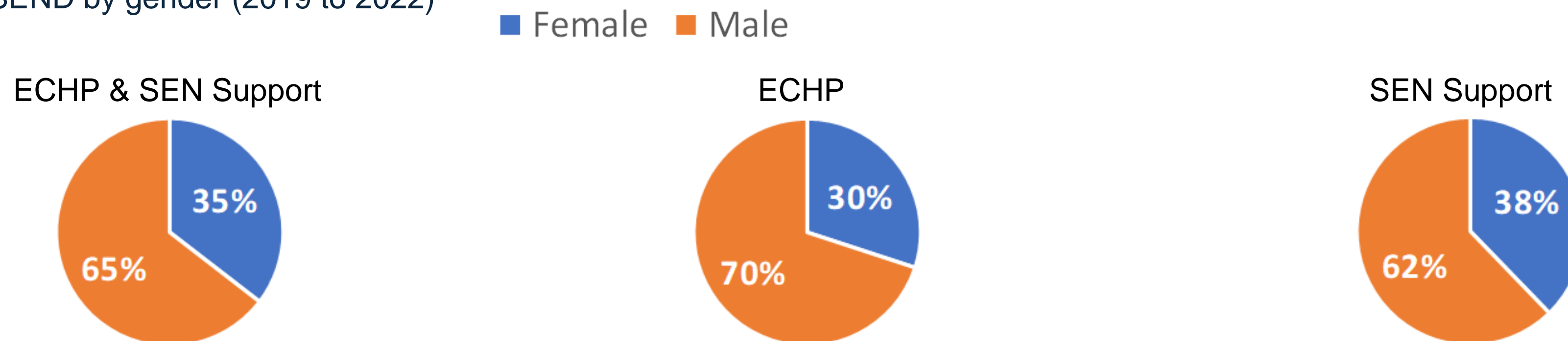


SEND by gender

For the period 2019 to 2022, approximately 2 in 3 (65%) children and young people at Torbay schools with SEND are male. This rises to 70% for ECHP. The proportion of males is particularly high in the areas of Autistic Spectrum Disorder, Social, Emotional & Mental Health Needs, and Speech, Language & Communication Needs (Fig 28).

Please note that Learning Needs relate to a Primary Need of Moderate Learning Difficulties, Profound, Multiple & Learning Difficulties, Severe Learning Difficulties and Specific Learning Difficulties. Physical Needs relate to a Primary Need of Hearing Impairment, Multi-Sensory Impairment, Physical Disability and Visual Impairment.

Fig 28: Pupil SEND by gender (2019 to 2022)

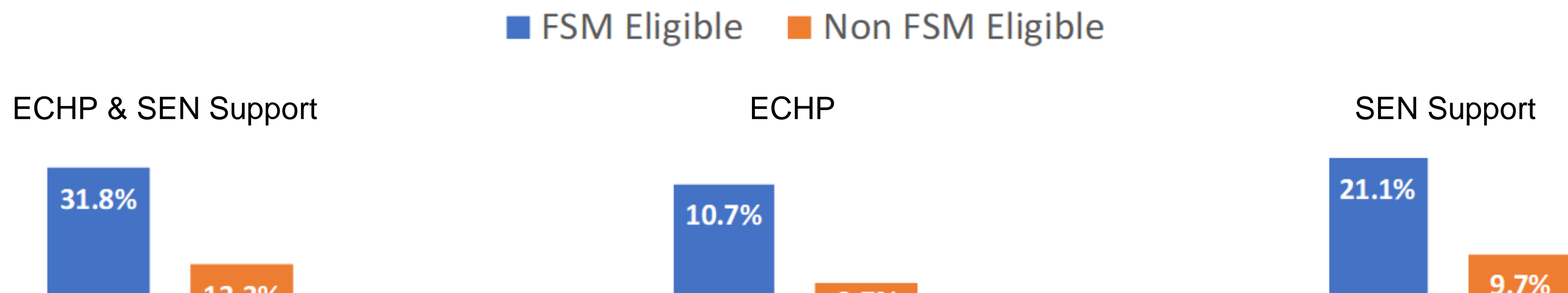


SEND by Free School Meal Status

For the period 2019 to 2022, 32% of children and young people at Torbay schools who were eligible for free school meals had Special Educational Needs. This is more than double the rate for those not eligible for free school meals. The difference is more marked amongst those in receipt of an EHCP. The five SEND groups shown below in Fig 29 all have higher rates amongst those eligible for free school meals, the difference is most pronounced amongst those with Social, Emotional & Mental Health Needs, Speech, Language & Communication Needs and Learning Needs (Fig 29).

Please note that Learning Needs relate to a Primary Need of Moderate Learning Difficulties, Profound, Multiple & Learning Difficulties, Severe Learning Difficulties and Specific Learning Difficulties. Physical Needs relate to a Primary Need of Hearing Impairment, Multi-Sensory Impairment, Physical Disability and Visual Impairment.

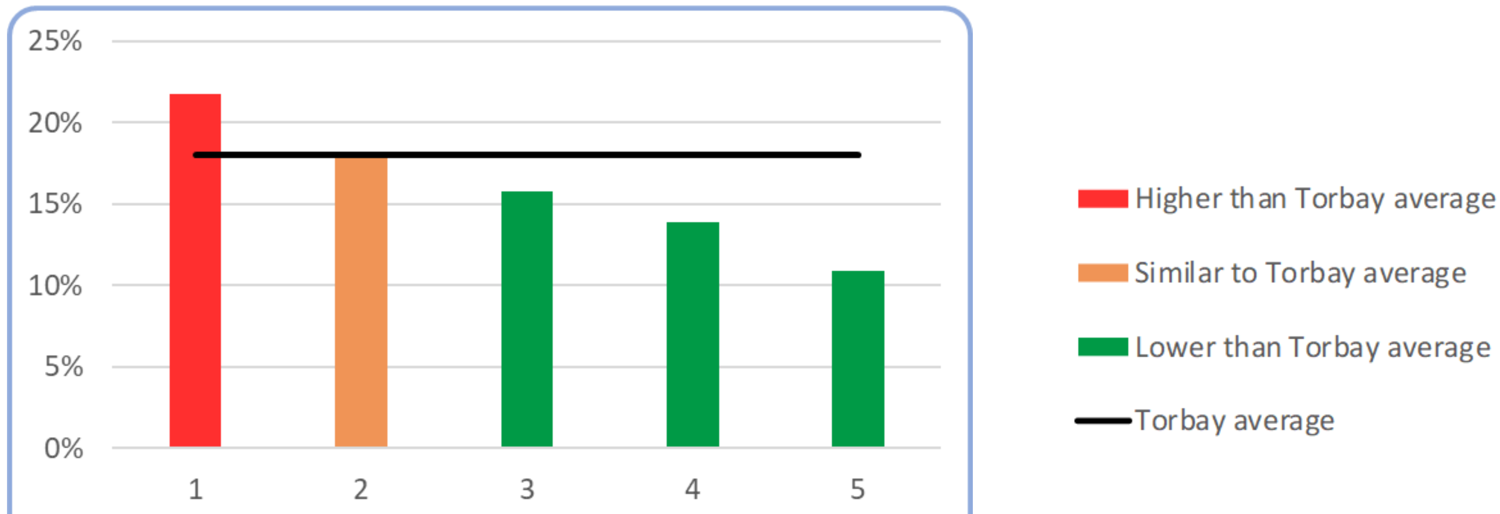
Fig 29: Proportion of pupils with SEND by eligibility for Free School Meals (2019 to 2022)



SEND by Deprivation

Within Torbay school pupils who live within Torbay, there is a clear pattern of the highest level of SEND being reported within areas amongst the 20% most deprived in England (Fig 30). Almost 22% of those pupils in the most deprived areas in Torbay have either an EHCP or receive SEN Support, this compares to 18% across Torbay and 11% in the least deprived quintile. The deprivation pattern for those with an EHCP and those receiving SEN Support are similar. The five small graphs show the deprivation pattern amongst five groups of SEND, the pattern is consistent with the overall picture for all except Physical Needs and Autistic Spectrum Disorder.

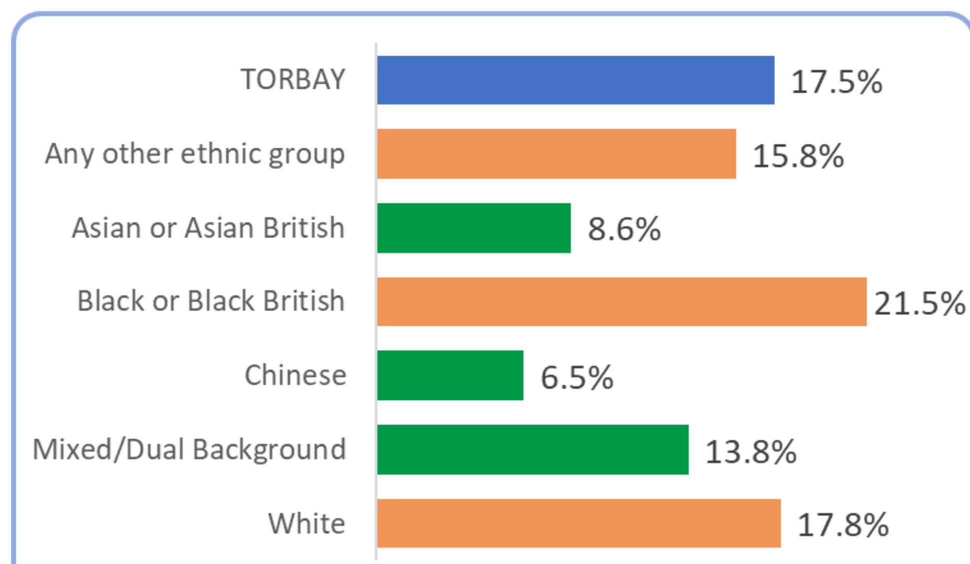
Fig 30: Proportion of pupils with SEND by deprivation quintile (Torbay pupils who attend Torbay schools) – 2019 to 2022



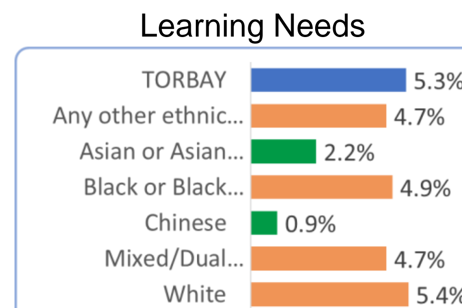
SEND by Ethnicity

For the period 2019 to 2022, 94% of pupils at Torbay schools whose ethnicity was recorded were classified as White, 90% were White British or similar (eg White English). This leads to Torbay level data on populations that don't identify as White being relatively small and therefore more difficult to ascertain patterns. For 'Asian or Asian British', 'Chinese' and 'Mixed/Dual background' pupils, rates of SEND are significantly lower than the Torbay average (Fig 31). Torbay has low numbers of pupils who identify as Black or Black British which means although SEND rates are higher, they are not higher by a statistically significant amount. The five small graphs show ethnicity amongst the five groups of SEND.

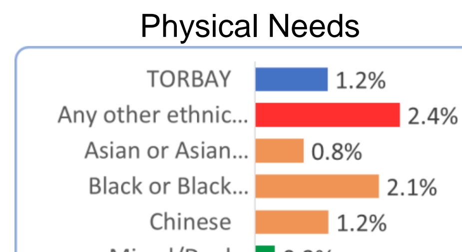
Fig 31: Proportion of pupils with SEND by ethnicity – 2019 to 2022



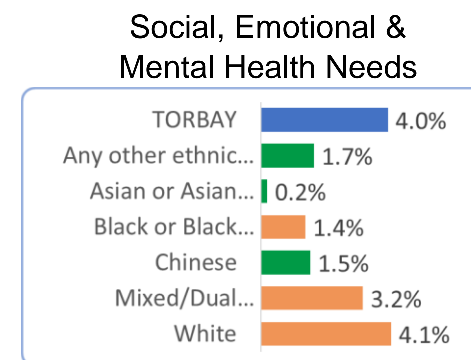
Learning Needs



Physical Needs



Social, Emotional & Mental Health Needs



SEND by School Type

During 2022, almost half of all pupils with an EHCP attended a Special School, proportions were particularly high in relation to Learning Needs which relates to Moderate Learning Difficulties, Profound, Multiple & Learning Difficulties, Severe Learning Difficulties and Specific Learning Difficulties. Speech, Language & Communication Needs (SLCN) were particularly concentrated in Primary schools (Fig 32). 60% of SEN Support relates to Primary school pupils, again this is particularly concentrated in SLCN which largely accounts for the overall difference between primary and secondary schools (Fig 33).

Fig 32: Pupil EHCP by school type (2022)

2022	All	Learning Needs	Physical Needs	Autistic Spectrum Disorder	Social, Emotional & Mental Health Needs	Speech, Language & Communication Needs
Primary	31.1%	9.9%	34.6%	27.5%	33.0%	57.0%
Secondary	20.1%	12.2%	24.3%	23.9%	30.9%	13.1%
Special	48.7%	78.0%	41.1%	48.6%	35.2%	29.9%
PRU	0.2%	0.0%	0.0%	0.0%	0.9%	0.0%
TOTAL	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Source: Torbay School Census Data

Fig 33: Pupil SEN Support by school type (2022)

2022	All	Learning Needs	Physical Needs	Autistic Spectrum Disorder	Social, Emotional & Mental Health Needs	Speech, Language & Communication Needs
Primary	60.3%	52.6%	50.0%	43.7%	49.7%	82.1%
Secondary	38.7%	46.8%	48.5%	56.3%	47.5%	17.9%
Special	0.3%	0.1%	0.7%	0.0%	0.5%	0.0%
PRU	0.8%	0.4%	0.7%	0.0%	2.2%	0.0%
TOTAL	**100%**	**100%**	**100%**	**100%**	**100%**	**100%**

Source: Torbay School Census Data

SEND by Secondary Need

So far, the JSNA has concentrated on the Primary Needs of Children. A number of children in receipt of an EHCP or SEN Support will also have an identified secondary need. Data over the period 2018/19 to 2021/22 from the Department for Education SEN return shows that 23% of children at Torbay schools with an EHCP had a recognised secondary need, amongst those receiving SEN Support the figure was 15.3%.

The most frequently recorded secondary need among those children receiving an EHCP was for Speech, Language & Communication Needs, followed by Social, Emotional & Mental Health, and Moderate Learning Difficulty. Between them they accounted for 66% of all recorded secondary needs in this group (Fig 35).

Those receiving an EHCP with a primary need of Hearing Impairment were the most likely group to have a recognised secondary need with 34.0% of pupils having a secondary need, followed by Moderate Learning Difficulty (28.2%), and Autistic Spectrum Disorder (27.2%). The least likely to have a recognised secondary need were those with a primary need of Profound & Multiple Learning Difficulties (3.8%), followed by Visual Impairment (9.1%), and Multi-Sensory Impairment (11.1%).

Pupils educated in the Torbay state-funded secondary school sector in receipt of EHCP are more likely than pupils educated in the state-funded primary school sector to have a recognised secondary need, 30% of secondary school sector children compared to 24% of primary school sector children. 19% of pupils educated in state funded special school sector have a recognised secondary need.

The most frequently recorded secondary need among those children receiving SEN Support was for Social, Emotional & Mental Health, followed by Specific Learning Difficulty, and Speech, Language & Communication Needs. Between them they accounted for 70% of all recorded secondary needs in this group (Fig 36).

Those receiving SEN Support with a primary need of Hearing Impairment were the most likely group to have a recognised secondary need with 26.2% of pupils having a secondary need, followed by Physical Disability (24.0%), and Autistic Spectrum Disorder (22.5%). The least likely to have a recognised secondary need where those with a primary need of Specific Learning Difficulty (12.8%), followed by Other Difficulty/Disability (12.8%), and Speech, Language & Communication Needs (14.9%).

Pupils educated in the Torbay state-funded secondary school sector in receipt of SEN Support are more likely than pupils educated in the state-funded primary school sector to have a recognised secondary need, 17% of secondary school sector children compared to 13% of primary school sector children.

Fig 35: Recorded secondary needs against **EHCP** Primary Need - Torbay Schools (2018/19 to 2021/22)

EHCP Primary Need	Percentage with recorded secondary need	Number with recorded secondary need	Most common secondary need	2nd most common secondary need	3rd most common secondary need
Autistic Spectrum Disorder	27.2%	256	Speech, Language & Communication Needs **83**	Social, Emotional & Mental Health **75**	Moderate Learning Difficulty **50**
Social Emotional & Mental Health	20.9%	183	Speech, Language & Communication Needs **52**	Moderate Learning Difficulty **45**	Autistic Spectrum Disorder **38**
Moderate Learning Difficulties	28.2%	182	Social, Emotional & Mental Health **72**	Speech, Language & Communication Needs **69**	Specific Learning Difficulty **15**
Speech, Language & Communication Needs	20.8%	173	Social, Emotional & Mental Health **57**	Moderate Learning Difficulty **39**	Autistic Spectrum Disorder **26**
Physical Disability	20.6%	70	Speech, Language & Communication Needs **20**	Specific Learning Difficulty **11**	Moderate Learning Difficulty **10**
Severe Learning Difficulty	17.0%	52	Autistic Spectrum Disorder **20**	Moderate Learning Difficulty **12**	Visual Impairment **5**
Specific Learning Difficulty	26.9%	28	Social, Emotional & Mental Health **14**	Speech, Language & Communication Needs **6**	Moderate Learning Difficulty **6**
All	**23.0%**	**975**	**Speech, Language & Communication Needs - 239**	**Social, Emotional & Mental Health - 231**	**Moderate Learning Difficulty - 172**

Please note that Hearing Impairment, Other Difficulty/Disability, Profound & Multiple Learning Difficulty, Visual Impairment, and Multi-Sensory Impairment are not included as individual rows in table due to low numbers with a secondary identified need.
Source: Department for Education Special Educational Needs in England

Fig 36: Recorded secondary needs against **SEN Support** Primary Need – Torbay Schools (2018/19 to 2021/22)

SEN Support Primary Need	Percentage with recorded secondary need	Number with recorded secondary need	Most common secondary need	2nd most common secondary need	3rd most common secondary need
Social Emotional & Mental Health	16.5%	385	Specific Learning Difficulty **167**	Speech, Language & Communication Needs **97**	Moderate Learning Difficulty **42**
Speech, Language & Communication Needs	14.9%	349	Specific Learning Difficulty **126**	Social, Emotional & Mental Health **105**	Moderate Learning Difficulty **37**
Specific Learning Difficulty	12.8%	293	Social, Emotional & Mental Health **110**	Speech, Language & Communication Needs **87**	Other Difficulty/Disability **34**
Moderate Learning Difficulty	15.3%	131	Social, Emotional & Mental Health **58**	Speech, Language & Communication Needs **36**	Hearing Impairment **8**
Autistic Spectrum Disorder	22.5%	122	Speech, Language & Communication Needs **43**	Social, Emotional & Mental Health **41**	Specific Learning Difficulty **16**
Other Difficulty/Disability	12.8%	67	Social, Emotional & Mental Health **23**	Speech, Language & Communication Needs **20**	Autistic Spectrum Disorder **9**
Physical Disability	24.0%	63	Social, Emotional & Mental Health **18**	Speech, Language & Communication Needs **16**	Specific Learning Difficulty **10**
Hearing Impairment	26.2%	45	Specific Learning Difficulty **14**	Social, Emotional & Mental Health **12**	Speech, Language & Communication Needs **11**

All	**15.3%**	**1518**	**Social, Emotional & Mental Health - 382**	**Specific Learning Difficulty - 368**	**Speech, Language & Communication Needs - 316**

Please note that Visual Impairment, Severe Learning Difficulty, Profound & Multiple Learning Difficulty, and Multi-Sensory Impairment are not included as individual rows in table due to low numbers with a secondary identified need.

Source: Department for Education Special Educational Needs in England

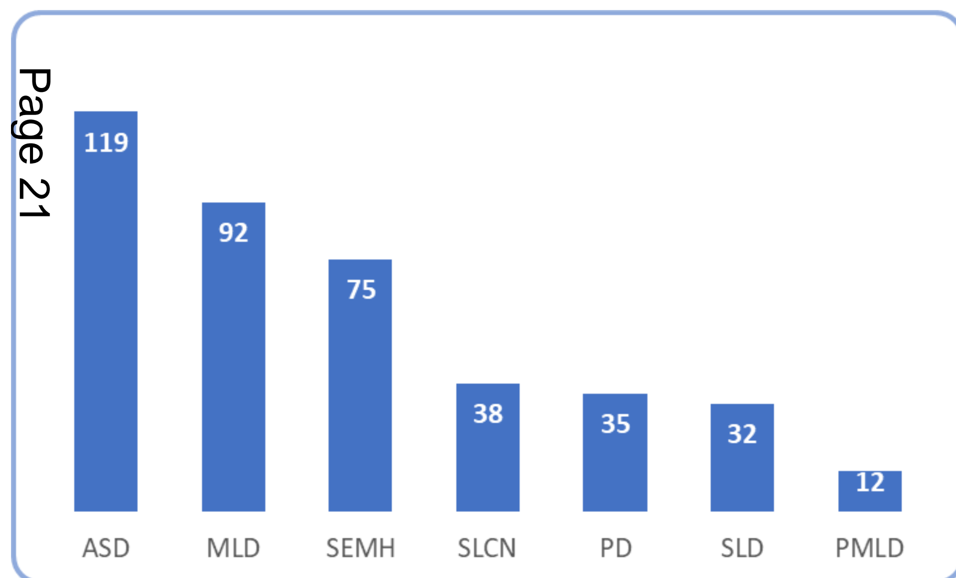
SEND for Year 9 to Year 14

The transition from childhood to adulthood can be difficult for all children, this has the potential to be exacerbated if a child's needs are not fully considered.

In 2022, there were 938 children in Year 9 to Year 14 at Torbay schools who had an identified primary need, of these 417 had an EHCP. The 3 most prevalent primary needs among those with an EHCP in Year 9 and above during 2022 (Fig 67) were Autistic Spectrum Disorder (ASD), Moderate Learning Difficulties (MLD) and Social, Emotional & Mental Health (SEMH). Between them they account for 69% of the primary needs, those primary needs with 5 or fewer pupils were not included on the graph.

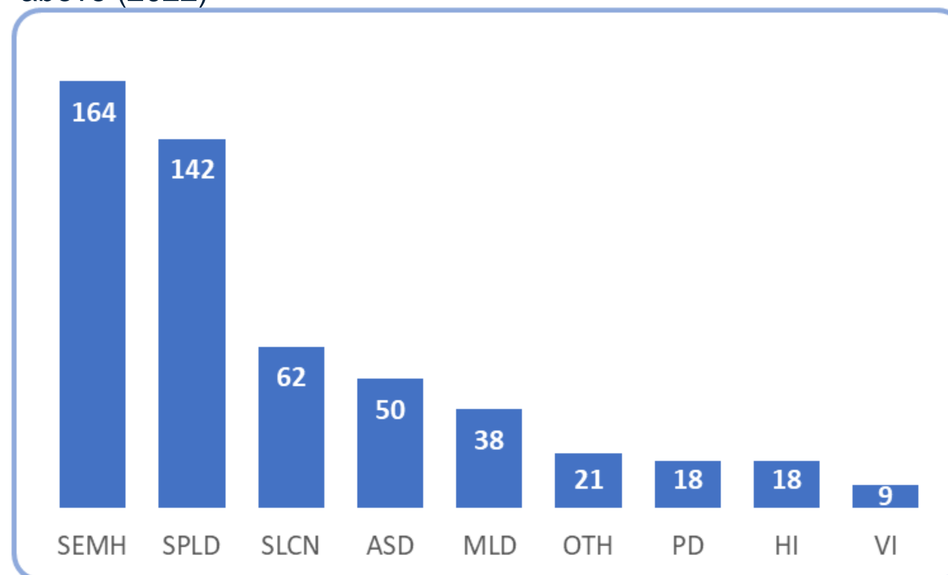
For those children receiving SEN Support in Year 9 and above during 2022 (Fig 68), the 3 most prevalent primary needs were Social, Emotional & Mental Health, Specific Learning Difficulty and Speech, Language & Communication Needs. Between them they account for 69% of the primary needs, those primary needs with 5 or fewer pupils were not included on the graph.

Fig 67: Primary Need of those with EHCP in Year 9 and above (2022)



Source: Torbay School Census Data

Fig 68: Primary Need of those with SEN Support in Year 9 and above (2022)



Source: Torbay School Census Data

ASD = Autistic Spectrum Disorder, HI = Hearing impairment, OTH = Other, MLD = Moderate Learning Difficulty, PD = Physical Disability, PMLD = Profound & Multiple Learning Difficulty, SEMH = Social, Emotional & Mental Health, SLCN = Speech, Language & Communication Needs, SLD = Severe Learning Difficulty, SPLD = Specific Learning Difficulty, VI = Visual Impairment

Child & Family Health Devon

Child & Family Health Devon are an alliance of local NHS providers for children's health services across Devon, these services are open to a range of children and the SEND status of the children is not available for this data. The number of referrals to services for the period 2019/20 to 2021/22 are listed below (Fig 72). Referral levels during 2021/22 for Mental Health & Wellbeing, Speech & Language Therapy, and Occupational Therapy were significantly below levels in 2019/20 (The first Covid lockdown was in March 2020). Referral numbers during 2021/22 for Physiotherapy, Specialist Autism Spectrum Assessment Team and Learning Disability are either at or above levels seen in 2019/20.

Data for the first 6 months (3 months for Mental Health & Wellbeing) of 2022/23 shows a significant fall in referrals compared to the first 6 months of 2021/22 to the services shown in Fig 72, except Speech & Language Therapy (Similar rate) and Learning Disability (Higher rate). Numbers for Community Children's Nursing are too small for meaningful comparison.

Fig 72: Referrals to Child & Family Health Services - Torbay

Service	2019/20	2020/21	2021/22	19/20 to 21/22 Total
Mental Health & Wellbeing	1,030	994	932	**2,956**
Speech & Language Therapy	1,091	845	762	**2,698**
Occupational Therapy	596	356	410	**1,362**
Physiotherapy	394	351	404	**1,149**
Specialist Autism Spectrum Assessment Team	382	305	398	**1,085**
Learning Disability	57	49	58	**164**
Community Children's Nursing	16	17	Less than 5	

Source: NHS Devon

Average wait times as of June for the period 2019 to 2022 show significant rises in average wait times from receipt of a referral to the first definitive treatment appointment, the exception to this is the Learning Disability service (Fig 73). Wait times rose significantly between June 2019 and June 2020 when the country was in the middle of the first lockdown and in service areas such as the Spectrum Autism Spectrum Assessment Team, and Speech & Language Therapy wait times have continued to rise as we reach June 2022.

Fig 73: Average wait times in weeks from receipt of referral to first definitive treatment appointment - Child & Family Health Services (Torbay)

Service	June 2019	June 2020	June 2021	June 2022
Mental Health & Wellbeing	10.5	12.4	17.6	16.9
Speech & Language Therapy	8.2	13.5	14.7	20.3
Occupational Therapy	0.7	16.1	14.7	10.6
Physiotherapy	7.4	13.3	10.7	13.0
Specialist Autism Spectrum Assessment Team	19.9	47.3	58.1	71.7
Learning Disability	10.4	8.9	3.4	0.6

Source: NHS Devon. NOTE: Occupational Therapy June 2019 data relates to July 2019

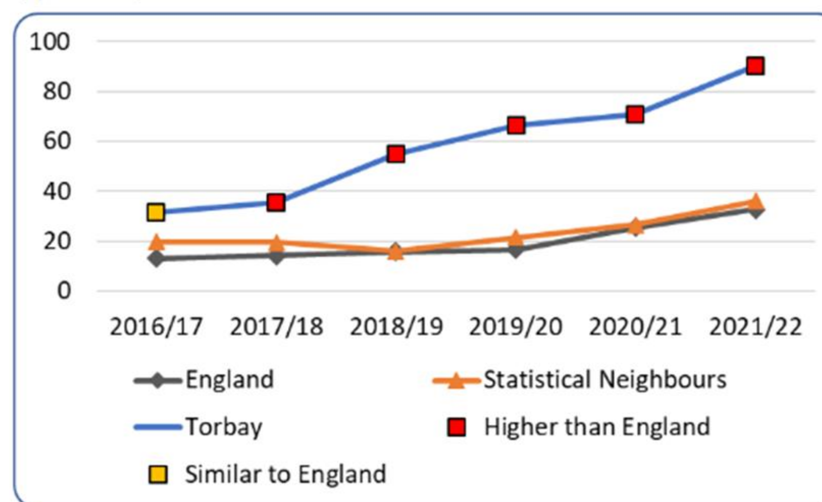
3 Children and Young People's emotional health and wellbeing

This section comprises information collated for the Children and Young People's Overview and Scrutiny Sub-Board Spotlight Review of Child and Adolescent Mental Health Services and Emotional Wellbeing Support December 2023.

Local eating disorder admissions

- The number of hospital admissions with a primary diagnosis of anorexia, bulimia or other eating disorders amongst under 18s is small but only the most severe cases will be receiving hospital interventions. Torbay has had a consistently significantly higher rate of admissions than England from 2017/18 onwards and it is on an upward trend. In 2021/22 the Torbay rate was 90.3 per 100,000 (England- 32.8).
- The majority of admissions in England are in females. For the 6 years, 2016/17 to 2021/22 combined, 2 out of every 3 admissions of Torbay residents where the primary diagnosis related to an eating disorder were in females under the age of 18, equating to 82 admissions.

Figure 33: Rate of hospital admissions due to primary diagnosis of an eating disorder, aged under 18, per 100,000

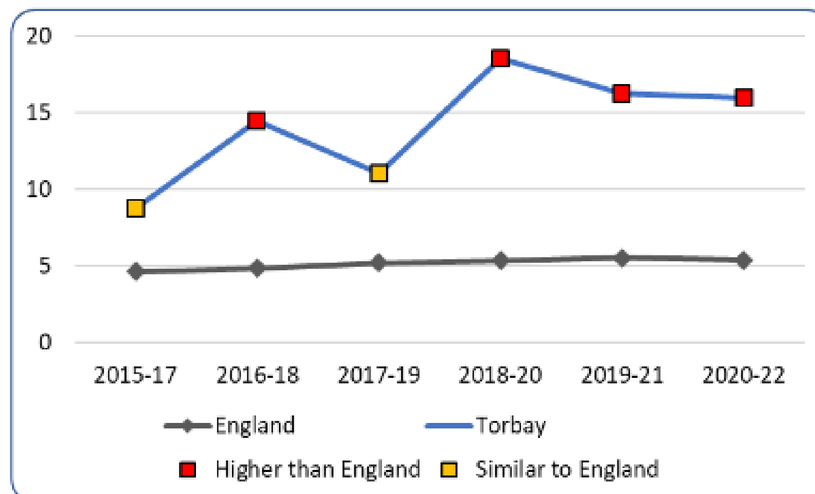


Source: Hospital Episode Statistics, ONS mid year population estimates

Local trend in suicides

The suicide rate amongst Torbay's 10-24 year olds fluctuates due to small numbers which can affect the rates. It is significantly higher than the England average in the last three time periods (of 3 years combined). In the eight years from 2015 to 2022, 19 Torbay residents aged 10-24 died by suicide.

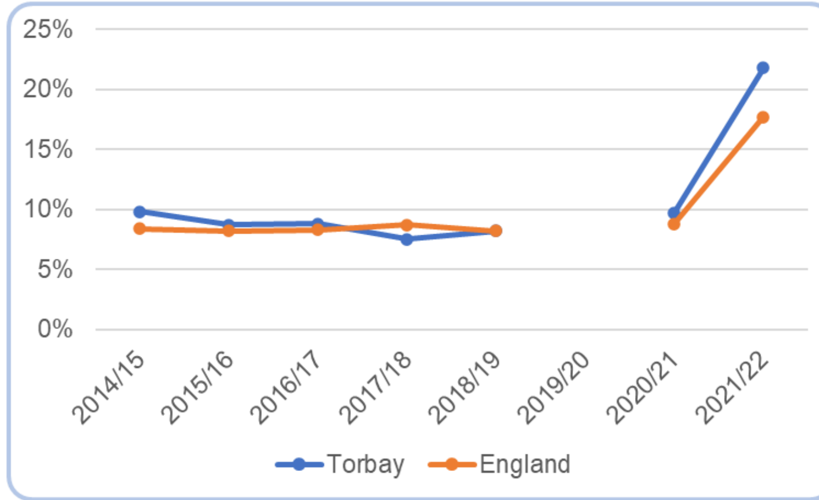
Figure 34: Suicide rate, aged 10-24, per 100,000



Source: Primary Care Mortality Database, ONS- Deaths caused by suicide by quarter in England, ONS population estimates and projections, age standardised, the year 2022 is provisional

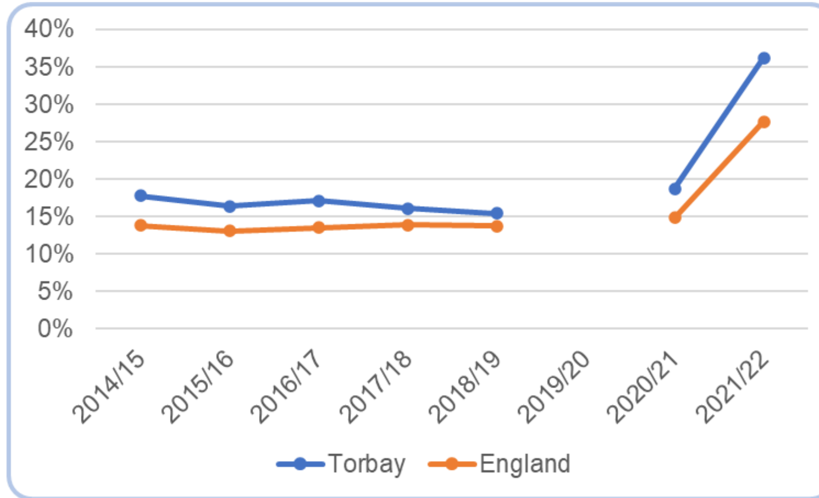
% of persistent absenteeism – primary and secondary (proxy for EHWB need)

Percentage of school enrolments classed as persistent absentees (defined as missing 10% or more of possible sessions).



Year	Torbay	England
2014/15	9.8%	8.4%
2015/16	8.7%	8.2%
2016/17	8.8%	8.3%
2017/18	7.5%	8.7%
2018/19	8.2%	8.2%
2019/20		
2020/21	9.7%	8.8%
2021/22	21.8%	17.7%

Primary



Year	Torbay	England
2014/15	17.8%	13.8%
2015/16	16.4%	13.1%
2016/17	17.1%	13.5%
2017/18	16.1%	13.9%
2018/19	15.4%	13.7%
2019/20		
2020/21	18.7%	14.8%
2021/22	36.2%	27.7%

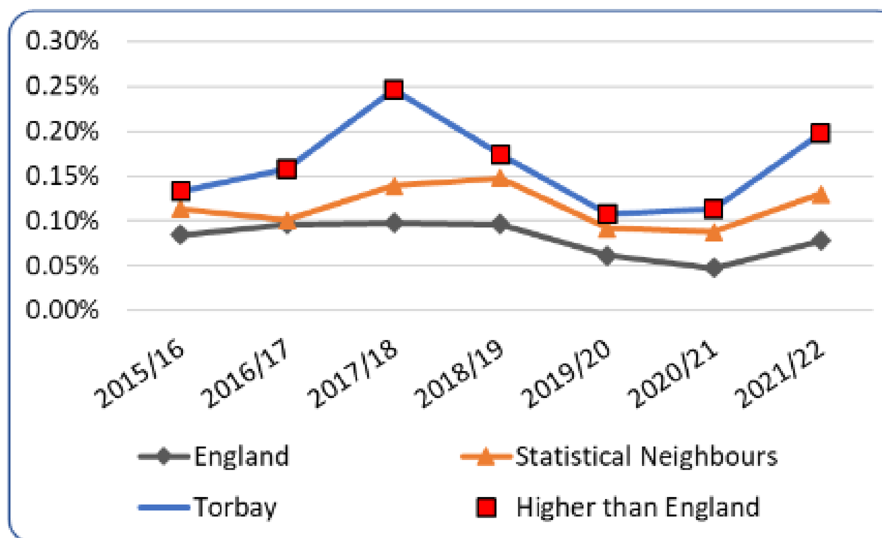
Secondary

Source: Draft CYP HNA (Torbay Public Health)

Permanent exclusion rate (proxy for EHWB need)

- Torbay's permanent exclusion rate from state funded schools has remained significantly higher than England for the seven years shown in figure 49. Torbay has a rate of 0.20% in 2021/22, equating to 40 pupils, compared to the 0.08% England rate.
- Torbay and England have far higher exclusion rates of boys than girls and of children eligible for free school meals compared to those not eligible. However, numbers are small which will have an effect on rates.
- The data only includes permanent exclusions upheld by the governing body or Independent Review Panel and not those which are ongoing. Please note that Covid-19 restrictions will have had an impact on the rates of permanent exclusions in 2019/20 and 2020/21.

Figure 49: Permanent exclusion rates- Percentage of pupils excluded



Source: Department for Education- Permanent exclusions and suspensions in England

Children's Continuous Improvement Board

Report Title:
Child and Family Health Devon: Childrens' mental health update report May 2023

Agenda item:

Prepared By:	**Beverley Mack, Children's Alliance Director** **Angela Bird, CAMHS Head of Service,** **Sarah Davies, Head of Service for Therapies and Nursing**		
Partner organisation:	**Child and Family Health Devon**		
Date Prepared:	**June 2023**	Date of Meeting:	**3rd July 2023**

1 Purpose

1.1 This report has been prepared at the request of the Board to provide an update on Child and Family Health Devon (CFHD) services in the Torbay area.

1.2 The Board requested information on the following:

- Progress with the effectiveness and reach of the CAMHS service
- Commentary on threshold application
- Services to CYP in care
- Services for UASC including demand
- Services for CYP affected by SEND
- The work on emotional wellbeing, autism and emotional well-being

1.3 Key messages:

- Prevalence rates for mental disorder in children and adolescents has increased over time. This has been particularly marked for eating disorders during and since the pandemic
- Specialist Community CAMHS is commissioned to provide assessment and treatment for children and young people with mental disorders; with the exception of Mental Health in Schools Teams
- Children with emotional wellbeing difficulties have their needs met through a range of cross-sector services
- There has been a steady increase in referrals to Torbay's Specialist Community CAMHS, in line with the national trend and this has been more marked since Covid 19
- There are a number of quality improvements underway; waiting times are being reduced
- Access to Specialist Community CAMHS is determined by considering the child's mental health symptoms, the duration of the difficulties, complexity and protective factors and impact on functioning. The complexity factors for children / young people in care, is weighted in recognition of their vulnerability
- Torbay young people with acute, high risk mental health needs receive effective care in the community from the Assertive Outreach and Home Treatment Team which operates 7 days/week 9am -10pm and successfully prevents the need for admission to inpatient care. Cfhd has the lowest CAMHS inpatient use in the region
- Mental Health in Schools Teams works into 18 schools supporting mild to moderate needs and whole school approaches to emotional wellbeing
- Children in care wait less time than others to receive treatment

- The timeliness of children in care Review Health Assessments is improving. The majority of delays relate to factors outside of Cfhd's control
- Some services including Children's Nursing, Physiotherapy and Learning Disability services maintain short waiting times and Occupational Therapy is on an improving trajectory
- In 3 services – ASD diagnostic service, Speech and Language Therapy, Children's Assessment Centre (under 5s), children wait longer than is desirable. This is due to high demand and insufficient clinical resource
- Children and young people with SEND needs are seen in every service across Cfhd
- The timeliness and QA of Cfhd contributions to EHCPs is subject to improvement work. The system to support this is being strengthened and a new post of SEND Coordinator has been established
- Cfhd is undergoing a large-scale service transformation. Needs based clinical pathways have been developed and are currently being mobilised. The new model integrates physical and mental healthcare and provides coordinated care for children with multiple and complex needs
- It has been established that there is insufficient clinical resource within the Cfhd contract to meet the (within scope) health needs of the child population due to the original funding envelope, and significant increased demand and acuity. The ICB and Cfhd are carrying out 'harm reviews' to identify the risks to child population health in order that the ICS can consider the tolerance, or otherwise, of these risks and future resourcing.

1.4 Please note: Due to a cyber attack on the provider of the EPR system used by CAMHS, not all retrospective data is available. Available data has been provided but there are limitations to the available data and therefore to the data included within the report. The EPR system has now been restored and will be able to provide data, but not retrospective data, in the future.

2 Understanding children and young people's mental health

When considering children and young people's mental health, it is important to understand that children with diagnosable mental health conditions form a small proportion of the child population, around 18%. The remaining 82% will experience difficult emotional states in the normal course of their day to day lives in response to ordinary life events, as well as heightened emotional difficulties, in response to extraordinary life events. For example, a child may experience a traumatic event and it would be expected that they would experience an emotional response to this. With support from their parents/ carers, supportive peers and others, most will recover well. Children with less resilience, or those without good support in their environment, may need help to recover, from professionals such as school counsellors, public health nurses, social workers or voluntary sector workers. Only a small proportion of such children will go on to develop a diagnosable mental health disorder, and for those who do, mental health treatment from a trained specialist would be indicated.

Children's emotional wellbeing and mental health has received increased focus since the pandemic, which, is known to have had a deleterious effect on children and young people. Simultaneously, there has been a steady reduction in the cultural stigma associated with mental health and thankfully, it is now possible for young people to talk openly about their mental health without being stigmatized. However, it has, in turn, become common parlance for the term 'mental health' to be used to refer to emotional states as well as mental disorders. It is therefore important that as professionals in children's services, we are able to distinguish between emotional distress and mental disorder. By so doing, we are better able to respond to the needs of children and young people within our communities.

2.1 CYP mental health conditions and their prevalence

In 2022, national prevalence research indicated that 18% of children aged 7 to 16 years had a probable mental disorder, 10.8% had a possible mental disorder, and 71.2% were unlikely to have a mental disorder. The prevalence of a probable mental disorder was 20.4% in children aged 11 to 16 years and 15.2% in those aged 7 to 10 years, but this difference was not statistically significant. These findings from the 'Mental Health of Children and Young People in England 2022 - wave 3 follow up to the 2017 survey', are based on a sample and the prevalence figures in this report are estimates weighted to represent the entire population of children and young people in England. (NHS Digital, November 2022).[1]

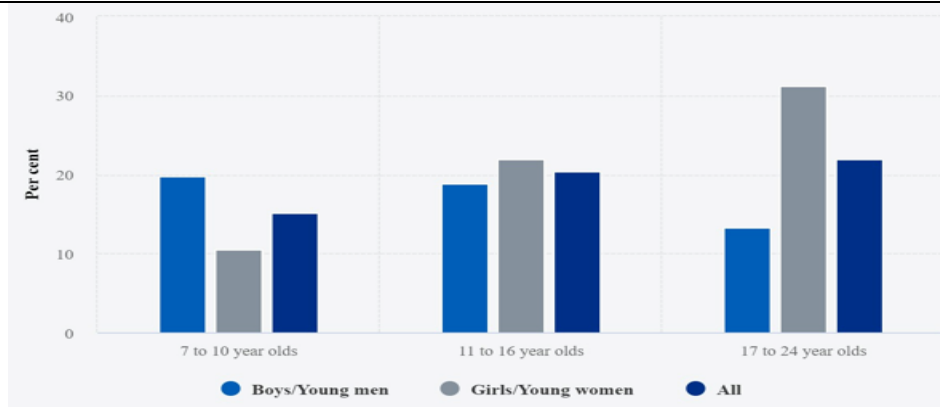
Table 1: CYP mental health conditions and their prevalence

Mental health conditions		**Prevalence**
Emotional disorders	Anxiety Disorders Obsessional Compulsive Disorders Depressive Disorder Post-Traumatic Stress Disorder	8.1% of 5-19-year olds
Eating Disorders	Anorexia Nervosa Bulimia Nervosa Atypical Eating	0.4% of 5-19-year olds
Behavioural Disorders	Conduct Disorder Oppositional Defiance Disorder	4.6% of 5-19-year olds
Psychosis		0.4% of 5-19-year olds
Neurodevelopmental Conditions		
	Attention Deficit & Hyperactivity Disorder (DHD)	1.6% of 5-19-year olds
	Autism Spectrum Condition (ASC)	2.1% of 5-19-year olds
	Learning disability	2.5% of 5-19-year olds

2.2 mental health disorder by age and gender 2022

Figure 1: Percentage of children and young people with a probable mental health disorder, by age and gender 2022 (NHS Digital)

[1] NHS Digital Mental Health of Children and Young People 2022 findings, are based on a sample of children and young people. Prevalence estimates represent the child population of England



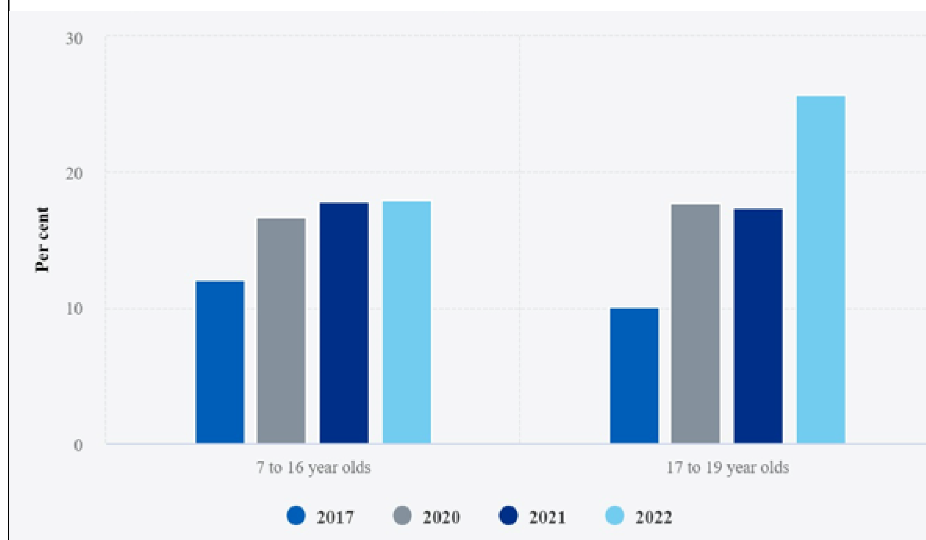
The prevalence of a probable mental disorder in children aged 7 to 16 years rose between 2017 and 2020, from 12.1% in 2017 to 16.7% in 2020. Rates in 2020, 2021 and 2022 were similar with no statistically significant differences between these years. In 2021, 17.8% of children in this age group had a probable mental disorder, and in 2022 the figure was 18.0%.

In young people aged 17 to 19 years, rates of a probable mental disorder rose from 10.1% in 2017 to 17.7% in 2020. Rates did not change between 2020 and 2021. However, there was an increase in the rate of a probable mental disorder between 2021 and 2022, from 17.4% in 2021 to 25.7% in 2022.The overall rise in prevalence of a probable mental disorder between 2017 and 2022 was evident in boys and girls across both age groups (7 to 16 years, and 17 to 19 years).

Rates of a probable mental disorder for those aged 20 to 23 years were similar in 2021 (16.6%) and 2022 (18.7%). There was no 2017 or 2020 data for this age group.

2.3 Mental health disorder by age

Figure 2: Percentage of children and young people with a probable mental health disorder, by age 2017, 2020, 2021, 2022 (NHS Digital)

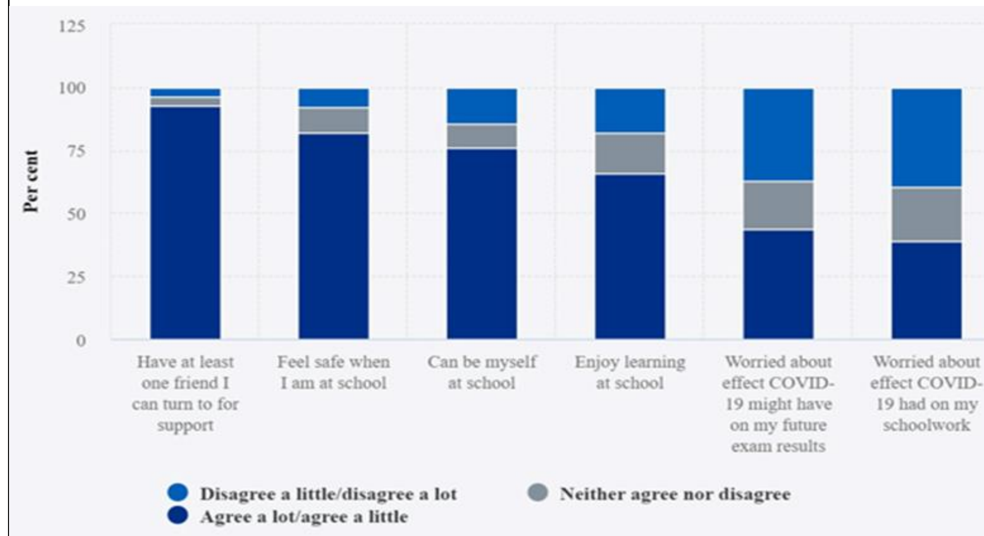


The percentage of children with a probable mental health disorder is increasing year on year and was significantly impacted by COVID[2]

2.4 Feelings about school

[2] https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england

Figure 3: Feelings about school 2022 (NHS Digital)



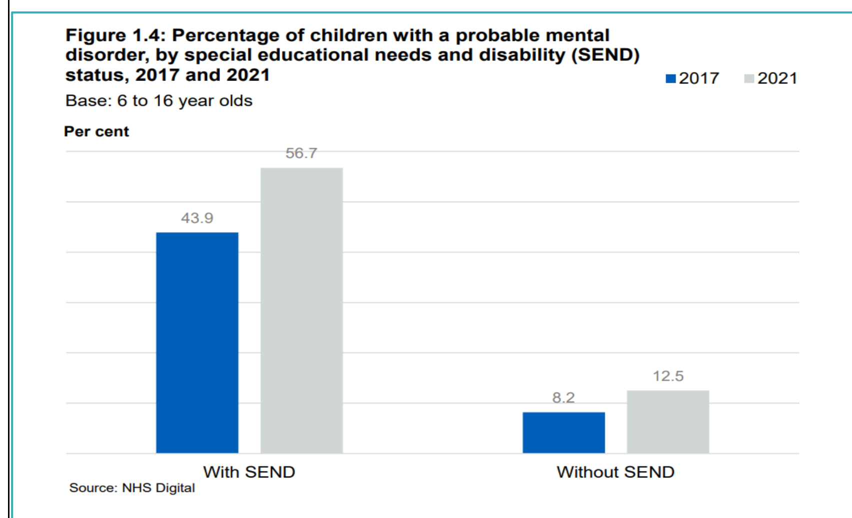
61% of 11-16-year olds with a probable mental disorder are less likely to feel safe in school than those without a probable mental disorder; less likely to enjoy learning or have a supportive friend.

There is also evidence of there being a greater impact of poverty, on children with mental health conditions.

2.5 Mental health disorder by SEND status

Children with Special Educational Needs and Disabilities (SEND) are much more likely to have emotional and mental health needs. This is highlighted in figure 4 below and it should be noted that there is no 2022 national data available yet for a more recent comparison.

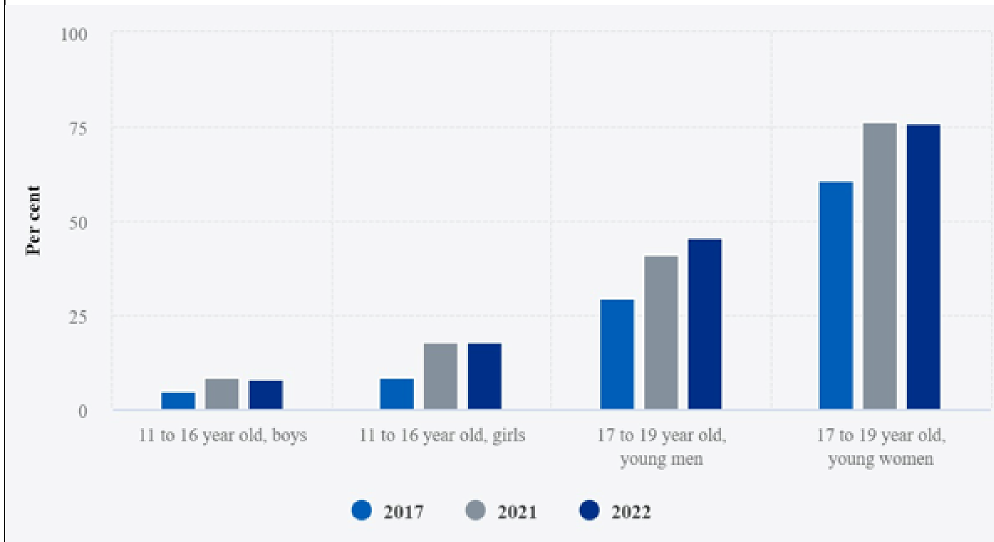
Figure 4: Percentage of children with a probable mental health disorder, by special educational needs and disability (SEND) status 2017 and 2021



2.6 Eating problems by age and gender

The data indicates a higher prevalence of eating disorders among girls than boys and a significant increase in prevalence for all children/young people since 2017.

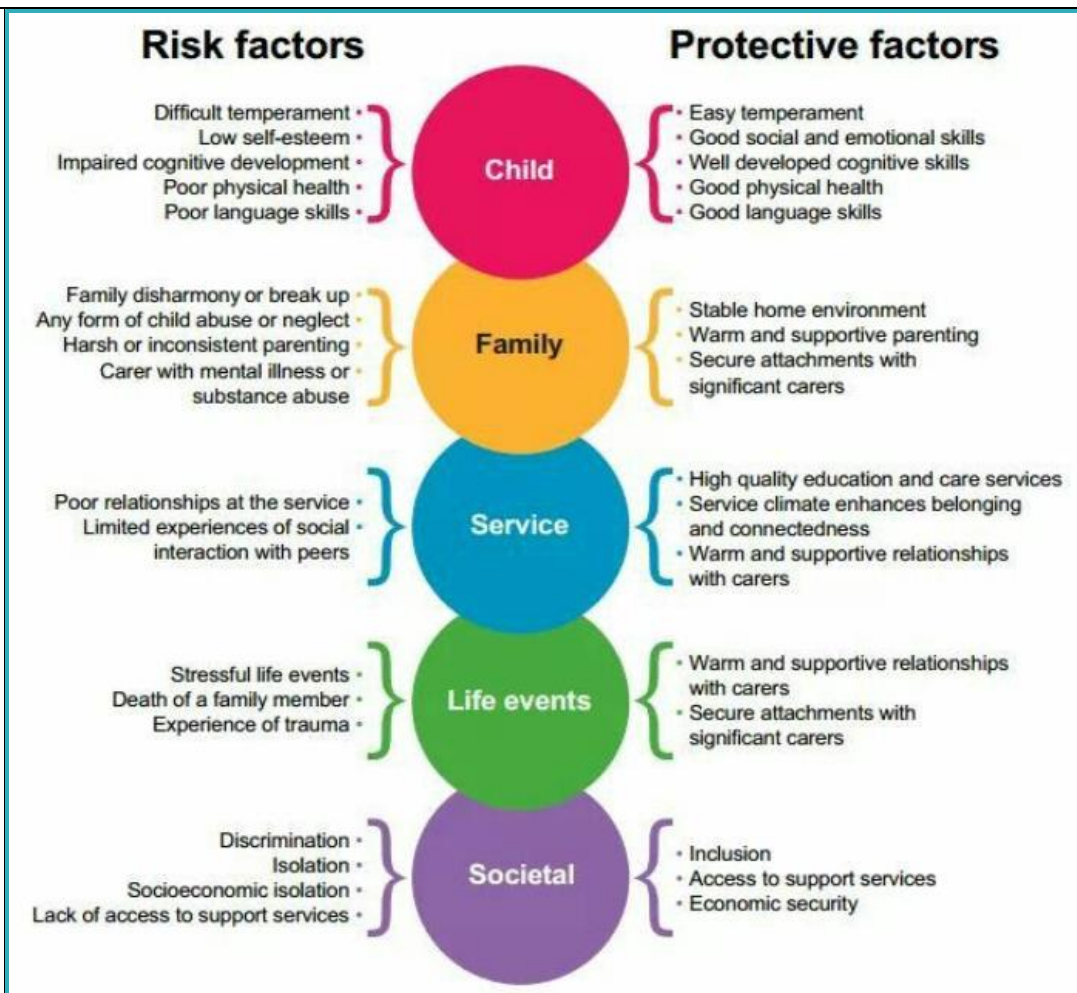
Figure 5: Percentage of children and young people who screened positive for possible eating problems by age, sex, 2017, 2021, 2022. (NHS Digital)



The rate of possible eating problems in 2022 was 13% in children aged 11 to 16 years. This rose to 60% in young people aged 17 to 19 years. Rates for young people aged 20 to 23 years were similar to those aged 17 to 19 years; 62% screened positive for a possible eating problem in 2022. Across all age groups, the rate of possible eating problems was higher in girls than in boys: for children aged 11 to 16 years, the rate was 18% in girls compared with 8% in boys. For young people aged 17 to 19 years, the rate was 80% in girls, compared with 46% in boys.

2.7 Risk and protective factors in children and young people's mental health

Figure 6: Risk and protective factors



Adverse childhood experiences are a significant risk factor for good mental health. A stable home environment, access to support (education, housing, social, community, health) and warm, supportive attachment to significant others are key protective factors.

3. National Policy Framework

Within current national NHS policy, it is recognised that the needs of children are diverse, complex and require a higher profile at a national level with investment to begin to address the structural inequity in the provision of children's healthcare. For example, children aged 0-17 years comprise 20% of the population nationally but CYP mental health spend is 8% of the overall mental health spend and 7% in the South West[3]. This is reflected in the NHS Long Term Plan (LTP) and in relation to mental health, there is a commitment:

> '*that funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending*' (NHS LTP, 2019).

The LTP outlines a number of deliverables in specific areas relevant to CFHD's portfolio of services, as follows:

3.1 CYP mental health NHS Long Term Plan deliverables and outcomes for Devon

Table 2: CYP mental health LTP deliverables and outcomes- Devon (excluding Plymouth)

1	Increasing Access	A percentage/number (defined by NHSE) of children estimated to have a mental health condition will be able to access services

[3] NHS Benchmarking Network

		Outcomes: Target of 35% was exceeded until 2021. Since this time the target number has changed and the Devon system has not met the target. On track to meet the target this year.
2	Mental Health in Schools Teams (MHST)	Mental health evidence-based support for CYP with mild to moderate needs is being embedded in schools and colleges. Nationally prescribed model includes individual and group interventions for CYP, parent workshops, consultations to staff and support for developing whole school approaches to support good emotional wellbeing. Outcomes: Successful bids for waves 2, 3, 5, 7 and 9. MHSTs operational in Exeter (2 teams), Torbay (2 x teams) Teignbridge, East Devon & North Devon. Wave 9 funding for 2 x new teams covering South Hams and Mid Devon will commence in Sept 2023.
3	Eating Disorders	Over the next five years, investment in children and young people's eating disorder services is being increased in order to deliver the new waiting time standards for eating disorder services by 2020/21 (7 days urgent, 28 days routine) Outcomes: • New investment utilised to develop a county-wide Eating Disorders service which provides evidence-based specialist care. Due to the sharp increase in demand for ED services, the routine target was not met in 2020-222 but performance is now restored to 100% for both routine and urgent referrals.
4	Crisis support	Children and young people experiencing a mental health crisis will be able to access crisis care 24 hours a day, seven days a week. Outcomes: • Mental health assessments provided between 9am -10pm 7 days/week plus Mental Health Act assessments out of hours. • CYP Crisis Advice Line provided 24/7; by CAMHS in hours; by the DPT First Response Service out of hours • Crisis response and home treatment provided 9am – 10pm 7 days/week. • Plans in place for psychiatric liaison to deliver overnight MH assessments in place – overseen by Urgent Care Board
5	Development of 0-25 age services	Extend current service models to create a comprehensive offer for 0-25-year olds that reaches across mental health services for children, young people and adults. Outcomes: • National funding allows for a service model which makes only moderate changes to existing provision. Development of 18-25 services held in adult directorates. Plans in development across the ICS

4. Devon system-wide developments in CYP mental healthcare

There are two nationwide developments, in the domain of child mental health, which are impacting on our local children. The first, the learning disability and autism key worker pilot and the second , the establishment of the regional Provider Collaboratives.

4.1 Learning Disability and Autism Key Worker pilot (LDAP)

The learning disability and autism key worker pilot, has created a new workforce supporting children, young people and families to help avoid unnecessary admissions to mental health hospitals. The NHS Long Term Plan included a commitment that by 2023/24 children and young people with a learning disability and /or autism with the most complex needs, would have a designated keyworker, implementing the recommendation made by Dame Christine Lenehan in *'These are our Children'*[4]. This has involved creating new key working services for children and young people who are at risk of mental health hospital admission or are in inpatient settings, funded by new money from the NHS Long Term Plan delivered through each of the seven NHS England regions.

The underpinning principle of the keyworker pilot is one of working in partnership and coproduction with children and families. The keyworkers facilitate local systems being responsive to fully meeting the young people's needs in a joined-up way and that whenever possible, care and treatment is provided in the community. In Devon, the local Key Worker pilot has operated since 2020 and works across community and paediatric services to support multi-agency working to meet the complex and high risk needs of children with mental health needs alongside autism and learning disability diagnoses. Since the pilot began, there has been an overall year on year reduction in the number of young people admitted to CAMHS inpatient settings with a reduction in year 1 of 75% in inpatient admissions for this cohort of young people.

4.2 South West Provider Collaborative

Provider Collaboratives are mandated under the Health and Care Act (2022) to work collaboratively with a collective focus on the health of local populations, understood through patient outcomes, experience and delivery of transformation in clinical pathways. The PC works at scale across multiple 'places', with a shared purpose and effective decision-making arrangements to reduce unwarranted variation and inequality in outcomes, access to services and experience, to improve resilience and sustainability and ensure specialisation and consolidation where this improves outcomes and value. The ambition is that patients experience high quality, specialist care, as close to home as appropriately possible, which is connected to local teams and support networks, prevention of hospital care and enabling timely discharge.

The CFHD /DPT CAMHS service is part of the SW Provider Collaborative (SWPC) which went live in 2022. The CAMHS element of the collaborative involves NHSE devolving the regional CAMHS Tier 4 budget to the regional (South West in this case) Provider Collaboratives to manage and for responsibility to commission CAMHS Tier 4 inpatient care. Where reductions in the Tier 4 spend are achieved, the savings can be re-invested using the principles outlined above; namely, reducing inequality of outcomes and access and improving population health. For Devon and Torbay, this means that we have opportunities to develop our evidence-based services locally which enable the most unwell young people to remain in their families, schools and communities, to recover from mental illness and to remain well. See also section 6 of the report.

[4] *These are our Children*, National Children's Bureau, 2017. A review led by Dame Christine Lenehan which called for urgent action at a national level to prevent children with complex needs being institutionalised at an early age, with low ambitions for improving their lives.

5. Specialist community CAMHS, Torbay

5.1 Cfhd specialist mental health provision

Table 3: CFHD mental health provision across the spectrum of need.

Range of mental health need	Cfhd Provision
Acute mental health needs	Crisis assessment, including Mental Health Act assessment, intervention, support, assertive outreach and home treatment
Moderate to severe / enduring mental health needs	Evidence- based, outcomes informed mental health assessment and treatment
Mild to moderate mental health needs	Mental Health in Schools Teams providing evidence-based group and individual interventions for CYP and parents/carers; consultation to staff; whole school approaches to supporting good emotional health
Vulnerable children Including Child in Need, on CP Plans, in care	Collaborative working with Children's Social Care including: Joint assessments Specialist mental health consultations Evidence Based *Nurturing Attachments* Training Fostering Relationships Programme Reflective Practice Groups Specialist foster carer support groups Case discussion groups Attendance at panels / meetings

Figure 7: Profile of Cfhd provision

Specialist Community CAMHS Services

Range of professionals

Multi-agency work

Online and in person

Crisis, urgent and emergency response.

Eating disorder and crisis investment

Investment in 7 x Mental Health Support in Schools Teams (3 in Devon; 2 in Torbay)

Specialist CAMHS Inpatient services

Inpatient hospitals for childrens mental health provided in Plymouth, Somerset and Cornwall.

CFHD CAMHS: Lowest user regionally. Intensive community support services prevent hospital admission

5.2 Determining the right help for a child / young person

Clinical access criteria for specialist community CAMHS is designed to provide evidence-based assessment and treatment for children and young people with mental disorders; and where evidence suggests their needs and / or mental health condition requires clinical care and treatment from a mental health specialist. This is commonly children/young people whose mental health conditions are significantly impacting on their daily functioning and where the treatment can only be provided by a specialist with the appropriate clinical training. The vast majority of children and young people (around 70-80%) in any area will have emotional well-being needs that can and should be met through the children's workforce in universal and targeted services. Where these services are not available, or where the child's mental health needs are not understood, children are commonly referred to Specialist CAMHS. The system and philosophy of 'no wrong door' which operates in managing referrals, means that CAMHS provides a consultative service to the children's system. This service does not merely ascertain whether the child needs are such that they require a CAMHS service, but considers their needs, as presented, and applies a specialist mental health lens to provide advice to referrers and patients which is aimed at meeting their individual needs.

When children are referred to CAMHS, the referral information is reviewed by senior clinicians and where there is a high-risk presentation, safety calls are made to the young person / parent / carer to ascertain more precisely the nature and degree of the risk. If the young person's needs present as an emergency, they are assessed on the same day / next working day. When children's needs are such that specialist mental health treatment is not required, they are given evidence-based advice to help them and the adults in their lives to manage their difficulties and where possible, they are signposted to alternative sources of help.

In determining the right help for the young person, a number of factors are considered[5], as follows:

1. **The type, severity and frequency of mental health symptoms**

The service follows closely the ICD-10 classification system.

[5] Signs and Symptoms Guide, Greenwich CAMHS, Oxleas NHSFT, 2017

2. **Whether problems are enduring**

Consideration is given to the length of time the child/young person has experienced difficulties, the circumstances in which they arose and whether they have engaged with previous interventions and their response to these.

3. **Complexity and protective factors**

When considering which intervention, care pathway or service would best meet the needs of a child or young person, complexity factors will also be considered.

The complexity factors impacting on child mental health (identified by CYP-IAPT[6]) are reviewed when considering the most appropriate service and include the following:

- Parental health/ mental health difficulties
- Parental lifestyle e.g. substance misuse
- Young carer
- Experience of trauma, neglect and / or abuse
- Experience of war
- Child in Need
- Child Protection Plan
- Looked After/Adopted Child
- Looked After Child
- Refugee/Asylum Seeker
- Poverty / financial difficulties
- Contact with youth justice system
- Neurodiversity
- Learning disability
- SEND

4. **Impact on functioning across settings**

It is also important to consider the impact of the child or young person's presenting difficulties on their functioning in order to determine the most appropriate service to meet needs.

The level of functioning is considered across four domains:

a) Socialising with peers

b) School performance

c) Home life with family

d) During leisure activities

The level of impact on functioning can be measured using the Children's Global Assessment Scale (CGAS). The more pervasive and severe the impairment in functioning the more likely Torbay CAMHS would be the more appropriate service to meet their needs. In addition, impact upon physical health, e.g. from self-neglect, failure to eat or drink and self-harm is considered.

Children and Young People, would not be offered a service in the following circumstances:

1. Young person is aged over 18 years at the time of referral. CAMHS is not commissioned to accept referrals of young people over 18 years.

[6] Children and Young People Improving Access to Psychological Therapies

2. The mental health difficulty /condition for which the child/ young person is referred does not require a specialist mental health intervention
3. A more clinically appropriate service has been commissioned from an alternative provider
4. Children in court proceedings including where intervention is not advised under Home Office guidelines
5. Court assessments, unless specifically contracted
6. Where CAMHS is not commissioned to provide the service that the child / young person needs e.g. inpatient tier 4 healthcare, specialist tertiary care, such as that provided by specialist regional or national services.

In some cases, the child's needs and/ or circumstances are such that mental health treatment is not considered the clinically appropriate first response. This can be the case when children are at risk of harm, and safeguarding interventions are needed to ensure their safety first before treatment can be effective. In other cases, the child and /or family may not be amenable, even with skillful intervention, to engage in mental health treatment and to start it would not be effective in bringing about change. In such cases, CAMHS clinicians may work with the child's caring and / or professional network, such as local authority children's social care professionals, to contribute mental health expertise to the overall support to the child / family, until such time that the child / family is able to make use of treatment.

5.3 Referrals to Torbay CAMHS

Table 3: Number children waiting, mean wait times, average monthly referrals accepted: Torbay CAMHS (as at June 2023)

Number of CYP waiting to be seen	Mean waiting time (weeks)	Referral to Treatment (% of children waiting less than 18 weeks to start treatment)	Average accepted monthly referrals
96	16	65%	17

Figure 8: Referrals Received Torbay CAMHS

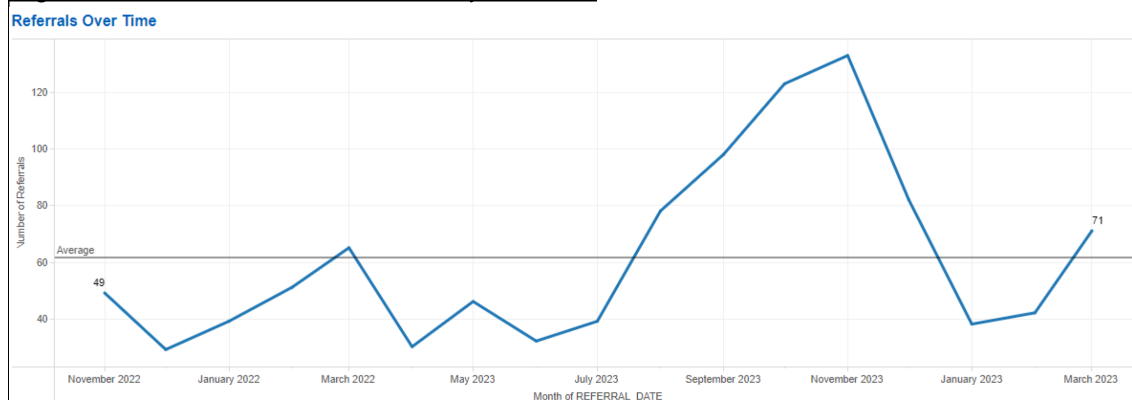


Figure 9: Referrals Accepted Torbay CAMHS

The graphs above illustrate some reoccurring quarterly trends with fluctuating referral rates throughout the year. There are links with school terms with referral rates consistently at the lowest levels during school holidays and often highest around exam times. However overall referral rates are consistently increasing annually.

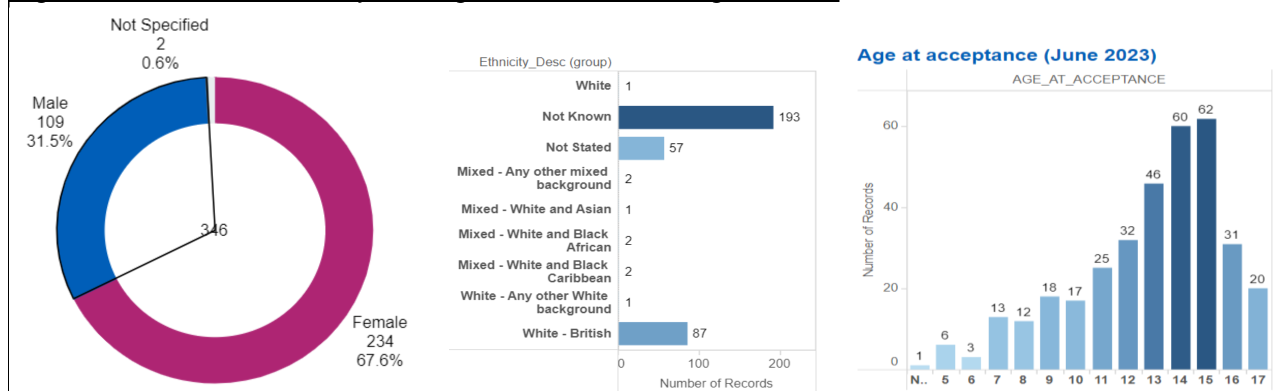
5.4 Demographic data:

Gender and Ethnicity and age of young people accessing CAMHS

Using a snapshot of June 2023 data, the majority children / young people accessing CAMHS identify as female, (68%) compared to male (32%). There has been an increase in girls accessing the service (67%) compared to 2022/23 (50%).

The graphs below show that the majority of children and young people accessing the service in 22/23 were white British, with a very small number of children & young people from Black/Black British, Other or Mixed ethnic groups. The service is working on increasing ethnicity data capture to ensure the service is inclusive.

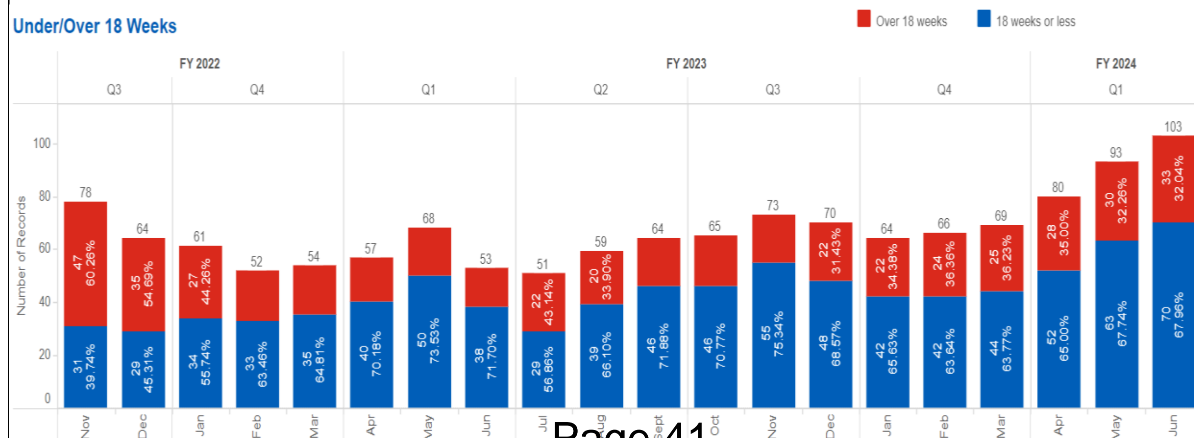
Figure 10: Gender, ethnicity and age of CYP accessing CAMHS



4.5 Waiting times

The data shows that in June 2023, there were 103 children waiting for their initial assessment with Torbay CAMHS, with 67% of whom waiting for less than 18 weeks. The team is currently undertaking a caseload management process aimed at creating additional clinical capacity to reduce waits and increase patient flow. This project will be completed by July 2023. We anticipate restoration of 92% of CYP being seen within 18 weeks, by November 2023.

Figure 11: Waiting times for CAMHS, numbers under and over 18 weeks



The table below shows the average wait times for routine referrals for Torbay CAMHS over 2 years between March 2021 and March 2023.The data indicates that waiting times have reduced significantly since 2021 with the average wait in March 2023 being 11.9 weeks from a less favourable position in the midst of the Covid pandemic.

Figure 12: Average waiting times Torbay CAMHS (completed pathway)

Improvements in waiting times have been achieved in the following ways:

- Increase in staffing, including agency
- Improvements in caseload management
- Improvements in waiting list management
- Increased supervision
- Improved care planning and discharge planning
- Re-establishment of groups, for young people and parents/carers, that were stood down through COVID
- Partnership working to improve quality of referrals and multi-agency approach

a. Waits for the Eating Disorder service in Torbay

Table 4: Waits for the Eating Disorder service (June 2023)

Number of Children Waiting to be Seen	Median Waiting Time (weeks)	Referral to Treatment (% of children seen for treatment within 4 weeks of referral)	Average Accepted Monthly Referrals
2	3.1	100%	2.8

The service received 9 referrals in May 2023, 5 of which did not require a mental health intervention and 4 of which were accepted. The service was fully compliant with the national waiting time targets for CYP Eating Disorder services with 100% of young people referred with ‘urgent’ needs seen within 7 days and within 4 weeks for those referred with ‘routine’ needs.

6. Response to acute and high-risk mental health needs in young people

Young people can develop acute mental health difficulties, sometimes with a rapid onset, that present risks to themselves or others. The most common age for the presentation of such difficulties is mid to late adolescence from age 15. This includes young people who present with self-destructive behaviours, suicidality, and acute mental health conditions such as early onset Psychosis, acute Obsessive-Compulsive Disorder or eating disorders. For some, these acute mental health conditions can be made more complex by the existence of a neuro-diverse condition.

This cohort of young people, typically need access to a range of interventions - emergency or rapid response assessment, care, crisis support, risk management, home treatment and intensive psychological or pharmacological intervention. In the first instance, the clinical team will always

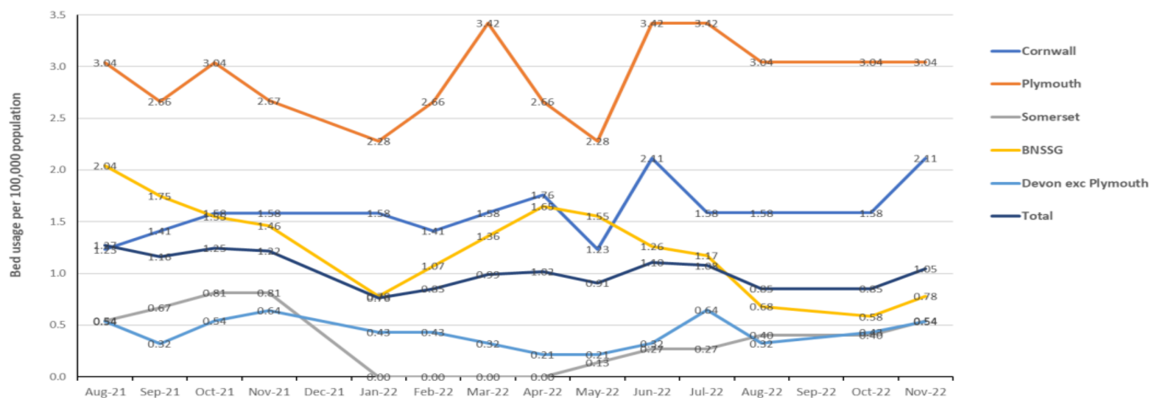
consider whether the young person's needs can be managed safely in the community, but when it is not possible to do so, a CAMHS inpatient admission is considered.

CAMHS inpatient care: Young people in the South West region

There is strong evidence indicating that children and young people's outcomes are improved by receiving care for acute mental health needs within their communities. Preventing hospital admission enables young people to remain in their communities, families, education and receive support from their social networks, all factors which can support the young person's resilience.

Nationally, with a growing evidence base of young people's outcomes being improved by receiving their treatment within their communities rather than being admitted to an inpatient setting, the national trend has shown a reduction in occupied bed days and admissions. This trend has been supported by the establishment of assertive outreach teams which provide crisis support and home treatment in order to manage mental health risk, stabilise the young person's mood and support recovery.

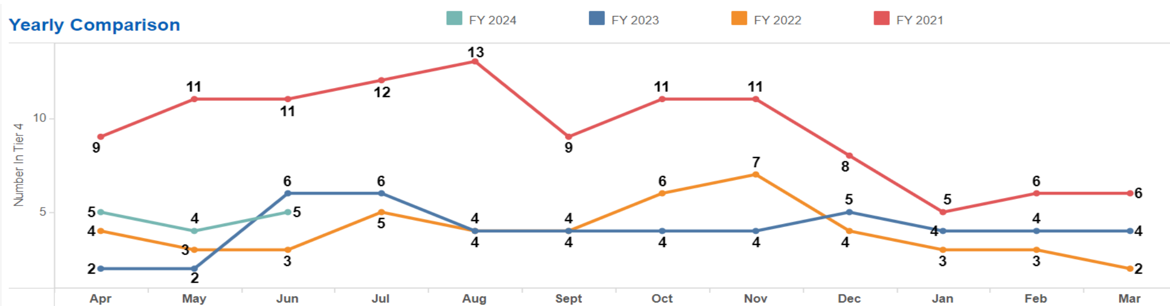
Figure 12: Use of CAMHS inpatient care: regional comparison August 2021 – November 2022



6.2 CAMHS inpatient care: Young people in Devon and Torbay

The graph below shows the number of young people admitted to CAMHS inpatient settings each month across a four-year period. 2021 saw the highest number of admissions with an average of 9 young people admitted in any one month. However, between 2022 and 2024 (FY) the average number has been 4.

Figure13: Cfhd admissions to CAMHS inpatient settings: FY 2021 - 2024



6.3 Assertive Outreach and Home Treatment in Devon and Torbay

Devon and Torbay CAMHS was an early implementer nationally, of Assertive Outreach and Intensive Intervention services for children and young people. This means that for many years, Torbay young people have had their acute, high risk mental health needs managed within the community, thereby preventing the need for hospital admission. As a consequence of this established philosophy of keeping children within their communities whenever it is clinically safe to do so, Cfhd has the lowest use of inpatient care across the region, which is to be celebrated; see Figure 12 above. This ensures that young people receive care as close to home as possible, thus avoiding dislocation for the young person from family and education.

Historically, young people were admitted to mental health inpatient settings, when there were no underlying mental health conditions driving their crisis, because hospital was seen as the only available option to keep the young person safe. The evidence base now indicates that hospital is not the right environment to meet the needs of such young people whose outcomes can be improved when the interventions are provided within the community, and targeted at the drivers for the young person's psychological instability. For a proportion of young people presenting in crisis, their crisis is driven by environmental factors such as a caring environment which exacerbates or maintains their deteriorated mental state or emotional dysregulation. Meeting the needs of these young people can be very challenging for local partnerships because such young people often require respite from their caring environments in order for their mental state to stabilise, alongside multi-sector interventions to bring about change within the caring environment. During the pandemic, there was a significant increase in crisis presentations of this cohort of young people.

7. Services supporting children's emotional wellbeing in Torbay

Nationally, specialist mental health services are provided within a network of multi-sector provision across children's social care, education the voluntary and Third sector. Children with emotional wellbeing needs and most mild to moderate mental health difficulties do not need to receive treatment from a specialist mental health clinician but should receive support from professionals across the universal and targeted children's workforce according to the area's Graduated Response. In Torbay, this network of support is outlined below:

Table 5: Provision in Torbay for CYP emotional health and wellbeing

Children's Social Care	
Public Health Nursing	
Children's Centres (Action for Children)	
Education (Schools, Colleges, Education Psychology	
Mental Health in Schools Teams, Cfhd (see below)	
Kooth online counselling services www.kooth.com	On line moderated chat room, advice, forums, counselling
Lumin Nova Lumi Nova: Tales of Courage	App for anxiety management
Torbay Well-Being Centre - Checkpoint (Children's Society):	counselling, early help, drug and alcohol work, CSE/post sexual abuse work
Space* https://spacepsm.org/	Youth work, early intervention, targeted support, self-esteem and confidence building projects.
TDAS (Torbay domestic abuse service)	support for individual and families, including helping hands - A preventative action programme for children aged 7-11 years
Play Torbay:	A social and support group for children and young people on the Autism Spectrum Condition (ASC) and their parents/carers and families
Sendiass http://sendiasstorbay.org.uk/	Information, advice and support for young people & parents/carers of children with special educational needs and/or disabilities aged 0-25
South west Family Values https://southwestfamilyvalues.org.uk/	Family support, Low intensity CBT, School attendance and welfare service, Drawing and talking therapy, Helping the non-compliant child, From timid to tiger, You and your teen working together, Incredible years parenting programme, Support for schools
Children and Families in Grief https://www.childrenandfamiliesingrief.co.uk/	A charitable organisation that provides practical, emotional and creative support for children and their families in South Devon following bereavement
Childline https://www.childline.org.uk/	A free, private and confidential service to help anyone under 19 in the UK, online or on the phone

7.1 Mental Health Support Teams in Schools

Mental Health support teams are funded nationally with CFHD having funding to cover just under 50% of schools across Devon, with Torbay having proportionately higher than this, with 70% coverage across all Torbay Schools.

MHST support includes whole school approach activity, mental health workshops, parenting workshops, training and consultation for education staff as well as individual low intensity CBT for

1:1 and group work aimed at children and young people with mild to moderate presentations.

Table 6: 20 Torbay schools supported by MHSTs

Primaries	Secondaries
Kings Ash Academy	Paignton Academy
Curledge Street Academy	Brixham College
All Saints Babbacombe C of E Primary School	Torquay Boys Grammar
Shiphay Learning Academy	Mayfield School (Specialist)
Torre C of E Academy	The Spires College
Watcombe Primary School	St Cuthbert Mayne School
St Marychurch C of E Primary School	Torquay Academy
Furzeham Primary School	South Devon College
Sherwell Valley Primary School	
Homelands Primary School	

Table 7: Interventions delivered by MHST in Torbay

MHST Torbay Activity	September 2022- April 2023
Number of parent/carer workshops:	14 workshops – 166 parents
Number of education staff workshops/training:	211 workshops – 614 education staff
Number of consultations:	110- consultations
Number of CYP workshops:	110 workshops- 2197 CYP
Individual work with children and young people:	334- with 49 young people currently waiting- with the longest wait of 7 weeks

8. Mental Health Services supporting vulnerable children and young people in Torbay

8.1 Clinical in-reach to the Youth Justice Team (YJT)

The model in Torbay involves a mental health clinician and Speech and Language Therapist working as part of the Youth Justice Team. Regrettably, there have been significant difficulties in recruiting to the mental health role and this has left a gap in provision. However, the post has now been filled and the pre -employment process is underway.

CFHD has undertaken a transformation programme in which the service has been re-modelled to establish needs-based clinical pathways. As a part of this, a Vulnerable Children's pathway of care has been developed which will provide clinical care to children in care, and will include the clinical

in-reach to the Youth Justice Team. Using the Thrive Framework[7] the CFHD provision into the Youth Justice Team will be as follows:

Table 8: CAMHS Clinical in-reach to YJS aligned with the Thrive Framework

Getting Advice
• Advice • Clinical screening and triage • Signposting to other interventions / sources of support / other services • Online information • Staff located with youth justice teams provide planned and unplanned consultation to youth justice colleagues, advising on care plans, communication and engagement needs and health interventions as appropriate. • Attendance at Youth Justice team meetings where multi-disciplinary case discussion is required
Getting Help
• Speech, Language and Communication Needs assessment & intervention • Specialist mental health assessment • Evidence based child mental health intervention, individual, family based and group • Evidence based Speech and language intervention • Consultation to children's professional and caring networks, including police, courts and youth justice teams • Care coordination for children known to the youth justice team and receiving care from other CFHD pathways.
Getting More Help
• Speech, Language and Communication Needs assessment & intervention • Specialist mental health assessment • Evidence based child mental health intervention, individual, family based and group • Evidence based Speech and language intervention • Consultation to children's professional and caring networks, including police, courts and youth justice teams • Care coordination for children known to the youth justice team and receiving care from other CFHD pathways.
Getting Risk Support
• Joint work with multi-agency partners in the youth justice service to manage on-going healthcare needs and associated risks as well as risks to self or others due to offending behaviour • Multi-agency Risk assessment, risk management and crisis planning • Care co-ordination for CYP who receive care and treatment via the mental health crisis pathway

Through the clinical in-reach to the Youth Justice Team being provided by the Vulnerable Children's Pathway, it is anticipated that the new model will achieve the following:

- Improved professional, clinical and management oversight of the mental health clinicians and speech and language therapists focused on youth justice healthcare service provision across the county

[7] Wolpert et al (2019)

- Greater support for the development of this specialist area of practice
  YJT health staff embedded in a multi-disciplinary team, increasing access to multi-disciplinary CAMHS professionals including; Clinical Psychology, Psychiatry, Family Therapy, CBT Practitioners and Specialist Nursing.
- Greater ability to prioritise the needs of children and young people involved with the youth justice system, across Devon and Torbay, using specialist YJT staff capacity accordingly.
- Increased resilience to manage specialist healthcare YJT vacancies, and periods of staff absence.

8.2 Children and Young People in Care

8.2.1 Mental Health needs of children and young people in care

The Office of National Statistics (Meltzer et al, 2003) reported the prevalence of diagnosable mental health conditions as 46% for children and young people in care. For those young people who need residential or welfare secure placements, the prevalence rate is higher, upwards of 72%. Overall, children and young people in care are more susceptible to developing mental health difficulties and conditions than the general child population.

Children and young people in care, including unaccompanied asylum-seeking young people, present to specialist mental health services with the full range of mental health conditions and commonly share histories of abuse, neglect, insecure attachment, multiple losses and trauma. These historical factors mean that children in care can be less resilient and more vulnerable to developing mental health conditions than the general child population and less likely to recover well from them. It is for this reason, that nationally, it is common for Specialist Community CAMHSs to have dedicated teams /services for children /young people in care. In this way, their needs can be prioritised within CAMHS and close partnership working can be built and sustained with local authority social care professionals/ departments.

8.2.2 Mental health service provision for children and young people in care

As stated, it is recognised that children and young people in care have additional vulnerabilities in comparison to the general population, not least because of their adverse childhood experiences, including loss of attachment figures, and the fact that they are cared for in the public care system by substitute carers. Accordingly, the service operates a lower clinical access threshold for children in care, with a greater weighting on these complexity factors. Mental health treatment for children /young people in care, not only focusses on treating the underlying mental health conditions, but also the child's psychopathology, which has developed as a result of their childhood experiences. This means that they can access the service when they have less severe mental health symptoms, which are then considered alongside their complexity factors, and the impact on the child, as described in section 4.2 of this report.

All referrals for children in the care of Torbay Local Authority, are 'screened' and triaged within 24 hours to ascertain their mental health needs. At triage, vulnerabilities, risks and contextual factors are considered. Children waiting are managed using a 'Keeping Children Safe' policy which ensures risks are managed and any changes in presentation lead to prioritisation of care.

Where clinically indicated, assessment, clinical formulation, care and treatment planning, treatment intervention and risk management follow, where this is appropriate to meet the child's needs. They access the full range of evidence-based treatment modalities according to their mental health needs and preferences. As described in section 4.2 above, it is not always considered clinically appropriate for the child to receive treatment as the first line intervention.

It is considered good practice (Nice Guidance 205) for mental health clinicians to work with the child's professional and caring network in order to develop a shared understanding of and approach to managing the child's mental health needs. This ensures that the network is best able to meet the child's needs in accordance with their respective roles in the child's life. Consultation to the child's system, often takes place prior to or simultaneously with the treatment for the child and usually includes direct work to support foster carers. There are occasions where this will be considered as the most clinically appropriate first or only intervention in response to the child's needs. The service also provides training for foster carers through the Nurturing Attachments, an 18-week evidence–based training programme, as well as the provision of regular supervision groups for staff working with the fostering promoting stability team and consultation to local authority colleagues.

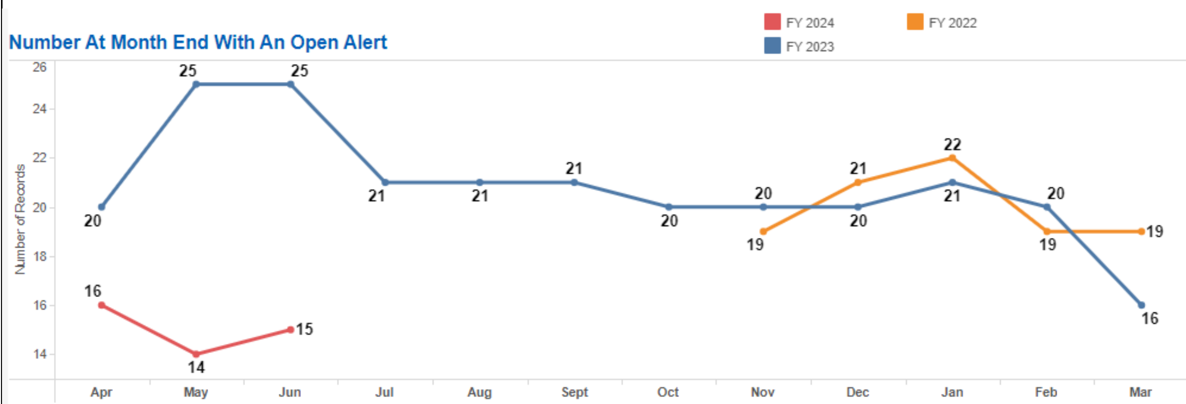
8.2.3 Referral acceptance and response processes

All referrals to CFHD CAMHS for children and young people, including those in the care of Torbay Local Authority, are 'screened' and triaged within 24 hours to ascertain their mental health needs and take any appropriate immediate action to manage risks. Referrals are declined when, following clinical triage, it is considered that the child/young person does not require a specialist mental health intervention to meet their individual needs and their needs are best met by an alternative service.

8.2.4 Number of children and young people in care accessing CAMHS across Torbay & South locality

Please note: Due to the cyber-attack in August 2022, on the DPT electronic patient record system causing an on-going outage, it is not possible to disaggregate the Torbay LA area data from the Cfhd Torbay and South Devon locality data.

Figure 13: Children in Care accessing the service at month end FY 2022-2024



8.2.5 Waiting times

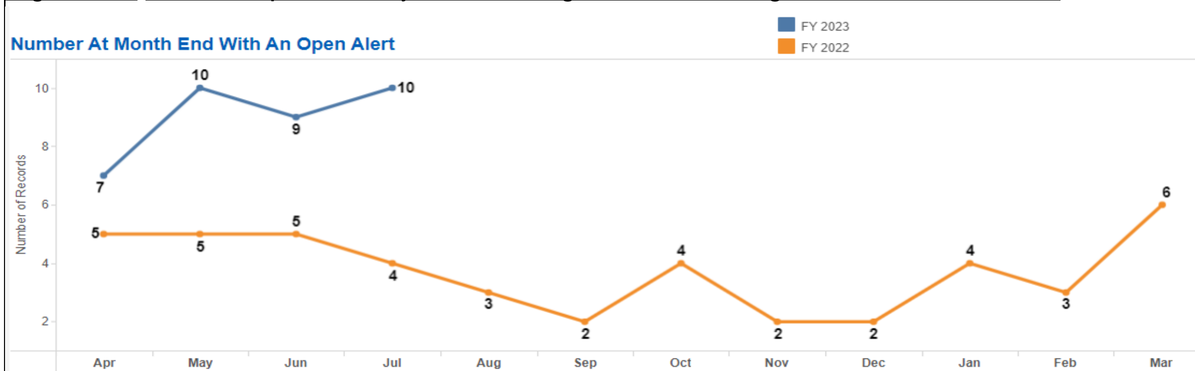
Whilst waiting times for children in care are shorter than those for the service as a whole and better than the England average, the service remains focused on actively managing demand and capacity. The service uses Lean methodology in managing clinical pathways which facilitates increased efficiency in order that waiting times can be minimised. It is important to recognise that there has been a steady, long term increase in demand for CAMHS nationally, and locally within Torbay, and this has been exacerbated since the pandemic. The increase in demand and in acuity has, in turn, placed pressure on waiting times. Waiting times are a particularly important factor for children in care who have an increased mental health vulnerability. Importantly, CFHD's plans to expand the dedicated children in care pathway will provide more coordinated and holistic provision for children and young people in care.

8.2.6 Unaccompanied Asylum Seeking CYP

The graph below shows the number of UASC accessing the service by month during FY 2022 and 2023. As of June 2023, there are no open cases within Torbay. Specialist CAMHS CIC clinicians have been involved in system-wide work focused on the planning and provision of services to meet the needs of UASC and families with refugee status and we are keen to continue this collaboratively work with partners. UAS CYP receive the full range of provision, dependent on their mental health needs and choices. Interpreters are used when needed.

The graph below shows the number of unaccompanied asylum-seeking children/young people who were accessing CAMHS at the end of each month. The data indicates a minimum of 2 and maximum of 6 children accessed the service each month during FY2022 with an average of 4; and a minimum of 7, maximum of 10, and average of 9 each month in 2023. As expected, the data shows an increase in in access between 2022 and 2023.

Figure 14: Unaccompanied Asylum Seeking CYP accessing CAMHS 2022 / 2023



8.2.7 Review Health Assessments for Children in Care

Cfhd CIC Nursing Team provides Review Health Assessments (RHA) for children and young people in care in Devon and Torbay and those place in Devon and Torbay by other local authorities. Torbay children in care represent around 33% of the team's demand (this includes RHAs and related support of young people place from other Local Authorities placed within the Torbay area).

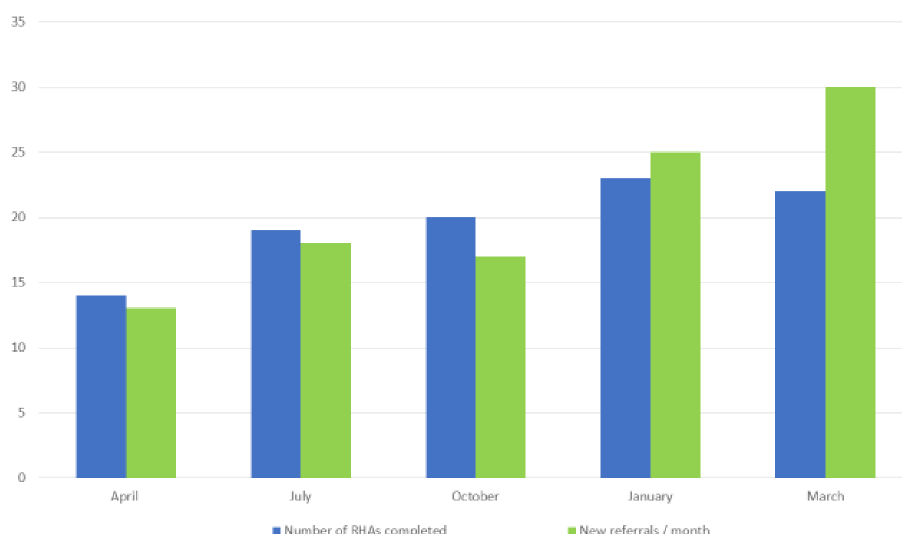
The county-wide[8] Children in Care Nursing Team has a staffing establishment of 10.5 Wte equivalent (WTE), with a Named Nurse for Children in Care and Clinical Team Manager. There is the wte equivalence of 9.5 WTE clinically-facing time. The clinical capacity utilised for Torbay is 3.1 WTE including clinical leadership.

The CFHD CIC Nursing Team has an assessment capacity of 370 RHAs per annum/ 30 per month for Torbay children in care. On average there are 25 referrals per month for Torbay RHAs, although there is significant monthly variation across the year. The majority of health assessment take between 5 and 7 hours per assessment.

Data shows that as of the 1st June 2023 there were 301 children in care in Torbay. There are 21 cared for unaccompanied asylum seekers and 15 care experienced unaccompanied asylum seekers.

Figure 15: Review Health Assessments of Torbay CYP in care carried out by Cfhd CIC Nursing Team

[8] Devon and Torbay local authority areas, excluding Plymouth



(The above table details the number of completed RHAs in blue in the month and the number of new referrals for RHAs in the same month)

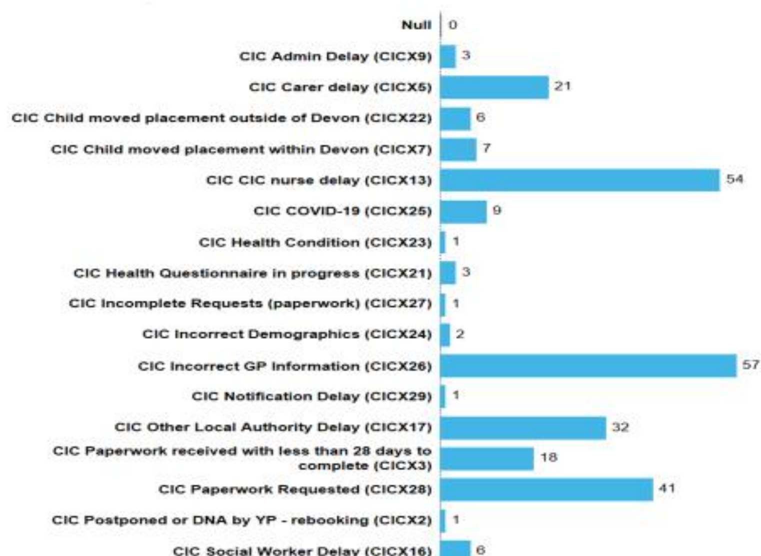
In addition to RHAs, the CFHD CIC Nursing Team provide a range of functions:

- Participation activities with young people, including film-making.
- Participation in meetings e.g. safeguarding, placement stability and strategy.
- 'Movement out' follow up contacts with carer / young person to ensure their health needs
- are being met locally.
- 8-week follow up contacts for unaccompanied Asylum-Seeking young people.
- Following up for police notifications, ambulance liaison notifications, hospital discharge letters, advice and guidance to CYP in care and carers.
- Refer to other health providers in and out of area.
- Training for foster carers, Social Worker s and newly qualified Social Workers, other professional groups and trainees.
- Respond to individual requests from foster carers / CYP.
- Sexual health support including C-Card, provision of chlamydia test kits

8.2.8 Delays in Health Assessments

In 2022/23 Cfhd undertook an audit of Devon and Torbay LA area RHAs to better understand the reasons underlying the delays in RHAs. In summary, of the recorded 263 delays highlighted for the year 2022-2023, 57 (22%) were due to CFHD issues (including staff sickness), 142 (54%) of delays resulted from factors outside of CFHD control and the remaining 24% related to factors such as young person being ill or wishes to delay the assessment. The results of the audit are shown in the diagram below.

Figure 16: Audit findings regarding causes of delays in RHAs (Devon and Torbay LA areas) 2022/23



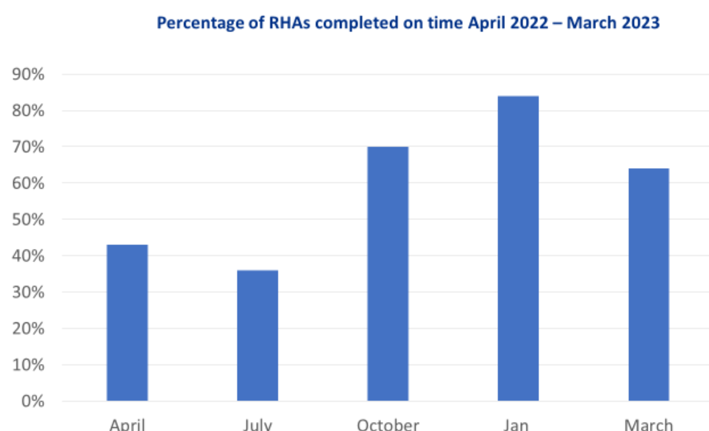
8.2.9 CIC Quality improvement and clinical safety

A proportion of children and young people who are placed out of the Torbay and Devon area are not accessing an RHA in a timely manner; this is due to lack of capacity from the CIC services in areas here they are placed. The CFHD CIC nursing team have continued to undertake RHAs in the best interests of these children and young people who often have complex needs. These reviews are offered remotely and have high acceptance rates; however, this work adversely impacts on the capacity within the service.

As of 31st May 2023, CFHD holds a waiting list of 8 Torbay children in care who require their RHA to be completed. Achieving a waiting list of zero is the goal but this impacted by staffing issues, spikes in RHA referrals and children and placements delaying assessments so they are not in the same period as their exams, holidays etc.

In October 2022 the CIC team completed a job planning, productivity and utilisation review to identify efficiencies and improvements with an action plan in November 2022 to increase the number of assessments completed.

Figure 17: Percentage of RHAs completed on time 2022-2023



One improvement which has been implemented is that each child who is due an RHA is triaged for

suitability for a virtual assessment. If the risk assessment indicates that a remote assessment is suitable, children and placements are offered the choice between a face to face or virtual assessment. If a virtual assessment has been undertaken one year, these children are then offered a face to face appointment the following year. Virtual assessments provide another form of contact, which can enable the nurses to engage with young people who may have otherwise declined their assessments. A percentage of virtual assessments undergo a moderation process to ensure quality and effectiveness.

Virtual RHAs have reduced travel time and increased capacity / assessment activity. The CIC team are investing in training of carers, social workers and personal assistants, to raise the profile and importance of health assessments, aiming to improve effective partnership working and increased capacity with the CIC Nursing team.

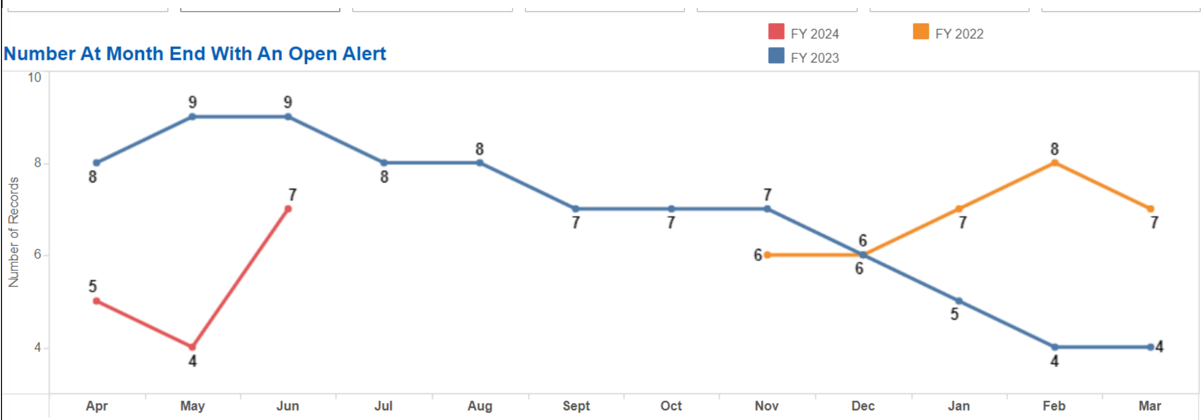
Since 2022 the child in care nursing team in conjunction with Young Devon have conducted a project called the ‘Most Significant Change Model’. This qualitative project obtains the voice of children and young people in care, to inform their needs and in turn our practice. This has been successful in obtaining the voice, views and feelings for a vulnerable group that historically has proven challenging to capture. This project is planned to continue for the next year.

8.2.10 CYP on a Child Protection Plan

In contrast to the reduction in numbers of children in care accessing CAMHS, in the last 12 months, there has been an increase in children accessing the service who are on a Torbay LA Child Protection Plan. It would be useful to consider the relationship between the two cohorts of children and the trends relating to Children in Need to understand the changing patterns of mental health presentations within key cohorts of Torbay’s vulnerable children population.

A recommendation from this review is for collaborative data sharing to understand this data in context. Key audit questions would be, what is the proportion of children on child protection plans and children in care referred to CAMHS in the context of local trends?

Figure 18: Number of children open to CFHD CAMHS who are subject to a Child Protection Plan in Torbay



8.2.11 Therapeutic Well-Being Service

The Torbay Therapeutic Wellbeing Service (Commissioned via the ICB from TCC to CFHD) is under review. The focus of this service to date has been working with children in need, children in care and those children/young people identified under child protection processes. CFHD leaders have met

with TCC colleagues to collaboratively design the service offer to meet the current needs of the children and young people in Torbay and the Children's Social Care department Social Workers. The subsequent changes to the service specification will be taken forward by TCC and the ICB.

Table 9: TWS activity data: April 2022-March 2023

Referral received	43
Referrals accepted	40
Referrals declined	3
Consultation sessions	162
Time from referral to treatment	2 weeks
Contributions to court reports	3

8.2.12 CAMHS Clinical in-reach: membership of joint agency panels and training

There is clinical representation from CAMHS at the monthly Channel and MACE meetings. As a member of these groups, the CAMHS clinician contributes to the overall planning of support for young people and in particular, the planning and understanding of the young person's mental health needs and how best to meet those needs. The Torbay TWS delivers a monthly CAMHS foster carers group.

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9. Cfhd Therapies and Nursing provision

A proportion of children and young people who receive their care and treatment from the Therapies and Nursing services within Cfhd are those classified as having SEND needs, and some of whom hold EHCPs. The following information provides a brief outline of the nature of the Cfhd Therapies and Nursing provision to Torbay children.

9.1 Speech, Language and Communication needs

The Speech and Language Therapy team see children and young people aged up to their 18th birthday who have speech, language or communication needs (SLCN) impacting significantly on development or daily functioning e.g. Speech disorders, Developmental Language Disorder, Social Communication and Interaction Disorders and Dysfluency.

Table 10: Average monthly SALT referrals, wait times and number CYP waiting

Number of children waiting to be seen	Mean waiting time (weeks)	Referral to treatment (% of children waiting up to 18weeks to start treatment)	Average accepted monthly referrals
425	32	48%	50

- Within the CFHD SLT workforce there are a number of vacancies, and recruitment is underway within the Torbay area to fill the vacancies in both registered and unregistered clinical positions. Nationally there is a known shortage of speech and language therapists with historically low numbers entering training. We have escalated this to the regional NHSE team with a view to influencing a national drive to increase the flow of trainees into the SLT workforce. The team is also developing links with educational settings to enhance recruitment.

- Clinical space allocated to Speech and language Therapy in Paignton and Brixham has been reduced since the pandemic and allocated to other health services. This lack of clinical space equates to 45 lost assessment/therapy appointments per week. We are working with the estates teams to secure additional clinical accommodation
- A waiting list project is underway in Devon, enabled through non-recurrent LA funding, and the learning from this project is being implemented in Torbay to support children and families waiting to be seen, for example;
  - Online case histories have increased consistency and speed of return from families/carers enabling children to be seen sooner.
  - Screening tools being sent to families & settings to allow quicker access to 'First Steps' intervention
  - Parent information groups available for families to access for support.
- Waiting lists across Torbay have been centralised ensuring children are see by priority need not by school or postcode.
- Virtual and telephone drop-ins are available to all families and settings to engage with Speech and Language Therapists while waiting to be seen.
- Termly support offered to all schools to discuss children of concern and provide early intervention advice.

9.2 Occupational Therapy

The Occupational Therapy (OT) Team work with children and young people up to their 18th Birthday with physical, sensory, developmental, cognitive and social needs that affect their functional abilities and impact on daily life. CFHD OT service also assesses and makes recommendations for the provision of adaptions and equipment on behalf of Torbay Local Authority.

Table 11: Average monthly Occupational Therapy referrals, wait times and number CYP waiting

Number of Children Waiting to be Seen	Mean Waiting Time (weeks)	Referral to Treatment (% of children waiting up to 18weeks to start treatment)	Average Accept Referrals
77	20	58%	25

- Commonly, when a child is seen within the service, they present with needs across multiple domains and therefore receive multiple interventions. This complexity in children's needs has increased over time.
- Regular meetings are held with Torbay Housing department to support increased throughput of adaptations and equipment and to support appropriate and more prompt housing allocation
- The OT team attend Child Health 'First Steps' meetings and provide clinical support
- There is an OT offers OT 'Early Help.' Offer for Early Years
- The service joins the CHUB and SEN Torbay and South Quality and Effectiveness meeting to support signposting and prioritisation of referrals.

9.3 Physiotherapy

The Physiotherapy Team work with children and young people in the Torbay and South Devon area up to their 18th Birthday with physical, neuromuscular, developmental and cognitive and needs that affect their functional abilities.

Table 12: Average monthly Physiotherapy referrals, wait times and number CYP waiting

Number of Children Waiting to be Seen	Mean Waiting Time (weeks)	Referral to Treatment (% of children waiting up to 18weeks to start treatment)	Average Accepted Monthly Referrals
61	13	90%	18

-
- Children with needs classified as urgent are seen within 2 weeks and 90% of patients within 18 weeks.
- Staffing absences have impacted the capacity within the team, but recruitment is underway to vacant posts.

9.4 Learning Disabilities

The Learning Disabilities Team comprises specialist LD nurses and Clinical Psychologists providing community advice and support to children and young people up to their 18th birthday with moderate to profound LD and their families.

Table 13: Average monthly Learning Disabilities referrals, wait times and number CYP waiting

Number of Children Waiting to be Seen	Mean Waiting Time (weeks)	Referral to Treat (% of children waiting up to 18weeks to start treatment)	Average Accepted Monthly Referrals
7	10	90%	5

- There are four clinical pathways of support within the Children's Learning Disability Service; Behaviour, Sleep, Health and Psychological Wellbeing.
- Children are RAG rated according to need at the point of referral, and allocated to the appropriate pathway that will meet their dominant need. This RAG rate is reviewed on a regular basis within the LD Early Support Service.
- The Early Support Team support children and their families at the point of referral, and will make contact within 4 weeks of acceptance.
- Waits within the service are usually due to waits for an appropriate workshop date (the dates are on a rolling programme) to parent request.
- Children are monitored whilst on the waiting list by the LD Early Support Service.
- The team supports children over the long term (over 52 weeks) and has a focus on partnership working with the LA children's social care department to support children at risk and with possible placement breakdown.
- There is a Duty System which is available currently Mon-Friday 9-5 which can be accessed by children, parents and other professionals. The Duty email enables parents to contact out of hours which may be easier for them, to which we respond the next working day.

9.5 Children's Community Nursing

The Children' Community Nursing Team provides specialist support, training and clinical interventions to children and young people aged up to their 18th birthday with complex physical health needs which can be managed at home or in an appropriate community setting (including short breaks, nursery and education) and those attending special schools in the commissioned area. This includes end of life care.

Table 14: Average monthly Children's Community Nursing referrals, wait times and number CYP waiting

Number of Children Waiting to be Seen	Mean Waiting Time (weeks)	Referral to Treat (% of children waiting up to 18weeks to start treatment)	Average Accepted Monthly Referrals
0	1	100%	6

9.6 Autistic Spectrum Disorder Assessment Team

The Autism Spectrum Disorder (ASD) Assessment Team provides assessments to children and young people aged from 5years and up to their 18th Birthday who are registered with a GP in Devon and Torbay.

Table 15: Average monthly Children's Community Nursing referrals, wait times and number CYP waiting

Number of Children Waiting to be Seen	Mean Waiting Time (weeks)	Referral to Treat (% of children waiting up to 18weeks to start treatment)	Average Accepted Monthly Referrals
707	70	20%	32

- Demand for ASD diagnostic services have increased significantly.
- The clinical capacity within the service is insufficient to manage the demand for ASD diagnostic services. Discussions are underway between Cfhd and the ICB to develop a Business Case (see section 12).
- Recruitment is underway to the new Managing Neurodiversity pathway; the team have significant vacancies in therapy posts. A virtual team is currently employed to provide additional capacity
- The ASD team have a joint clinic with TSD Paediatrics 'Next Steps' pilot which is jointly assessing the longest waiters to both services. Whilst this has created efficiencies there is limited clinical capacity due to vacancies within both services
- All children under the aged of 13yrs currently needs to be assessed by paediatrics and the ASD team.
- The team priorities children in transition from primary to secondary and leaving secondary school.
- The team prioritise children from military families who often move areas frequently.
- Assessing longest waiters can be impacted when there are expedite cases and transition cases.

9.7 Infant and Early Years

The team works with infants and young children up to the age of 5 who show significant delay in at least two or more areas of development, which must include cognition, play and communication; as well as infants up to 2 years of age, whose psychological development is at significant risk due to complex environmental factors.

Table 16: Average monthly Children's Community Nursing referrals, wait times and number CYP waiting

Number of Children Waiting to be Seen	Mean Waiting Time (weeks)	Referral to Treat (% of children waiting up to 18weeks to start treatment)	Average Accepted Monthly Referrals
289	68	11%	10

Cfhd and the ICB are currently reviewing the access criteria for this service. Significant work is planned to work with Paediatrics to improve the design of the relevant care pathways, as these have developed over time in such a way that they do not provide an integrated pathway for families.

10. Partnership work undertaken by Cfhd

CFHD attendance at partnership meetings is ongoing and focusses on meeting the needs of children with complex, high risk needs or vulnerabilities as well as focused system development pieces of work. Some of the regular meetings attended include:

- Education medical panel meeting (fortnightly)
- Education care and management board (weekly)
- Education Quality Effectiveness Group (6 weekly)
- Prevent Panel (monthly)
- MACE meeting (monthly)
- Acute Paediatric meetings (monthly)
- Place of Safety and SWAST meetings (monthly)
- First Steps Project (monthly)
- Transitions meetings (monthly)
- SEND WOSA working groups and oversight group
- Children's Acute Respiratory Meeting (with Devon Commissioners looking at service provision monthly)
- Rheumatology CAKE (Care of Arthritis Kids and Education) meeting that follows our Rheumatology clinic
- Treat Me Well (monthly)
- LDAP Torbay CYP Tracker meeting (monthly)
- Clinical and care professional group meeting (Learning Disability and Autism Clinical and Care Professional Working Group) - bi monthly. *
- Health Inequalities, Preventions and Improvement Group meeting (bi monthly) *
- NHS Devon MCA Health Partnership Meeting (Quarterly) – replaced LPS steering Group meeting. *

* serve both Torbay and Devon.

11. Children and Young people with SEND

Children and young people with SEND receive care and treatment from all parts of CFHD. We currently do not have the IT functionality in our electronic patient record system to provide data regarding the number of children with SEND who are currently receiving care and treatment but we will be able to report this once our new EPR is developed and implemented.

The below information demonstrates that CFHD has received 207 requests for contributions to EHCPs from Torbay Local Authority between April 2022 – present. In May, 7 EHCP requests were received from Torbay Local Authority. 29% of EHCPs due in May were completed within 6 weeks.

Figure 19: Requests received for contributions to EHCPs from Torbay LA April 2022 to present

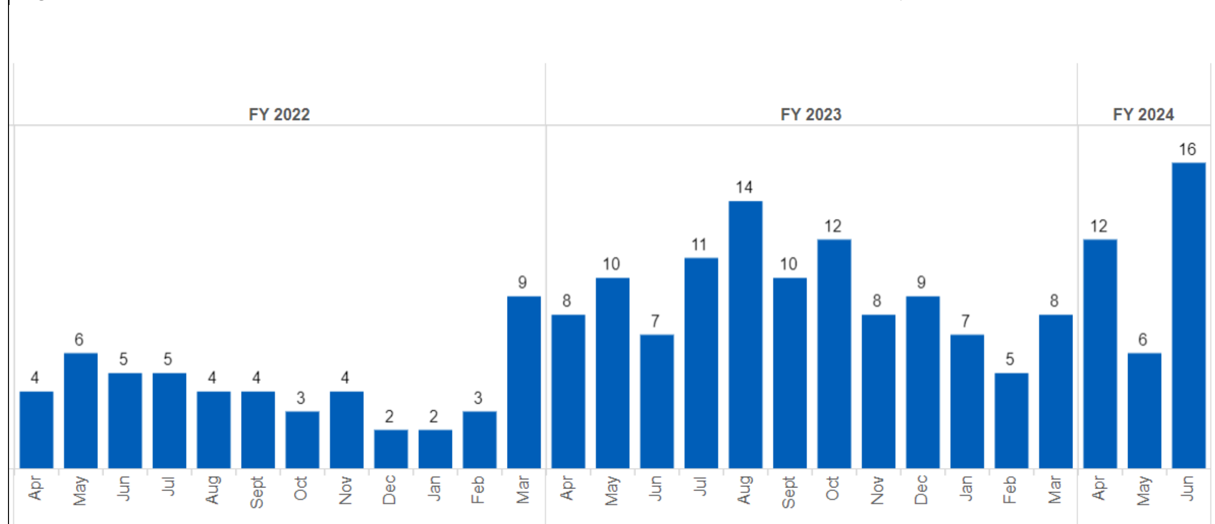
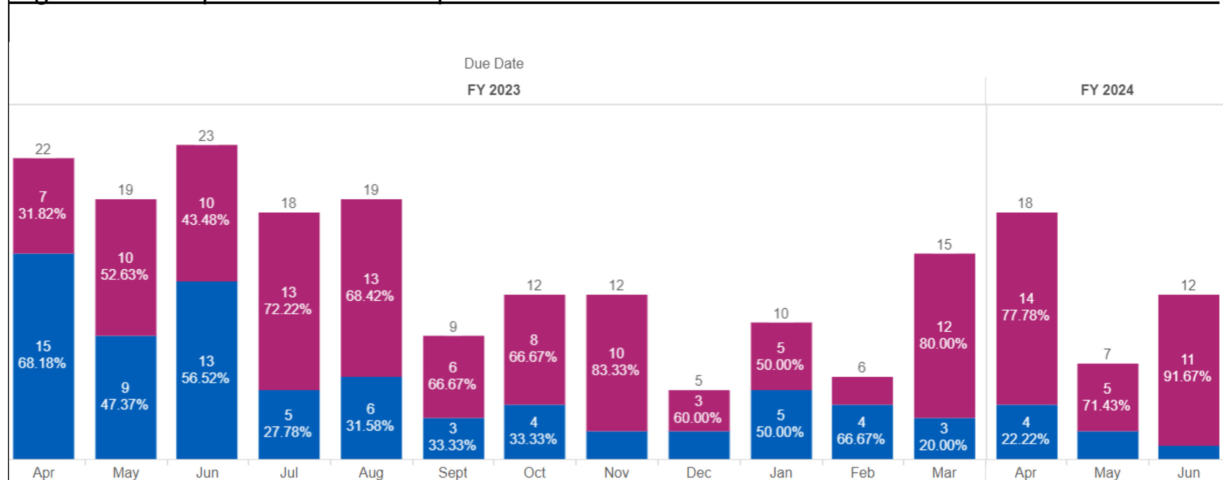


Figure 20: Response times to requests for contributions to EHCPs 2022/23 and 2023/24 YTD



We are committed to improve our compliance with regard to contributions to EHCPs. Accordingly, there is an EHCP improvement workstream within CFHD to reconfigure the internal EHCP recording and QA systems which will support staff in timely completion of ECHPs. The improvement plan includes:

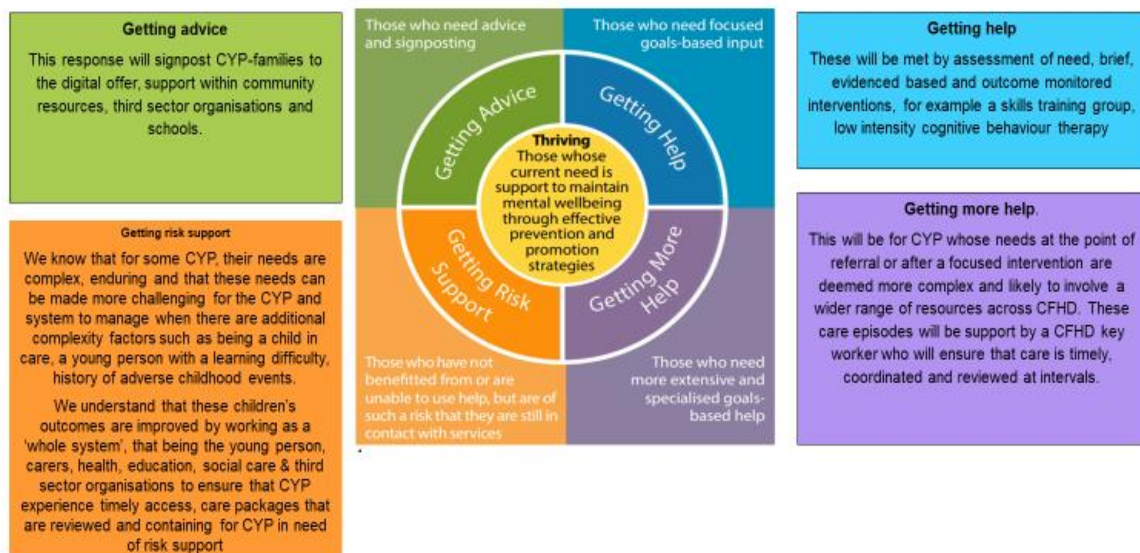
- A new post of SEND Manager has been created and this is currently out to recruitment
- Weekly and monthly data reporting, to improve response times and to identify / rectify causes of delays.
- Weekly meetings with Heads of Service, to prioritise cases for response.
- Weekly drop in sessions in place for staff to support in EHCP completion.
- Staff training and support to staff for EHCP completion.

12. Child and Family Health Devon (Cfhd) service transformation

The new Cfhd service model has been developed by clinicians with input from young people, parents / carers and communities to create one service that integrates physical and mental healthcare provided across two NHS trusts, Torbay and South Devon NHSFT and Devon Partnership Trust.

Ten needs-based pathways have been developed in which clinicians from different health specialties will create a 'health team around the child' providing coordinated care for children with often complex needs. There will be a single point of access for all referrals, rapid (within 24 hours) clinical triage and multi-disciplinary assessment clinics in each locality. The new service model will be enabled through the development of a new patient electronic record system, called System One. This will provide an integrated record of the treatment episode for the child, along with integrated Care Plans, Risk Assessments and Risk Management Plans. The service has been designed to align with the Thrive Framework (Wolpert at al, 2019), a needs-based framework originally designed for CAMHS, but In Devon is being applied to the integrated service. The Thrive Framework is shown in the diagram below.

Figure 21: Thrive Framework (Wolpert et al, 2019) adapted for CYP integrated community physical and mental health services[9]



The implementation of Thrive will mean that the service moves away from binary a system of accepting or rejecting referrals. All children referred will receive a service, whether that is:

- Getting Advice
- Getting Help
- Getting More Help
- Getting Risk Support

11.1 Needs based clinical pathways

Decisions about the most appropriate response to meet a child's needs will be based on the evidence base. Clinical triage, undertaken by a multi-disciplinary team of senior clinicians in each locality will screen referrals daily in order to ascertain need and identify and act upon, if needed, any immediate risks. In some cases, clinical triage will involve an appointment / telephone call with the child/young

[9] The Thrive Framework was developed by a team from the Tavistock and Portman NHSFT and The Anna Freud Centre / University College London. It's design and evidence base is intended for use in child and adolescent mental health services. However, in Devon, the intention in the 2019 commissioning strategy was to use the framework as the basis for the delivery of both community mental healthcare and physical healthcare for children.

person/parent/carers. The new pathway model will ensure robust clinical decision making early in the patient's journey so that needs can be rapidly identified, and advice, evidence-based self-help guidance or signposting can be provided immediately. Should a child's needs be such that they need specialist care and treatment, they will be allocated to one of the following needs-based pathways.

Table 17: Cfhd new needs based service model: clinical pathways and children within scope

Clinical Pathway	**Who is the pathway for?**
Infants & Early Years' development	CYP with significant developmental delay in two areas of their development which include cognition play and communication. Infants up to 2 years whose psychological development is at significant risk due to complex environmental factors NB: This pathway is under further review.
Vulnerable Children	CYP presenting with mental health and emotional distress who have additional complex needs including • Children in care • Children accessing youth justice services • Children accessing drug and alcohol services • Children on a child protection or child in need plan who do not need a therapeutic intervention. This pathway will also review the physical health needs of children in care
Managing Mood, Emotions, and Relationships	CYP presenting with needs indicative of severe, complex and enduring mental health presentations including: • Depression • Anxiety spectrum difficulties e.g. social phobia, panic disorder, generalised anxiety, separation anxiety, OCD, PTSD • Emotional Dysregulation • Self-harming related to underlying mental health condition • Gender Dysphoria • Selective mutism associated with severe mental health
Cognition & Learning	**insert**
Children's complex physical health, including palliative care	CYP with complex physical health needs which can be managed at home/ in community setting including CYP with disabilities and complex conditions including: • Life limiting and life-threatening illness including end of life care; acute • Short-term conditions to prevent/ shorten hospital admission • Long term health conditions, • Dysphagia
Managing risk (Crisis pathway)	CYP presenting in mental health crisis and identified as being at risk of harm to self or others. CYP presenting as at risk of tier 4 inpatient admission. Those experiencing acute mental illness including risk of disengagement, long term service use associated with poor (physical and MH) health outcomes
Managing Eating	CYP presenting with needs indicative of an eating disorder including • Anorexia nervosa • Bulimia Nervosa • Binge Eating Disorder • Atypical Eating Disorders
Physical & Sensory	CYP presenting with needs relating to the following conditions with co-morbidities • Developmental disorders • Neurological conditions • Auditory conditions • Sensory Differences
Communication & Interaction	CYP with SLC needs impacting significantly on development or daily functioning including • Speech disorders • Developmental language disorder • Social Communication and Interaction Disorders

	• Dysfluency
Managing Neurodiversity	CYP presenting with needs relating to of Neurodiversity including: ASD (assessment only), ADHD with complex mental health needs, Tic Disorders and Tourette's
Mental Health in Schools	Part of a national initiative with a prescribed evidence-based model MHST works with identified schools to facilitate a whole school approach to supporting emotional wellbeing. A series of group interventions are provided to school staff, parents/carers / children and young people alongside individual CBT based treatment for mild to moderate emotional wellbeing difficulties.

Mobilisation work is currently underway and we look to go live with the new service model later in the year.

11.1.1 Children and young people in care within the new service model

In the new service model, we are integrating our existing dedicated children in care pathway – CAMHS and CiC Nursing, with other teams working with vulnerable children- and extending it. This means that the CAMHS wte staffing (Devon and Torbay), specifically for children in care, will increase in real terms from the current level of 6.3 wte to 13.8 wte clinical staff with 30.6 wte clinical staff overall in the Vulnerable Children pathway. The multi-disciplinary team will include other specialties such as Occupational Therapy and Speech and Language Therapy staff to enable a more coordinated offer for children in care and their carers. Whilst there will be an enhanced dedicated service for children in care, we envisage that they will also need to access care and treatment from specialties which are not based in this clinical pathway and in these circumstances, we aim to ensure the different elements of service provision are well coordinated.

Children in care and care leavers have told us that they do not like having to get to know, or repeating their story to new workers when they move to live with different carers in a new town. Development of a mental health pathway that is the same for all CIC living in Torbay and Devon will mean that changes in home address will not affect the support and care that children and young people receive or necessitate an immediate change in clinician. As we continue to develop our understanding of the efficacy of psychological therapies delivered via video calls or telephone, this provision will enable ongoing relationships between staff and young people even if they move to the other side of the County. We envisage that the dedicated clinical teams will therefore offer greater continuity for our children in care, enabling them to develop relationships with clinicians in their local team, which we consider to be important for children who have experienced disruption and loss in their early years.

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13. Scope and resourcing of children's community healthcare

It is important to note, that it is recognised by the ICB and TSDFT, as contract holder for Cfhd, that there is a lack of resource within the children's Cfhd contract to fully meet the health needs (in scope) of the child population. This is due to the original funding envelope as well as the very significant increases in demand and acuity, particularly in the wake of the pandemic. This means that whilst there is continuous work internally to embed optimal efficiency and thereby to minimise waiting times, for some services, children continue to wait longer than is desirable. This is driven by high demand and for some services by here being insufficient clinical resources. Waiting lists are reviewed across Cfhd to assess the risks for those waiting.

As a result, the ICB and Cfhd are engaged in a review of the service specifications with the aim of aligning the scope of the specifications to the available financial resource. Critically, alongside this, the parties are undertaking a 'harm review' to identify the potential 'harm' caused by the shortfall in

provision, to the health of the child population. The ‘harm reviews’ will then enable the ICS to consider the risks to child population health as a result of the current level of resourcing and where it is considered that the risks cannot be tolerated, to provide the evidence base for additional funding.
Currently, ‘harm reviews’ are being undertaken in respect of physiotherapy, Speech and Language Therapy, Occupational Therapy, the infant and early years’ service and out-of-hours end of life community nursing care. Additionally, the capacity of CAMHS and the ASD diagnostic service is also under review. Harm reviews are also used to understand and manage the waiting lists across Cfhd.

14. Summary

The report has discussed the services provided by Cfhd in response to the Board’s request.

Prevalence rates for mental disorder in children and adolescents has increased over time. This has been particularly marked for eating disorders during and since the pandemic. Specialist Community CAMHS is commissioned to provide assessment and treatment for children and young people with mental disorders; with the exception of Mental Health in Schools Teams which delivers intervention for mild to moderate needs. Children with emotional wellbeing difficulties have their needs met through a range of cross-sector services.

There has been a steady increase in referrals to Torbay’s Specialist Community CAMHS, in line with the national trend and this has been more marked since Covid 19. There are a number of quality improvements underway and waiting times are being reduced. Access to Specialist Community CAMHS is determined by considering the child’s mental health symptoms, the duration of the difficulties, complexity and protective factors and impact on functioning. The complexity factors for children / young people in care, is weighted in recognition of their vulnerability.

Torbay young people with acute, high risk mental health needs receive effective care in the community from the Assertive Outreach and Home Treatment Team which operates 7 days/week 9am -10pm and successfully prevents the need for admission to inpatient care. Cfhd has the lowest CAMHS inpatient use in the region.

Mental Health in Schools Teams works into 18 schools supporting mild to moderate needs and whole school approaches to emotional wellbeing. Children in care wait less time than others to receive treatment and the timeliness of children in care Review Health Assessments is improving. The majority of delays relate to factors outside of Cfhd’s control.

Some services including Children’s Nursing, Physiotherapy and Learning Disability services maintain short waiting times and Occupational Therapy is on an improving trajectory. In 3 services – ASD diagnostic service, Speech and Language Therapy, Children’s Assessment Centre (under 5s), children wait longer than is desirable. This is due to high demand and insufficient clinical resource.

Children and young people with SEND needs are seen in every service across Cfhd . The timeliness and QA of Cfhd contributions to EHCPs is subject to improvement work. The system to support this is being strengthened and a new post of SEND Coordinator has been established.

Cfhd is undergoing a large-scale service transformation. Needs based clinical pathways have been developed and are currently being mobilised. The new model integrates physical and mental healthcare and provides coordinated multi-disciplinary care for children with multiple and complex needs.

It has been established that there is insufficient clinical resource within the Cfhd contract to meet the

	(within scope) health needs of the child population due to the original funding envelope, and significant increased demand and acuity. The ICB and Cfhd are carrying out 'harm reviews' to identify the risks to child population health in order that the ICS can consider the tolerance, or otherwise, of these risks and future resourcing.