



14th January 2020

Joanne Douglas
Healthwatch Calderdale
Elsie Whiteley Innovation Centre
Hopwood Lane
Halifax
West Yorkshire
HX1 5ER

Dear Joanne

Re: Healthwatch Report; Calderdale Child and Adolescent Mental Health Service (CAMHS) - families of children displaying signs of autistic spectrum condition (ASC), attention deficit hyperactivity disorder (ADHD), or attention deficit disorder (ADD)

I am writing further to our telephone conversation on the 18th December 2019 and the subsequent follow-up email I sent to you on the 19th December 2019 regarding the Healthwatch Report referenced above.

As discussed, the feedback contained in this letter has been produced by members of the Open Minds Partnership (OMP) which includes both providers and commissioners of children's emotional wellbeing and mental health services:

- NHS Calderdale Clinical Commissioning Group (CCG)
- Calderdale Metropolitan Borough Council (CMBC)
- Northpoint Wellbeing Limited
- South West Yorkshire Partnership NHS Foundation Trust (SWYPFT)
- Kooth – on line counselling.

(N.B: the OMP links closely with the Calderdale multi-agency Emotional Health and Wellbeing (EHWB) Taskforce, who direct the implementation of the Local Transformation Plan and have representation from young people through the Tough Times Reference Group.)

The OMP met to discuss the Report findings in early December 2019. (Kooth were, however, not present.)

The OMP recognises that there is still much to be done to improve emotional wellbeing and mental health services for children and young people in Calderdale, and very much welcomes the Healthwatch Report as a means of informing the actions that need to take place. However, it felt that the Report did not reflect the range of the positive changes made over the past 12 months, particularly to Autism Spectrum Disorder services, and these are referenced in Appendix A.



Chair | Dr Steven Cleasby
Chief Officer | Dr Matt Walsh



We would welcome the opportunity to work together with Healthwatch to further engage with children and young people and parent carers. In order to maximise these engagement opportunities the OMP had some constructive feedback to help us move forward together:

- The OMP was not entirely clear about the target audience for the survey, and felt that it would have been good to have encouraged responses from those in contact with services provided by the OMP, and again this is something we can help with.
- The Report did not differentiate between the school-age and early years ASD pathway. The OMP felt it would be beneficial to seek views from an additional range of providers who could support more engagement with children aged 0-5 and their parent carers. These providers are not part of the current OMP, but the OMP could share their details with Healthwatch.
- Partners felt the Report did not triangulate positive feedback, particularly the views of those who were seen within 6 months and did not provide comments, and again this is something we could jointly build on.
- It was recognised that the sample size of survey was small and that, as the Report mentions, not fully representative or reflective of people's experiences. Again, it was felt that further work could be done jointly to support the generation of a larger sample.

The Healthwatch Report set out three actions to be taken:

1. Arrange a meeting to discuss this report in further detail;
2. Respond to participants' comments, ideas and feedback;
3. Discuss issues raised and advise on future plans for improving services for children and young people with autism and mental health concerns.

1. Meeting to discuss this report in further detail

As you know, Healthwatch has been invited to attend the OMP Steering Group meeting on Thursday 16th January 2020, 10.30am to 12.30 p.m. at Dean Clough. I know that you are unavailable to attend personally, but that a colleague would attend on your behalf which is really helpful.

2. Respond to comments, ideas and feedback and;

3. Discuss issues; advise on future plans for improving services

In relation to the two questions above, the OMP has responded in detail to the five key areas highlighted in the Report. The output was generated in an OMP Workshop and then summarised in Appendix A.

It is an exciting time of change and transformation for children and young people's services in Calderdale and the Open Minds Partnership would value working meaningfully with Healthwatch going forward. We see the meeting on 16 January as an important starting point for this to take place.



Chair | Dr Steven Cleasby
Chief Officer | Dr Matt Walsh



Thank you for sharing the outcomes of the Report and for offering the Open Minds Partnership the opportunity to respond to it.

Yours sincerely



Rhona Radley
Deputy Head of Service Improvement
NHS Calderdale CCG

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On behalf of the Calderdale Open Minds Partnership

Appendix A

Response to comments, ideas and feedback and future plans

1. Waiting Times and Assessment

(a) Progress to date

- Over the past five years there have been a number of changes across the system affecting both health and educational settings, and this has been a critical factor in the significant increase in demand for ASD services. In relation to work to mitigate this increase, progress has been made in a number of areas, Calderdale ASD Steering Group (a multi-agency partnership including Unique Ways and Calderdale National Autistic Society (NAS)), have been addressing these areas (and others) via its action/improvement plan. However, we acknowledge there are still improvements to make, particularly in relation to:
 - Providing timeframes
 - Self-referrals
 - Education and training courses for parents/carers/staff
 - Choice of venues and design of rooms
 - System approach to diagnosis i.e. based on need
 - Cultural changes
- In 2018 a post for a practitioner responsible for supporting families on the waiting list, was made permanent. This post has been received extremely positively by children and young people, and parent/carers.
- Since 2018, all ASD/ADHD referrals are now made through the OMP First Point of Contact (FPOC), improving access to services.
- The FPOC implements an ASD/ADHD Neuro-developmental screening tool. This is an inclusive screening process involving providers, schools, the young person and their families, which enables the voice of the young person and parent/carer to be included in the screening process. This has led to improved partnership working across the system and a smoother transition process for children and young people who are referred for assessment.
- Recent feedback received from NAS and Unique Ways is that parents are having a better experience and there has been a tangible reduction in the waiting times.
- The OMP acknowledges that further work is required to clarify how to refer children who are not in a school setting.
- During 2019/20, the CCG and CMBC provided additional funding which has resulted in a reduction in waiting times. The plan is to reduce the waiting times to 12 months by February/March 2020 and reduce this further during 2020 (described further in 'future plans' below).

Importantly, the Report content relates to ASD/ADHD/ADD, however, the term 'CAMHS' is used throughout. The OMP felt this was confusing.

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(b) OfSTED/CQC Inspection 2019: Summary of Strengths and Areas for Development

The independent report from Inspectors stated that:

- There is a wide range of support for children and young people who have social, emotional and mental health needs available
- Young people receiving this support have a positive experience of these services
- Children and young people with a mental health condition who require specialist help are receiving support from Child and Adolescent Mental Health Services (CAMHS) within two months of referral (this is now at 6 weeks).

(c) Future Plans

- Additional funding has been committed by the CCG and CMBC to continue to reduce waiting times and ensure the service is sustainable to meet future demand.
- A Neuro Developmental Pathway is in the process of being developed by partners and implemented for ASD & ADHD. The plan is to commence from April 2020 (for school-age children and young people).
- There is recognition and agreement across the system in Calderdale that a cultural shift is required on ASD/ADHD.
- The self-referral process is currently being tested with the FPOC and will be rolled out further during 2020.

Currently services are not designed or delivered based on need. They can only be accessed when there is a *diagnosis*. We have acknowledged that the system needs to be brave and agree how to transform ways of working as a way of addressing need, rather than requiring a label before a child or young person can access support.

2. Treatment

(a) Progress to date

- The processes and pathways for ASD/ADHD were reviewed in Calderdale by an independent consultant in 2017/18.
- Following this, the OMP, along with wider system partners, have been working together to develop the new Calderdale pathway.
- Please note that the current pathways are NICE (National Institute for Health and Care Excellence) compliant.

(b) Future Plans

- The Neuro-developmental pathway is being established and implemented for school-age children and young people by April 2020.
- Feedback received from participants will be considered as part of developing the Neuro-developmental pathway.

3. Support

(a) Progress to date

After reviewing the challenges and suggestions presented in the Report, the OMP wishes to express their commitment to continue to learn and advance their thinking around the offers available to children and young people, and families. In response to this aspect:

- There is a wide range of support currently available to children and young people/families in Calderdale, for example:
 - Care navigation is provided by the FPoC for children and young people.
 - Information Pack for parents – designed and produced by parents to provide them with support and advice.
 - A Poster and leaflet produced by children and young people in Calderdale to explain the assessment pathway.
 - Working on training and support for parent carers whilst their children are on the ASD waiting list - to be launched by Unique Ways in 2020.
 - Enhanced short breaks (a pilot funded by NHS England): provides innovative support to children and young people with ASD. This is for children on a waiting list plus those who are not engaged with services.
- Support offered by phone as part of the FPOC service, developed and implemented following engagement with children and young people. This ensures children and young people are aware of:
 - Alternative support/advice available while they wait for an assessment and/or diagnosis;
 - Support/advice available to those who are curious, but do not wish to engage with specific services;
 - Early and alternative support available to those who do not meet the assessment criteria.
 - A range of information provided through websites, information guides/packs and online services such as Kooth, which some young people prefer to access because they can do this anonymously.
 - The OMP offers support to young people with a diagnosis of autism who also have a mental health issue. OMP staff recently took part in 2-day training on how to provide tailored mental health interventions to young people with autism
- The OMP offers support to young people with a diagnosis of autism who also have a mental health issue. OMP staff recently took part in 2-day training on how to tailored mental health interventions to young people with autism.
- The OMP recognises further action is needed to improve a number of areas, including for example: increased complexities of issues presented by children and young people, parenting support, post-diagnosis support, technology, transition to adulthood and the OMP will ensure these are included in its action plan for 2020/2021.

(b) OfSTED/CQC SEND Inspection 2019: Summary of Strengths and Areas for Development

The independent report from Inspectors stated that:

- Knowledge about what support is available, how to access it and the expectations about its quality and timeliness are not communicated clearly particularly for support around ASD.
- Transitions between the universal and specialist emotional health services work smoothly and effectively.

(c) Future Plans

- To extend the OMP Steering Group to include wider involvement from community and other system partners. This will help partners work together better as a system, problem solving, sharing information, and promoting each other's services within Calderdale. This is particularly important as we are aware that some children, young people and families are still unaware of what information and support is available.
- The OMP is participating in a national pilot for personal health budgets for children and young people. The pilot will be reviewed and evaluated in April 2020 and we are hoping this will lead to a wider offer and choice to those in need of personal plans.

4. Staffing

(a) Progress to date

- Since the creation of the OMP, there has been a specific focus on the workforce delivering emotional wellbeing and mental health services in Calderdale.
- In 2019 the OMP commissioned an independent external consultant to; map the Northpoint and SWYPFT workforce, identify current and desired future status of staff recruitment, retention (including training, development and succession planning), ways of working and operating standards, and to make recommendations. The findings were shared with staff in these organisations.
- The OMP has used this to design and implement a workforce action plan.
- Further workforce mapping and planning is being undertaken in 2020, involving an assessment of the current skillset of practitioners and data leads within the wider Calderdale social, emotional and mental health workforce. Participants will also identify gaps in skills, knowledge and support. This will be used to further develop the workforce action plan.
- The OMP recognises the themes highlighted in the Healthwatch Report, since some of these were also identified in the 2019 independent mapping exercise it commissioned.

(b) Future Plans

- A further piece of work has been commissioned to map the system workforce operating across the wider community in Calderdale, to be completed in 2020. This will help the OMP understand the wider workforce implications and develop a workforce strategy.

5. Communications

(a) Progress to date

- Communication regarding available support is currently provided in a number of ways, including:
 - The Local Offer
 - The Open Minds Website – this has a new section for schools <http://www.openmindscalderdale.org.uk/>
 - A toolkit for SENCos
 - A newly-produced ASD *Frequently Asked Questions* co-designed by the OMP with parent carers, to share with children and young people, and parent carers/families.

The OMP is currently implementing a communication plan for 2020 to ensure that professionals supporting children and young people, parents/carers and families, understand the change that's taking place in the way emotional health and wellbeing support is provided in Calderdale.

The plan sets out the OMP's unified approach to:

- Promoting the key messages around the new approach to tier-less service provision that follows the THRIVE model to stakeholders.
- Identifying specific audiences to target with messaging, and the best communication channels to reach them.
- Promoting events that show how the work done by the OMP affects peoples' lives, or give an opportunity to engage with young people and their carers to build better services.
- Collating material for partners' websites and social media channels, so people know what's available in Calderdale and how to access services.

This is an internal, working document that will be continually updated and reviewed by the OMP to ensure parity moving forward. Feedback from all partners and stakeholders will be used to shape the approach to programme communication, including the Healthwatch Report on Calderdale Child and Adolescent Mental Health Service (CAMHS) from families of children displaying signs of autistic spectrum condition (ASC), attention deficit hyperactivity disorder (ADHD), or attention deficit disorder (ADD).

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