



Child and Adolescent Mental Health Services

Experiences of using CAMHS services in
Derbyshire



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1. Thank you

Healthwatch Derbyshire would like to thank all participants and their parents/carers who gave up time to talk to us about their experience of using CAMHS services. We also extend our thanks to the CAMHS services for allowing us to visit their clinics to carry out this engagement activity.

2. Disclaimer

The comments outlined in this report should be taken in the context that they are not representative of all patients, family, friends and carers who have experienced CAMHS services, but nevertheless offer a useful insight. They are the genuine thoughts, feelings and issues that patients, family, friends and carers have conveyed to Healthwatch Derbyshire. The data should be used in conjunction with, and to compliment, other sources of data that are available.

3. About us

Healthwatch Derbyshire is an independent voice for the people of Derbyshire. We are here to listen to the experiences of Derbyshire residents and give them a stronger say in influencing how local health and social care services are provided.

We listen to what people have to say about their experiences of using health and social care services and feed this information through to those responsible for providing the services. We also ensure services are held to account for how they use this feedback to influence the way services are designed and run.

Healthwatch Derbyshire was set up in April 2013 as a result of the Health and Social Care Act 2012, and is part of a network of local Healthwatch organisations covering every local authority across England. The Healthwatch network is supported in its work by Healthwatch England who build a national picture of the issues that matter most to health and social care users and will ensure that this evidence is used to influence those who plan and run services at a national level.

4. Understanding the issue

Healthwatch Derbyshire carried out engagement work in 2015 to collect experiences of using CAMHS services in Derbyshire. Many of the findings and recommendations in the 2015 report have been taken forward by the Futures in Mind Programme, which sets out a vision for children and young people's mental health in Derbyshire. It was requested by the Derbyshire Health and Wellbeing Board that Healthwatch Derbyshire repeat a similar engagement in 2017, some way in to the delivery of the Futures in Mind Programme, to get up to date feedback from children, young people and their parents/carers about using CAMHS service.

5. What we did in brief

Our engagement team developed a series of questions to ask children, young people and their carers about their experiences of using CAMHS services. Questions covered the whole journey, from first wanting or needing support with mental health, to what it has felt like to use CAMHS services, and if it feels like it has made a difference. We involved people who had started to use CAMHS services within the last year, in order to make sure that experiences were relatively current given the changes triggered by the Futures in Mind Programme. Engagement took place between May-July 2017.

Engagement staff attended a number of CAMHS clinics across Derbyshire to talk to people waiting for their appointments about their experiences.

In the north of Derbyshire, CAMHS services are provided by Chesterfield Royal Hospital NHS Foundation Trust. In this area, we involved 26 participants. Twenty-four people were seen at Chesterfield Royal, one person was seen in the High Peak and one person was seen in Buxton. Fourteen participants were female, 12 were male. The ages of participants were as follows:

- Age 9 - 11 3 no.
- Age 12-14 11 no.
- Age 15-17 12 no.

In the south of Derbyshire, CAMHS services are provided by Derbyshire Healthcare NHS Foundation Trust. In this area, we involved 23 participants. Ten people were seen in south Derbyshire, seven people were seen in Long Eaton and six people were seen in Belper. Seventeen participants were female and six were male. The ages of participants were as follows:

- Age 9 - 11 1 no.
- Age 12-14 2 no.
- Age 15-17 18 no.
- Age not known 2 no.

6. Key findings

- In the first instance, participants talked to either a parent/carers, professional at school or a GP about how they were feeling. Experiences of talking to staff at school were overwhelmingly positive, but were mixed for GPs with a mixture of positive and negative experiences.
- When participants were asked what single thing they would change/improve before seeing CAMHS, several themes emerged:
 - Waiting times to start CAMHS sessions
 - More help, information and support for parents

- Improved training for GPs around referrals and support
- Clearer appointment letters, explaining who people will see and the role they have so you young people know what to expect
- Better information and communication throughout, so that young people and their parent/carers know what will happen, and when it will happen.
- Participants gave generally positive feedback about the flexibility offered to plan sessions in a location that was convenient, and at a time that suited them.
- The overwhelming majority of participants said that the best thing about CAMHS was feeling that help is at hand and that they are talking about how they feel.
- The overwhelming theme from parents/carers was around feeling as if they had little or no support to help them best look after their child,

7. What people told us in North Derbyshire

- ***Participants were asked about how they were feeling before starting at CAMHS. Responses were a combination of:***
 - Depression
 - Anxiety
 - Depression and anxiety
 - Self-harming.
- ***Participants were asked who they first talked to about how they were feeling, and what happened***

Some participants had spoken to a professional at school initially. Participants gave lots of positive comments about their school nurse and/or school counsellor. These relationships felt most useful to participants when support is dependable, and ongoing. Participants had overwhelmingly positive experiences of being referred to CAMHS by their school. Comments included:-

- “The school nurse sorted things out quickly and really helped me, I knew she was there if I needed anything.”
- “They seemed to know exactly what to do at school, and they made things happen. It was really good to have somebody that understood.”

Participants gave a more mixed account of the support received and referral process when seeing a GP. Although there are some positive examples, the majority of comments were negative. Example comments include:-

- “I talked to my GP but they were not supportive - said it wasn't their job to do the referral and we would have to speak to a social worker.”
- “The GP didn't do much.”
- “Wouldn't refer me, and was very abrupt.”

- ***Participants were asked who had referred them to CAMHS***
 - GP x 11
 - School nurse x 9
 - Presented at A&E x 4
 - Relate x 1
 - Social Worker x 1
- ***Participants were asked how long they waited from being referred to starting sessions***
 - One month or less x 8
 - 1-3 months x 6
 - 3-6 months x 10
 - 6 months or more x 2
- ***Participants were asked how they felt about how long they had to wait for their first appointment (22 out of 26 participants responded)***
 - “Quick.” x 6
 - “OK.” x 8
 - Indicated that a shorter wait, “Would really have helped.” x 3
 - “Too long.” x 5
- ***Participants were asked if anything happened to help whilst waiting to be seen by CAMHS***
 - “Had private counselling.” x 2
 - “Support from social worker.” x 2
 - “MAT Team/worker helped.” x 2
 - “I was seeing the school counsellor.”
 - “I could speak to Horizons.”
 - “Support from T3.”
- ***Participants were asked if they could change one thing to make CAMHS better for them before starting their appointments, what would it be***
 - “To be seen more quickly.” x 3
 - “More support for parents.” x 2
 - “Magazines and a television for when I am anxious waiting”
 - “Better training for GPs.”
 - “Clearer appointment letters explaining who you will see and the role they have so you know what to expect.”

➤ ***Participants were asked about how convenient the time and location of appointments had been***

- Participants gave generally positive feedback about the flexibility offered to plan sessions in a location that was convenient, and at a time that suited them
- Some adults had struggled to get time off work, and were concerned about children taking time out of school (x 2)
- Two participants commented that the appointments were a long way from home, with one example being a 60 mile round trip.

➤ ***Participants were asked what is the best bit about coming to CAMHS***

The overwhelming majority of participants said that the best thing was feeling that help is at hand and that they are talking about how they feel. People used their own words, such as:

- “I feel like I can talk to someone.”
- “I like all of the staff, the receptionists put me at ease when I come in. I can open up.”
- “Just getting to talk to someone about how I'm feeling, and not bottling it up so I don't get to a point like I did before.”

➤ ***Participants were asked what is the worst bit about coming to CAMHS***

- Trying to fit the appointments in with parent's work x 2
- The distance to appointments x 2
- Lack of continuity with staff x 2
- One parent added that, “At the first appointment, the worker was talking to my child. As a parent it was so hard really hearing how you child is feeling.”
- “Feeling worried before my appointments.”
- “Feeling like we aren't getting anywhere.”
- “I'd like to have only have one person to talk to, I'm happy talking to my CAMHS worker but then my social worker wants to talk to me and the school wants to talk to me and it constantly brings up issues.”

➤ ***Participants were asked if they thought that the CAMHS sessions have helped***

The majority of the participants were in the early stages of their appointments, so felt unable to answer this question. However, several people said that they felt as if talking was helping and some spoke about having increased confidence, completing tasks they had previously been unable to manage.

➤ ***Themes raised by parents/carers***

Support

Many parents spoke about feeling as if they had little or no support to help them best look after their child, whilst some appreciated the informal support offered by

CAMHS workers. The Healthwatch engagement staff also reported anecdotally that many parents did not know about local support groups, and even when information was displayed in CAMHS clinics, people had not taken note of this information.

Negative comments regarding support

- “I need help in how to support my daughter, there needs to be far more support for parents as I still don't get any. It is only by chatting to other parents that I find things out.”
- “I feel that the social worker is there to help the child but I don't get any support as a parent to help me cope with the children and their emotional problems.”
- “I spoke to the school counsellor but this was not at all helpful, as they provided no update to parents.”
- “Parents get no real support.”
- “Any courses are offered during the day. I am a single working parent. Courses need to be held evening time.”
- “I get no feedback as a parent about how my daughter is doing. I need some support; I don't know how to react with things because I can't get any confidential information from the CAMHS worker.”
- “No information has ever been given to me about groups.”
- “No signposting information for anything that relates to me as a mum.”

Positive comments regarding support

- “I get informal support from my daughter's worker.”
- “I speak with my child's workers after the sessions and they give advice and point me in the right direction for support at home.”

MAT teams

Several parent/carers spoke about difficulties accessing support from MAT teams, including examples such as:-

- “The MAT support was non-existent.”
- “We had a social worker who was fantastic but she left and we were passed on to MAT worker, who has never been in touch and we have tried to contact her plenty of times.”

8. What people told us in South Derbyshire

➤ *Participants were asked about how they were feeling before starting at CAMHS. Responses were a combination of:-*

- Depression
- Anxiety
- Self-harming
- Anger issues
- OCD
- Bereaved
- Behaviour problems
- Low mood
- Trouble sleeping

➤ *Participants were asked who they first talked to about how they were feeling, and what happened*

The majority of participants had spoken to a parent initially, who then made an appointment to see a GP. A small number of young people spoke to somebody at school first. Participants gave a mixed account of the support received and referral process when seeing a GP. Although there are some positive examples, the majority of the comments were negative. Examples include:

- “They didn't really help as they just kept on giving general depression advice such as ‘just go for a walk or do something fun.’ It took about two or three visits before anything actually happened. I think the doctor thought I was just a moody teenager.”
- “The GP was not supportive, and told my mum that she was not parenting correctly.”

➤ *Participants were asked who had referred them to CAMHS*

- GP x 15
- School nurse x 6
- Presented at A&E x 2

➤ *Participants were asked how long they waited from being referred to starting sessions*

- 1 month or less x 5
- 1-3 months x 6
- 3-6 months x 2
- 6 months or more x 5
- Unknown x 5

- ***Participants were asked how they felt about how long they had to wait for their first appointment (17 out of 23 participants responded)***
 - “Quicker than I thought.” x 2
 - “OK ...” x 5
 - “Too long.” x 10
- ***Participants were asked if anything happened to help whilst waiting to be seen***
 - “I was seeing the school counsellor.” x 3
 - “Had private counselling.” x 1
 - “MAT Team/worker helped.” x 1
 - “GP helped with appointments, and an app.” x 1
 - “Support from together for mental wellbeing.” x 1
 - “Support from Treetops.” x 1
- ***Participants were asked if they could change one thing to make CAMHS better for them before starting their appointments, what would it be?***
 - “To be seen more quickly.” x 3
 - “Better communication, so you know what will happen next and when it will happen.” x 3
 - “More help, information and support for parents.” x 2
 - “More information, so you know what to expect.” x 2
 - “To be able to ring if it is an emergency.”
 - “To be taken more seriously, my referrals kept being refused and I ended up in crisis.”
- ***Participants were asked about how convenient the time and location of appointments had been***

Participants gave overwhelmingly positive feedback about the flexibility offered to plan sessions in a location that was convenient, and at a time that suited them. Participants spoke about the service being flexible with early morning, lunchtime and evening appointments to help minimise disruption to school and work.
- ***Participants were asked about what is the best thing about coming to CAMHS***

The overwhelming majority of participants said that the best thing was feeling that help is at hand and that they are talking about how they feel. People used their own words, such as:

 - “Talking helps.”
 - “It is good to be listened to.”
 - “I can get advice and help.”
 - “Now I can reduce my medication.”

➤ ***Participants were asked about what is the worst bit about coming to CAMHS***

- “Talking about difficult things.” x 3
- “Feeling really nervous about what to expect at the first session.”
- “Cancellations.”
- “Travelling.”
- “Missing school.”
- “Lack of continuity with staff.”
- “Having a long delay to see a psychiatrist.”
- “It feels like a hospital - it could be more colourful and welcoming.”
- “Poor communication between my GP and CAMHS regarding medication.”

➤ ***Participants were asked if they thought that the CAMHS sessions have helped***

Some participants were in the early stages of their appointments, so felt unable to answer this question. However, the majority of people said that they felt as if talking was helping and said that it felt good to be getting the help they felt they needed. One person said that they thought they felt better because of their medication, and not because of CAMHS.

➤ ***Themes raised by parents/carers***

Support

Many parents spoke about feeling as if they had little or no support to help them best look after their child, whilst some appreciated the informal support offered by CAMHS workers. The Healthwatch engagement staff also reported anecdotally that many parents did not know about local support groups, and even when information was displayed in CAMHS clinics, people had not taken note of this information. Several parent/carers spoke about the lack of information about community/support groups.

Negative comments regarding support

- “There is a really big gap in support for parents and carers. You do not know what to do for the best. You rely on advice from family but then they are not trained in this sort of thing. Anything would be good, a parent forum, some information, a phone line - just something, as it is hard to cope.”
- “The only support we have had is part of family therapy. We have had no other help and advice on how we as parents and carers cope with things. There was no counselling offered (I have chosen to access this myself privately) and no peer support groups. There was no information booklets or refer to any useful internet help. We did get help from friends who recommended my son’s counsellor.”
- “We had family therapy, but before that you can flounder. For example, there was conflicting guidance about self-harming. One person said to let her self-harm, but to make sure it was done safely and another one said to stop her.

There is a need for parent support group. You need to have the tools as a parent so that you can do the best you can for your child. Parents need guidance.”

- “There is gap in training and support for parents to help parents know how to cope. Parents need mindfulness skills and CBT so they can remain well for their children.”
- “I did parenting a while back, but it was for a wide age range. They showed me videos of younger children sharing things; I needed something for teenagers when they are tearing each other apart. Something more appropriate.”
- “I had a man for family therapy - this was difficult because he was a bloke and so did not work for me.”
- “More help for my mum as she has anxiety issues and me being ill made her worse. She did not get help and did not know what to do.”
- “Got some help through the family therapy but nothing specific for parent/carers and never signposted to anything else or to websites of what to do to help me or my child.”
- “I would like some time with my child’s CAMHS worker to discuss things.”

Positive comments regarding support

- “My daughter’s worker has been a lot more involved and I have been kept in the loop. If I ever have any questions/queries I can always phone and explain and this really helps.”
- “I don’t really get opportunity in the appointments to be involved but I can email or text the worker and they do get back to me. This never used to happen and so this is better than it was before.”
- “I speak with my child’s workers after the sessions which helps me feel as if I have some support when back at home.”

Staff attitude

We received two negative comments about the attitude of staff.

- “At the end of the appointment today we wanted to book a date for another session but the worker said they had left their appointment book upstairs so we couldn’t rebook, which isn’t really good enough.”
- “The receptionists are always bad mouthing other staff members when they are not on shift or in the reception area. This is not very professional.”

9. What should happen now?

- Work to improve the response from GPs to young people and their parents/carers talking to them about mental health, including referrals and support
- Work to minimise waiting times for CAMHS services
- Work to improve the help, information and support for parents throughout the whole process
- Improved information and communication throughout, so that young people and their parent/carers know what will happen, and when it will happen

10. Response from service provider(s)/commissioners

Commissioners response to Healthwatch Report on CAMHS Services (February 2018)

Commissioners have found the information in the Healthwatch report very helpful. Additional engagement work is taking place to further consider the points that have been raised, and findings will influence the re-focusing or re-commissioning of service delivery. The report will be considered at the CAMHS contract meetings.

Public Health undertook a robust Health Needs Assessment of children and young people's mental health and wellbeing across the Derby and Derbyshire area, sponsored by the Future in Mind Delivery Group and published in September 2017. As well as gathering quantitative data from a considerable number of nationally and locally accessible products and services, workshops were conducted as part of the process to capture the qualitative views of children and young people, professionals and other stakeholders, including parents. The resulting product now offers a series of priorities for action in areas including mental illness, vulnerable groups, risk and protective factors, as well as a series of 5 strategic priorities that underpin the refreshed LTP.

Specifically:

Strategic Priority 1: To further develop our engagement and support to parents and carers.

Strategic Priority 2: To develop further a whole-school approach to prevention and early help.

Strategic Priority 3: To develop a new care model responding to children and young people exhibiting complex needs.

Strategic Priority 4: To increase the workforce offer including blended learning approaches across professional groups.

Strategic Priority 5: To develop a place-based approach to interventions and care supporting primary care, developing the voluntary and community sector, linking to schools, and offering digital interventions.

These priority areas will address the, 'What should happen next statements?' on p.12 of their report (response from primary care including awareness; minimise waits; supporting parents; improved information and communication throughout. The work on the priority areas will help to mitigate these same issues arising in the future.

In September 2017, the anti-stigma campaign 'Be a Mate' was launched. It was developed by an organisation who worked directly with children and young people to ensure that their ideas were incorporated. Posters have been distributed throughout the county and city and a Facebook page has been set up.

One of the key findings from this report has been the lack of adequate information and guidance for parents. Commissioners are now working with the CCG Engagement and Communications Teams to develop a communications strategy to address this.

When participants were asked what single thing they would change/improve before seeing CAMHS, several themes emerged:

Healthwatch findings	Commissioners comment
Waiting times to start CAMHS sessions	<p>Commissioners are working with both CAMHS providers to reduce waiting times.</p> <p>North CAMHS have done a detailed analysis of why they are struggling to achieve reasonable waiting times. The CCG is considering national research to assess whether there is sufficient funding per head of population to achieve low waits.</p> <p>Commissioners are considering whether or not it would be appropriate to include a maximum wait time of 12 weeks to the first appointment, for all contracts relating to emotional health and wellbeing, and asking for an exception report for each case where this is not realised.</p> <p>Given the increase in demand, so much of the discussion needs to focus on how to manage demand within the community, and ensure that those children that do need a service are signposted to appropriate provision as soon as possible, and do not have to wait too long to be seen. SPOA is used in the south of the county to triage referrals to CAMHS. In the north and Erewash, a community based triage service has now been commissioned to ensure that referrals to CAMHS which might be best responded to by another organisation eg. Relate, School nursing service, MAT Team, Action for Children etc. are responded to by the appropriate organisation in a timely manner.</p>
More help, information and support for parents	Parents support has been commissioned for 2018/19, and will be reviewed during the

	<p>year. From 2019 there will be an STP footprint-wide offer for parents. This will include awareness raising, how to identify signs of early problems, how to provide early support to reduce the likelihood of problem escalation, how to recognise that your child needs additional support and how to get that additional support.</p> <p>During 2018/19 there will also be a review and consideration of the support which may be commissioned for specific cohorts of parents/carers, such as foster carers.</p> <p>Commissioners will include information and advice to parents about how to support their child's mental and emotional wellbeing as a requirement in any future commissioning of CAMHS.</p> <p>Commissioners have started to develop a communications strategy and this will be included in that.</p>
Improved training for GPs around referrals and support	<p>Commissioners will work with primary care colleagues to improve the training and information for GPs.</p> <p>As 'Place' develops, the commissioners will ensure that GPs are aware of the provision in their area and will develop simple ways for GPs to refer in to the appropriate provision.</p> <p>During 2018/19 there will be a review of the points of access that are used for referrals, with the aim of having a much clearer system for GP referrals to ensure that the child receives the right service as soon as possible.</p>
Clearer appointment letters, explaining who people will see and the role they have so you young people know what to expect	<p>Commissioners have started to develop a communications strategy and this will be included in that.</p> <p>Commissioners will include this as a requirement in any future CAMHS contract.</p> <p>CAMHS will be required to consult with their service users and with parents/carers on a regular basis to inform continuous service improvement.</p>
Better information and communication	Commissioners will consider how young

throughout, so that young people and their parent/carers know what will happen, and when it will happen.	<p>people and parents can be given clear information about what will happen and when at the point when they are asking for additional support, which in many cases is when they see their GP.</p> <p>Commissioners have started to develop a communications strategy and this will be included in that</p>
Participants gave generally positive feedback about the flexibility offered to plan sessions in a location that was convenient, and at a time that suited them.	Flexibility in appointments, as close to home as possible will be included in any future commissioning of CAMHS.
The overwhelming theme from parents/carers was around feeling as if they had little or no support to help them best look after their child	<p>CAMHS services in both north and south of the county now have their own websites that include sections for parents. Commissioners will require CAMHS to further develop guidance for parents on those websites.</p> <p>Commissioners will ensure that CAMHS are commissioned to ensure that parents whose child is referred to CAMHS is aware of the support available on their website and are provided with guidance as to how they can best support their children to regain or maintain positive mental health, knowledge of when to escalate a concern, including contact information. This will include web-based support.</p>
Some adults had struggled to get time off work, and were concerned about children taking time out of school	Commissioners will consider whether there should be a change in the times that CAMHS is commissioned to work, and whether they should be commissioned to provide any evening appointments.
I'd like to have only have one person to talk to, I'm happy talking to my CAMHS worker but then my social worker wants to talk to me and the school wants to talk to me and it constantly brings up issues	CAMHS will be expected to ask if the young person if s/he is happy for their information to be shared as this would reduce the number of times a story has to be repeated. If so CAMHS will obtain written consent and will share information with others as requested. CAMHS in the north are now using System One which should assist with information sharing if this is requested. This will bring a more consistent approach across Derbyshire.
The Healthwatch engagement staff also	Commissioners will do further engagement

reported anecdotally that many parents did not know about local support groups, and even when information was displayed in CAMHS clinics, people had not taken note of this information	work with parents to understand in more detail what they think would be the most effective way for them to access information about local provision that they might find helpful. Commissioners have started to develop a communications strategy and this will be included in that.
Any courses are offered during the day. I am a single working parent. Courses need to be held evening time. There is a need for parent support group. You need to have the tools as a parent so that you can do the best you can for your child. Parents need guidance.	Commissioners will consider commissioning information sessions/workshops for parents in the evenings. The commissioners will ask the CVSs to support any self-help groups for parents that arise from the workshops/training.
To be able to ring if it is an emergency	Commissioners will work with CAMHS to ensure that there is clear and consistent information for children and young people and parents/carers on how to get help in an emergency and information is on respective websites.

Derbyshire Healthcare NHS Foundation Trust Response

Parent/carers engagement

The CAMHS service is committed to developing participation at all levels, we have recruited a young person to the role of Expert by Experience, and have an identified participation lead to support them. We are currently reviewing our original plan to recruit a Parent Expert by Experience to ensure we can capture a wide range of views.

The service is continuing to develop the information that is provided to young people their families and carers, work also continues in the development of the CAMHS website. This includes information about services, how to access services, frequently asked questions, and useful links to external resources. The service information leaflets will be reviewed annually with oversight by the expert by experience workers to ensure that leaflets are clear, informative and easy to read. Work to undertake this review of leaflets is being planned and will commence in April 2018.

A Parent Support Group is being established and will recommence from Temple House, Derby and Rivermead, Belper by April 2018. We will provide details of this in the waiting rooms and also on our website.

A waiting list initiative has been established and embedded into current practice to ensure that young people and their families who are waiting for therapy are reviewed by the duty worker and are aware of how to access support should their circumstances change. Urgent

face to face review appointments are available if required. Initial feedback of making contact in this way is positive.

Finally, the waiting rooms within CAMHS services have been reviewed by young people and parents and a key initiative is to improve the environment and the information available. We value feedback on the service we provide to support quality improvement. Our waiting rooms provide opportunities to provide feedback, and include visual initiatives such as “You Said, We Did”. We are seeking the view of young people and carers to help select new furnishings in Temple House at present.)

Since reading this report, we have already made the following changes:

We have introduced quality improvement project which is an additional waiting list initiative, including the additional investment of time for staff to increase the level of frequency in contacting young people, parent/carers waiting for a CAMHS assessment to check if an urgent appointment is required, and to advise about what other support services are within their area to help, support and provide advice to parents/carers. This approach commenced in January 2018.

The waiting list initiative is supported by an additional urgent review appointment slot which is available to support families/young people waiting to be seen if required. We have developed an Early Access pathway which means that there is one streamlined waiting list for CAMHS, which improves equality of access across the South Derbyshire rather than by locality (Amber Valley, Erewash, South Derbyshire, Derby City). This means that young people referred can access all professionals in their area rather than having local blockages in waiting time. As a result of this change we have an average wait time now of 9.15 weeks, and we continue to monitor our waiting times. We will continue our work to review how we work and what we do, in order that we can continually improve our responsiveness and reduce the time to access our services.

We are embedding a parent participation group across the whole service which is working on themes which include: inclusion, communication, and “You Said, We Did.” We hope this goes some way to improving how we involve parents.

We have collaboratively developed (with parents/young people) a CAMHS website to improve access to information for young people, parents/carers and professionals. This is important to share information on what to expect and learn from feedback. Whenever we gain feedback from families on things we can improve, we will consider our information on our website so we can improve what information we share and how we do for everyone.

Parents and young people have reviewed all waiting areas and started to improve information available and the environment. Our Young People’s Participation Group are working with us to improve the furnishing, décor and activity in our waiting areas which we will undertake during 2018/2019.

b) We will also be making the following changes:

Key Themes	Milestones/Objectives	Actions required	Lead	By when
Waiting times to start CAMHS sessions	<p>Recruitment to vacant posts</p> <p>Improve access to evidence based interventions</p> <p>Improve access to CAMHS</p>	<p>Advertise positions and recruitment is in process</p> <p>Development of a NVR parent intervention programme</p> <p>Reduce waiting times from referral to first/second appointment</p> <p>Continued support to the Future in Mind programme improving early access to evidence based interventions throughout children and young people's services.</p>	Operations Managers and Clinical Leads	<p>Commenced December 2017.</p> <p>February 2018</p> <p>Monthly monitoring by Area Service Manager of waiting times. Shared with Commissioners.</p> <p>Mechanism in place.</p>
Support to families who are waiting for CAMHS.	Embed waiting list initiative as core practice in CAMHS	<p>Review and monitor the waiting list initiative</p> <p>Provide clear information about who the families are able to contact (CAMHS duty - routine, CAMHS RISE - urgent)</p>	Operations Managers and Clinical Leads	<p>Commenced January 2018. Review March 2018.</p> <p>February 2018</p>
More help, information and support for parents	<p>Parent Participation Groups</p> <p>Parent support groups in secondary care services</p> <p>Web based information</p> <p>Parent Expert by Experience</p>	<p>Continue to work on the CAMHS web site</p> <p>Continue to develop the information that we provide to young people/parent/carers.</p> <p>Information leaflets regards specific</p>	Operations Managers and Clinical Leads and Expert by Experience	Commenced January 2018

		interventions/therapies	workers	
Improved training for GPs around referrals and support	Regular attendance at GP training forums Work with Commissioners to support the delivery in primary care	Develop a training / information pack for GP's. Encourage GP's to utilise Duty system for any queries. Review roles of PMHW's/SCA's to improve GP's access to specialist advice.	Operations Managers and Clinical Leads and medical team. Oversight by ASM.	Develop programme by March 2018. Six months
Clearer appointment letters, explaining who people will see and the role they have so young people know what to expect	Information leaflet to be sent with every initial / follow up appointment	Link to the CAMHS website and Local Offer Review information leaflets annually or after any significant change	Operations Managers and Expert by Experience Workers	Starting January 2018 Annually or as required
Better information and communication throughout, so that young people and their parent/carers know what will happen, and when it will happen	Collaborative care plans - signed by y/p / parent/ carer E information available to young people/parents and carers	Improve CAMHS web site Support the development of the website to become mobile friendly Ensure that the right information is available at the right time for the right people - review admin/letter. Audit care plans across CAMHS Consider creative use of social media	Operations Managers and Clinical Leads	Starting January 2018 Care plan audit planned for February 2018. Six months
Feedback on staff attitude and conduct	Standard of high levels of communication and being able to leave an appointment knowing what comes next. Feedback to staff	Set clinical and operational standard of young person leaving an appointment knowing exactly what happens next and when. ASM to meet with all	ASM CAMHS	March 2018

	around customer care standards.	admin staff to feedback findings. Identify any training needs and source if required.		March 2018
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North Derbyshire CAMHS, Chesterfield Royal Hospital - Response to Healthwatch Report - 29 January 2018

Item of Concern	Response	Timescale
Waiting times for appointments and continuity of staff	CAMHS is working on imprng the written information that is available for families whilst waiting (see below).	April 2018
	CAMHS is currently collaborating with Commissioners to work on reducing waiting times and improving continuity for CAMHS services.	July 2018
Information and support for parents	All clinicians have been reminded of the importance of keeping parents informed of CAMHS work, as far as confidentiality and consent allows. This has been discussed at Clinical Leadership Team meetings and cascaded via team meetings. Feedback will continue to be monitored in relation to this point.	Complete
	CAMHS is currently developing a dedicated website, which will act as a means of sharing general information with all service users, families and carers. The comments provided by Healthwatch within this report will be taken into account when designing the website.	April 2018
Clearer information regarding what to expect	CAMHS is in the process of reviewing information sent out to families with a first appointment. Currently, a national CAMHS leaflet is provided; the team wish to produce a bespoke information leaflet that is more relevant locally and includes local contact details. It is expected that this will support service users and alleviate any associated anxieties; service user feedback will be regularly reviewed to monitor any improvements.	April 2018
	CAMHS also anticipate that the new website will provide a useful means of sharing information about the service and what can be expected.	April 2018
Training for GPs	In mid-2017, a new team of Specialist Community Advisors was implemented in CAMHS; there are 5 advisors across North Derbyshire who are currently developing links with colleagues in the community, including GPs. The role involves consultation, advice and training; the intention is that this work will support people in making contact with CAMHS.	Complete
Availability of magazines and a television whilst waiting	In 2017, CAMHS engaged with a team of young people, via a college scheme, who helped to revamp the CAMHS waiting area at The Den. The young people designed some decorative features for public areas and the waiting area is now equipped with a television and relevant reading materials.	Complete
Distance to appointments and flexibility of times	CAMHS do try to offer flexibility as much as possible, with bases at Buxton, Chesterfield and Bakewell; in addition CAMHS staff are able to access rooms in some schools. Some teams do offer out of hours appointments and CAMHS are currently exploring options with Commissioners for expanding this further.	July 2018

11. Your feedback

Experiences of using CAMHS services in Derbyshire

Healthwatch Derbyshire is keen to find out how useful this report has been to you, and/or your organisation, in further developing your service. Please provide feedback as below, or via email.

1) I/we found this report to be: Useful / Not Useful

2) Why do you think this?

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3) Since reading this report:

a) We have already made the following changes:

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b) We will be making the following changes:

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.....

.....

Your name:

Organisation:

Email:

Tel No:

Please email to: karen@healthwatchderbyshire.co.uk or post to FREEPOST RTEE-RGYU-EUCK, Healthwatch Derbyshire, Suite 14 Riverside Business Centre, Foundry Lane, Milford, Belper, Derbyshire DE56 0RN.