



## Haringey Child & Adolescent Mental Health and Wellbeing in the context of Covid-19

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#### 1. Introduction

This short summary paper sets out some background information ahead of a PowerPoint presentation to the Haringey Children and Young People Scrutiny Panel on Monday 8<sup>th</sup> March. This paper and the more detailed presentation focus on key three areas:

- What we know about the impact of Covid-19 both on children and young people's mental health and our local service offer
- How services have responded and adapted during Covid-19 to meet need.
- An update on the Haringey Trailblazer Project: its successes, challenges and how this has adapted during the pandemic and school closure

#### 2. Background

The impact of the COVID-19 pandemic on council, health and education services, on communities, on families and on children and young people themselves cannot be understated and adds further difficulty to an already complex picture of rising demand and sustained pressure on our public sector finances and resources.

This document provides some high level information on how the Borough has responded to support the emotional health and wellbeing of our Children and Young People (CYP) in Haringey during the pandemic.

There has been significant partnership working across the system to respond to need across the universal, targeted and specialist need spectrum.

This document provides a summary of how partners across the Borough have together responded to support the emotional health and wellbeing of our Children and Young People (CYP) in Haringey during the pandemic. It includes work to promote self-help through our digital offer and telephone helplines to maximise early intervention opportunities through to our multi-agency work to support children and young people with the most complex mental health needs, many of whom have co-morbidities such as autism, ADHD and/or a learning disability, sometimes further compounded by challenging family circumstances. We know that the impact of the pandemic and its associated lockdowns and restrictions on the emotional health and wellbeing of children and young people has been profound.





Our approach has been to work together to address need on a number of levels ensuring that emotional mental health and wellbeing remains a high priority across our partnership.

The Child and Adolescent Mental Health Services (CAMHS) provided by Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) and our main voluntary Sector Provider, Open Door (for 12-25 year olds) are an important part of our borough offer but they are complemented by wider work across the system which includes health visitors, school nurses, paediatrics, education staff, Early Help and voluntary sector providers such as MIND and Tottenham Hotspur Foundation. Haringey was also one of the first national Trailblazer sites to test Mental Health Support Teams (MHSTs) in schools. These were established in our most deprived eastern areas of the borough. When schools closed, staff working in the trailblazer teams were redeployed to a number of areas and it is the Trailblazer staff who have been operating a daily helpline for Haringey residents.

Our wider, pre-existing work (before Covid-19 when some business as usual had to pause) focused on developing a whole borough approach to emotional health and wellbeing. We are looking to move away from the traditional threshold-based model to a needs-led approach, with 'no wrong front door'. The THRIVE model provides a potential framework for this which we plan to explore further locally<sup>1</sup>

### 3. Leadership

Children's emotional health and wellbeing is one of our priorities, monitored strategically at senior level through our Start Well Partnership Board (0-25 years). This group is chaired by our Director of Children's Services (DCS) with the CCG Director of Integration as vice-chair. Under this, CAMHS governance in Haringey is led by multi-agency, clinically informed Reference and Executive Groups which have continued to operate fully over Covid and have supported this programme of work.

There is a named experienced GP clinical lead for children and young people in Haringey and the CCG has prioritised funding for this post to ensure the GP has ringfenced time to support our CAMHS work.

The Start Well Partnership Board reports in to the Borough Partnership Executive, which is a Chief Executive and Director Level meeting bringing together all key partners in Haringey. All-age mental health and wellbeing has been one of the key areas of focus for this Board with both the Local Authority and CCG operational leads attending to give relevant updates.

- 4. High level Summary of Borough of some of the challenges and local response during the pandemic
- i. Prevalence of children and young people estimated to have mental health conditions has increased to 1 in 6 in 2020/21 up from 1 in 10 in 2017/18. Covid and the effect of school closure and lockdowns will have been a significant contributing factor to this increase.
- ii. CAMHS Services have remained open throughout the pandemic, with clinical activity via telephone/video conferencing where safe/possible. Children and young people were RAG rated through multi-agency discussions to ensure the most vulnerable were prioritised.

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<sup>&</sup>lt;sup>1</sup> http://implementingthrive.org/about-us/the-thrive-framework/





- iii. There has been an increase in referrals and crisis presentations post schools reopening. The impact of this was seen three months after schools reopened in September 2020. The average monthly referral doubled in December 2020. We can therefore expect similar increases in May/June 2021.
- iv. Over the last 18 months mental health waiting lists have reduced due to the sustained CAMHS trailblazer project work. The CAMHS pathway has been redesigned to have a dedicated team for assessment and navigation to specific treatment teams. Waiting times for initial appointment was brought down to 4 weeks but because of impact of Covid on staff sickness and redeployment this can now take 4-6 months. All referrals are triaged according to clinical priority.
- v. Staff delivering services were impacted by Covid:
  - High sickness rates, absence for those directly affected by COVID-19 and/or shielding
  - Staff redeployment within community services to inpatient and other essential /crisis care services. This reduced capacity at the front end of pathways and has led to increased waiting times.
- vi. Impact on residents and staff mental health and wellbeing
  - Increased anxiety, depression and bereavement
  - Parental and child anxiety about school closures and reopening fed back through schools, families using the helplines and voluntary sector providers.
- vii. Impact on those with the most complex needs
  - Increased acute mental health inpatient admissions for Haringey CYP (late 2020 Haringey had the highest figures in London with 13 inpatients) this has now reduced by half through intensive joint working across agencies which has included significant input from Heads of Service on individual cases to free up mental health beds for those who have a clinical need.
  - Increased crisis presentations with increased complexity and acuity. We successfully
    bid for winter pressures funding for the Adolescent Outreach Team (who intensively
    support young people at risk of inpatient mental health stays). For Haringey this has
    meant additional staff, but increasing complexity, staff vacancies and redeployments
    have all impacted on the impact of this resource.
  - A new out of hours crisis pathway has been implemented with 24/7 helplines for families and for professionals. This has improved family experience and reduced the need for long stays in A&E and admission to paediatric wards.
- viii. In the context of the above challenges, Haringey has made some substantial additional investment and service changes, many of which have focused on connections between mental health services, hospital services and social care. This has been very positive and has overcome some of the traditional organisational boundary issues which can impede joint working. We





have found services very flexible to meeting requirements to change under a time of great pressure. Some of these changes include:

### **Early Intervention Support and Universal Offers**

- a. A focus on promotion of materials and resources online through the Haringey SEND Local Offer<sup>2</sup> and the establishment of a telephone support line for any child, young person or resident in Haringey who like some advice and support. This helpline operates 9am-3pm Monday- Friday and is staffed by the Trailblazer Mental health Support Teams (MHSTs) who would have usually been supporting children and school staff
- b. Promotion of digital resources such as Kooth Online counselling<sup>3</sup>, NHS Go<sup>4</sup> and Good Thinking<sup>5</sup>. Kooth is known to support young people who may not traditionally engage with traditional face to face therapy. In 2018/19, 19% of Kooth users identified as BAME, whereas in the overall population, only 10% of under 18- year olds identified as BAME. Local logins for Kooth increased from 403 in Q3 2019/20 to 1035 in Q2 2020/21.

## Children with more complex needs

- c. Funding for new embedded CAMHS specialist posts in Early Help and children's social care, working closely with the disabled children's team to help children and young people with more complex needs to be supported close to home.
- d. Joint health and social care investment in building capacity and upskilling a small number of social workers who will manage the most complex children and young people with mental health problems.
- e. Plans are being developed to pilot the effectiveness of 2 adult social workers who would support case management of very complex vulnerable young people at transition to adulthood, particularly young people who have autism (without learning disability) and mental health or behaviour that challenges.
- f. Increased mental health crisis and liaison support to North Middlesex University hospital (NMUH)

# **Education and Community Support**

g. Increased investment in Educational Psychology, Hope in Tottenham<sup>6</sup> and Open Door<sup>7</sup> counselling for children and young people.

<sup>5</sup> https://www.good-thinking.uk/

<sup>&</sup>lt;sup>2</sup> https://www.haringey.gov.uk/children-and-families/local-offer/covid-19-guidance#social-emotional-support

<sup>&</sup>lt;sup>3</sup> https://www.kooth.com/

<sup>4</sup> https://nhsgo.uk/

<sup>&</sup>lt;sup>6</sup> http://hopeintottenham.com/what-we-do/

<sup>&</sup>lt;sup>7</sup> https://www.opendoorcounselling.org.uk/





- h. Bereavement training for school staff, working with the Haringey Anchor Project<sup>8</sup>
- i. Positive behavior support training for some special schools
- j. Social workers in schools programme allocation of dedicated social work support in specified schools
- k. Parent education support to families in east Haringey in partnership with Enfield to reduce unnecessary visits to A&E and other pressured health services, particularly at North Middlesex Hospital.
- ix. There has also been work undertaken to support Children in Care through our joint complex care panels and through liaison with our First Step Service<sup>9</sup>
  - a. First Step Service is an innovative pre-existing model to support social workers and provide clinical input to placement searches and clinical insight into meeting the needs of children in care. There has been increased liaison between Assistant Directors and Heads of Service at this time with First Step to support management of complex cases where there is a background of trauma, neglect or mental health needs. This service is well-respected locally with an excellent clinical manager who has shown flexibility to support us with cases on the edge of care where there is a priority need. First Step Plus, which is the more intensive model supports the professional network for children who have had three or more placement breakdowns in a short period of time.
  - b. Designated Doctor for Children in Care and Head of First Step attend fortnightly complex care to input on specific cases which has led to much more rounded, targeted actions

## 5. Additional Information and Scrutiny Slide Pack

Further data and information underpinning this summary document will be available through the presentation which will be made to the Scrutiny Panel. Officers and commissioners will be available to answer any questions and provide additional detail.

<sup>&</sup>lt;sup>8</sup> https://www.haringey.gov.uk/social-care-and-health/health/public-health/haringey-anchor-approach

<sup>&</sup>lt;sup>9</sup> https://tavistockandportman.nhs.uk/care-and-treatment/our-clinical-services/first-step/