

Child and Adolescent Mental Health Services (CAMHS)

Experiences of using CAMHS in North Derbyshire, as told by young people, parents, carers and professionals.

Helen Hart
July 2015

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1. Acknowledgement

Many thanks to the CAMHS team for their support and for making our staff feel welcome. We would also like to thank the participants who gave up their time to talk to us.

2. Disclaimer

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

3. Background

3.1 Healthwatch Derbyshire

Healthwatch Derbyshire is the local consumer champion for health and social care. The Healthwatch network is made up of local Healthwatch across 148 local authority areas and Healthwatch England, the national body.

Healthwatch has a common purpose - to ensure the voices of people who use services are listened to and responded to. The network shares a brand, has common values and comes together to work on priority areas and campaigns.

Local Healthwatch work to provide unique insight into people's experiences of health and social care issues in their local area; Healthwatch Derbyshire is the eyes and ears on the ground finding out what matters to our local community.

3.2 Child and Adolescent Mental Health Services (CAMHS)

There is currently a national focus on CAMHS led by the Children and Young People's Mental Health and Wellbeing Taskforce which was established in September 2014 to consider:

- Ways to make it easier for children, young people, parents and carers to access help and support when needed; and
- How to improve the way children and young people's mental health services are organised, commissioned and provided.

The Taskforce produced a report in March 2015 'Future in mind: Promoting, protecting and improving our children and young people's mental health and wellbeing. This report includes recommendation for both transformation changes, to begin as soon as possible, and a number of longer-term aspirations to be achieved by 2020, to allow for work to be aligned with the NHS Five Year Forward View.

The report highlights a number of key drivers for this change, which are as follows:

- One in ten children require support or treatment for mental health problems.
- 75% of adult mental health problems (excluding dementia) develop by the age of 18.
- In an average class of 30 schoolchildren, three pupils will suffer from a diagnosable mental health disorder.
- A treatment gap exists where only 25%-30% of those with a diagnosable mental health condition accessed support.
- Demand is increased for services, especially for young women with emotional problems and young people presenting with self-harm.
- Early intervention and prevention in childhood can avoid expensive and longer term interventions in adulthood. For example, children with early conduct disorder are 10 times more costly to the public sector by the age of 28 than other children.
- There is a cost benefit to society of tackling mental health issues early in life. These benefits are achieved through the reduction in use of public services due to better mental health and by increased earnings associated with the impact of improved mental health on educational attainment.
- In some areas there is a poor provision of out-of-hours, crisis point and psychiatry services and some local authorities do not have a Care Quality Commission (CQC) recorded place of safety.
- The Taskforce noted a lack of clear leadership and accountability arrangements for children's mental health issues across agencies, including Clinical Commissioning Groups (CCGs) and local authorities, creating the potential for individuals to 'fall through the net.'

The report focuses on 5 key themes, and makes a range of recommendations to improve the structure, delivery and transformation of services.

1. Promoting resilience, prevention and early intervention.
2. Improving access to effective support - a care system without tiers.
3. Care for the most vulnerable.
4. Accountability and transparency.
5. Developing the workforce.

Locally:

- Services are reporting an increasing concern about self-harm. CAMHS report a sharp increase in around 10% in referrals. Self-harm and eating disorders feature prominently in this increase.
- In 2013-14 the rate of hospital admissions of 10-24 years olds in Derbyshire due to self-harm was 377.5 per 100,000, above the 2012-13 national average.
- The number of Derbyshire young people who require Tier 4 (in-patient) CAMHS placements remain low in comparison with other areas, however numbers have increased sharply over the past 3 years (up from 5 in 2011/12 to 30 in 2013/14). Trends in Derbyshire are in line with an increase in Tier 4 placements nationally.

Local response to 'Future in Mind': The Derbyshire CCGs, Derbyshire County Council and Derby City Council are working together to plan a response. A transformation plan will be

required imminently to release additional funding to address developments/improvement to CAMHS.

4. Rationale for the Report

In addition to an awareness of the national and local focus on CAMHS, Healthwatch Derbyshire had received a cluster of comments from users of CAMHS, which were of mixed sentiment. This led Healthwatch Derbyshire to choose CAMHS as a work priority from January - March 2015. The aim was to explore these experiences in more detail, to find out what was working well, and what could be improved.

It is the hope that this report will provide service providers and commissioners with some useful insight into how service users experience CAMHS, support service development plans and provide suggestions for improvement.

5. Methodology

From January - March 2015, our 4 Engagement Officers spent their time out and about in the community, at groups and in CAMHS clinics listening to what people had to say about CAMHS.

This report covers the comments made in 29 interviews. Many of these interviews were conducted at CAMHS clinics, which gave the benefit of being able to talk to participants about their experiences at the point of service delivery. Some participants also spoke about experiences of using other services not provided by CAMHS. Although this was not the focus of this piece of work, these experiences are included in this report for completeness.

Our Engagement Officers developed a series of discussion prompts to use when talking to young people, parents, carers or professionals about their experiences of CAMHS. These prompts were very broad and covered experiences during referral and access to the service, what it was like to use the service, the quality of care they received and if they felt it was helping. These prompts were used informally to help steer the conversation when necessary but staff used a flexible approach with this as a prompt sheet rather than a formal interview style. This is because although questionnaires or structured interviews would have given more measurable data, this could have been a barrier to engagement.

The 29 interviews conducted were a mixture of young people using CAMHS services, parents, carers, and professionals.

All responses have been themed and are outlined in the findings section of this report.

The reasons for referral (where known) included:

- Anxiety
- Panic Attacks
- Self-Harming
- Depression
- Suicidal
- Attachment Disorder
- ADHD

6. Information and Signposting

In addition to ensuring that the voices of service users, patients and the public are heard by decision makers within health and social care, we also provide an information and signposting service to the public about accessing health and social care services.

During this piece of work Engagement Officers signposted many participants to a combination of groups, including Think Carer, Derbyshire Carers, Derbyshire County Council for a Carer Assessment, Parenting Additional Needs, Chesterfield Community Farm and Everyone Hurts.

7. Summary of Findings

There are patterns in these experiences that would suggest that some parts of the experience works well, whilst others do not work as well.

The clearest example of this relates to the relatively high number of negatives, compared to positives, regarding referrals and diagnosis. Sometimes participants spoke about a real challenge to get into the service in the right place, at the right time - although there were positives in this regard too. All comments regarding diagnosis were negative.

Conversely, there were many positive comments regarding quality of staff, the quality of the service and the seemingly positive impact for those using CAMHS, with only a few examples of negative experiences.

In short, the information suggests that the main difficulties lie in getting into CAMHS and going through the referral and diagnosis process. Once participants were 'in' the CAMHS service, they were generally very positive about the experience.

8. Findings

8.1 Referrals

There were a range of experiences around the referral to CAMHS.

To some the referral was a quick and responsive process, whilst for others it was a more protracted experience.

It was also highlighted that there were some problems for foster children.

Positive

- 'Referral was done via a GP who was excellent and had recognised a problem.'
- One family had seen their own GP and within 5 days had heard from CAMHS.

- 'GP referred my child very quickly to CAMHS, we only had to wait 1 month for an appointment.'
- 'School Nurse did an emergency referral - we only had to wait 4 days for an appointment.'

Negative

- 'We had to see our GP more than once to get a referral in to CAMHS.'
- 'GP referred us to CAMHS as an emergency referral but we waited 5 months for an appointment.'
- It was 3 appointments with the GP before a referral took place as the young person, aged 13 years, was diagnosed as 'naughty'. It wasn't until a violent incident that it was taken seriously and led to a referral, which then took 2 months from the date of the incident.
- Young person, aged 12, had been referred by school doctor in June 2014, first appointment at CAMHS was January 2015. Still no diagnosis. The mother referred to 'battling since he was 2½ years' and it is now apparent that the child may have Asperger's.
- 'Re-referral not possible if discharged ... you have to go through same process again.'
- One family experienced a major crisis before they got in to CAMHS, 'It took months.' They felt that had they got in sooner the crisis may not have happened. Their child was admitted as an in-patient.
- An account was given of problems regarding foster children, in that they cannot be referred by Social Services to CAMHS unless they are in a stable, long term placement. The problem reported is that if the child does have mental health issues then it is likely they are 'moved on', therefore will not have a stable home, and in this case can only be helped by the GP.
- One professional said that referral can be very hard. They said that in many cases they found that CAMHS 'bounced cases back to MATS due to behaviour' when it clearly wasn't. 'You feel every referral has to be justified and every single detail included otherwise it comes back as behavioural.' They added, 'I have had to pull teeth to get them here today and it has taken 6 months to get a first appointment.'

Mixed

- 'The school doctor referred to CAMHS, but it took two attempts. The first referral had been made by a GP who had listened, but nothing happened despite a 6 month wait.'
- 'Our GP originally referred us to see a Psychologist for 6 weeks of CBT and then my child was discharged. Things got worse and we were put on a waiting list for 1 year to see a Psychologist again, we had to go back to the GP to try and speed things up.'
- 'GP referred my child really quickly because of self-harming concerns. I only had to raise it once and the GP acted on it. I had to wait 3 months for an appointment, the GP didn't advise me on any coping strategies in the meantime.'

8.2 Diagnosis Delays

The interviews highlighted that there were real problems with delays in diagnosis.

All experiences described were negative.

This links with the section above, which also contains accounts of diagnosis delay.

- Despite parent mentioning to nursery staff about child's social and emotional behaviour, it was dismissed by staff saying that it was 'due to level of maturity.' By the time the young person reached school age, things were still the same.
- 'No formal diagnosis - we are still waiting for CAMHS.'
- 'In state of limbo until diagnosis confirmed which takes too long ...'
- One mother referred to being passed from pillar to post ..., 'From Education Psychologist, to Visual Impairment, to Speech and Language to Occupational Therapy to Child Development. You name it, we've been there and still waiting diagnosis.'
- One parent had five different CAMHS workers. The first one said the child had anger problems, the second denied it could be Asperger's despite all the traits being displayed. 'I have been going 8 years to CAMHS and they still won't label my child.'

8.3 Appointments

Appointments were sometimes found to be an issue in terms of length of time before appointments began, frequency, duration of appointments and cancellations.

Generally appointments seem to be made to suit working arrangements/school etc.

Several clients and/or carers spoke about what the appointments had given them, and spoke of some improvement in feelings.

Positive

- One young person said the appointments had given them a chance to talk about their illness, and had CBT treatment.
- When appointments were made, the distance to travel was considered and CAMHS said they would hold appointments at premises near to the child's school.
- Appointments in one case had been quick and subsequently followed by a second appointment, some three weeks after which the family thought was good. The appointments were made at convenient times to suit child and parent; there had been no cancelled sessions. Sessions had proved very helpful and child now feels better and making progress.

Negative

- In one case, it was two months before they saw a Consultant Paediatrician who asked 'why has it taken so long?'

- Parent had to cancel appointment due to the fact that child was threatening suicide, and got very little support. The child was discharged from CAMHS in November and now has to go through CAMHS referral again.
- It was felt that appointments every 6 weeks is just not enough.
- A concern regarding only one hour for appointments. One family said they felt they were 'watching the clock' and had thought about finishing the sessions as so traumatic.
- Following the appointment, CAMHS did a follow-up phone call by which time child was displaying aggressive behaviour towards a parent. CAMHS displayed surprise that this should happen as thought they had 'built a rapport.'

Mixed

- Appointment was arranged without any consultation with parent, but the parent was 'just relieved to get an appointment.' Was seen on this date by Paediatrician who referred to Psychologist and said there would be a 10 month wait. Patient also referred to Dietician and Speech Therapy.

8.4 Quality of Staff

Mixed views were heard regarding relationships with professionals, although the majority of accounts were positive.

Many of those interviewed felt that the sessions were highly beneficial.

There is a noticeable peak in the number of positive comments regarding quality of staff compared to other topics.

Positive

- One family were very happy with the CAMHS service. They were attending a 10-week parenting course in terms of coping strategies and Autism awareness so that they could understand their child and the condition. The same family said the staff were all excellent and friendly, including the reception and clinicians.
- 'I really couldn't fault CAMHS.'
- One family said they found CAMHS to be 'friendly, quite comfortable and felt it was confidential.'
- MATS team were very supportive. One family said they act as a 'go-between.'
- 'My child has been attending weekly sessions for CBT, I am able to attend sessions every other week.'
- '... very happy with the sessions at LD CAMHS, they observe well in an appropriate environment and the clinicians engaged well ...'
- 'My child has had 4 sessions, we haven't had continuity with staff but we haven't had to repeat anything, the clinicians are really good at communicating. I think the sessions are really helping. We always go into the appointments on time.'
- 'I feel that the sessions are beneficial; the clinicians give me a lot of advice. The receptionist at CAMHS always seems to be really busy, people seem to arrive at the same time and come out of the clinics at the same time, and she always seems to cope very well though with a smile on her face.'

Negative

- Young person had to be admitted as in-patient in Leicestershire. This was miles away for parent to visit. Communication was not good, for example, parent could be told at 10am that there was to be a meeting at 2pm without any consideration for work or distance to travel.
- '... the CAMHS worker was leaving and she informed us that she would refer us onto a Level 3 worker who could diagnose ASD but we then got a letter a week after saying that we were discharged ...'

Mixed

- 'No cancellations, my child has had continuity with the same clinician throughout. I do think they are helpful but my child doesn't find them helpful because I think they just want a quick fix.'
- 'The main receptionist is very friendly but others are rude and abrupt. You have to press the buzzer when you arrive and the receptionist seems rude.'

8.5 Information/Support

Parents and carers spoke about variable support, and a lack of clarity and information about what does exist.

Out of hours support was also raised as a real problem.

Positive

- Some positive experiences were highlighted with groups that had offered support: Parent Partnership x 2, MAT worker x 3, Parents with additional needs x 3, 'Derbyshire Carers Association (DCA) have helped me to apply for a DLA claim' Two additional families had been given information about support/self-help groups/carers information.
- 'We were signposted to an Autism Awareness course which was very useful.'

Negative

- A child had tried to commit suicide and still the mother had no support.
- One carer rang Call Derbyshire to ask for help but, '... they didn't want to know.'
- 'There isn't any community support for my child.'
- 'No direct support from DCA.' Three people said that they had just been sent leaflets. 'Can't access DCA as groups run in day.'
- 'They are out of school for 6 weeks as the school cannot cope but as a parent I don't know where to turn.'
- One parent of a 16 year old child is not told anything about her child's visits to CAMHS.
- One carer said that if her child is having a 'breakdown' then they do not know where to turn too ... told 'take him to A&E' which doesn't feel appropriate.
- Two participants commented that there is no carer support for parents with children with mental health conditions.

Mixed

- Paediatrician did give parent a couple of websites re Autism but as not formally diagnosed parent did not think too helpful. Parent was also informed it might be Asperger's and it might be possible to get the Autism Outreach Team in but not possible until formal diagnosis.
- GP talked about my child accessing some groups but they were in Sheffield, but wouldn't access support groups anyway...
- Little support from CAMHS for Mum when child diagnosed ... GP gave details regarding support groups.

9. Recommendations

Based on the information provided, Healthwatch Derbyshire would recommend that service providers consider the following:

- The referral system and the difficulties highlight getting referred to CAMHS.
- The adequacy of the support and information offered to young people, parents and carers, both before, during and after CAMHS.
- The unique situation of children in foster care.
- The implications of placing young people in out of county beds.
- The frequency and duration of appointments and the involvement of young people, parents and carers in the choices that are made.
- The implications of delayed diagnosis on both the young person, and the parent or carer.

10. Response from Service Providers and Commissioners

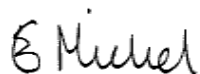
Public Health Response

Derbyshire County Council Public Health welcomes the Healthwatch reports for CAMHS services in both the North and South of Derbyshire County. It is valuable to see the positive, negative and mixed experiences articulated by young people, parents, carers and professionals who have first-hand experience of the respective services which can and should be used to inform service design.

We recognise the strengths and limitations of the report content and will ask the Derbyshire Integrated City and County Children's Commissioning Group to consider the findings to enable any learning to be translated into transformational and commissioning plans. Whilst Public Health does not commission CAMHS services, we do recognise the role Public Health has in improving children and young people's emotional health and wellbeing through prevention and early intervention via our commissioned programmes for 0-19s and parenting support. In addition we are working in collaboration with colleagues in the Clinical Commissioning Group and Children and Young Adults department to deliver both the Future in Mind transformation plan and the Children's Emotional Health and Wellbeing priority of the Health and Wellbeing Board. We understand the need to build on

the information provided within the reports and will explore with colleagues the potential for undertaking additional work such as an equity audit to better understand the needs of young people and the profile of clients waiting for and accessing CAMHS.

Yours faithfully

A handwritten signature in black ink that reads 'Elaine Michel'.

Elaine Michel

Director of Public Health, Derbyshire County Council

Chesterfield Royal Hospital NHS Foundation Trust Response

Thank you for sharing the report which we've read with great interest. It's encouraging to hear the positive views expressed and we are keen to consider how we might learn from the more negative comments and to use them to inform service developments. It is difficult to comment on individual statements without know more about the context and details of the particular case however, we do note that a number of statements appear to refer to issues regarding agencies other than CAMHS, including Educational Psychology, Visual Impairment, Speech and Language Therapy, Occupational Therapy, Child Development, Paediatricians, Tier 4 inpatient, Nursery School, Call Derbyshire and GPs.

This reminds us of how dependant we are on working as part of a network of services and that while we might not always be able to influence other service's practice, it is important for us to keep working at maintaining effective working relationships. For example, the practice and process of referral to CAMHS inevitably involves other agencies but we are currently undertaking clarification of our referral criteria to aid referrers in their decision making.

We are undergoing a transformation programme over the next few years which will address many of the areas mentioned in the report and recommendations. These will involve the whole process of assessment, treatment and discharge and have collaborative decision making and service user involvement at its centre.

We feel we've improved our diagnostic processes over the last few years and we are currently developing joint CAMHS and paediatric pathways for ASD and ADHD which will further enhance the experience of assessment and diagnosis for young people and their families. Of course there will always be some occasions when it is difficult or impossible to provide the kind of diagnostic certainty which some service users might desire.

We are mindful of the particular needs of children in Foster Care and we would want to be clear that we do not require young people to be in "stable, long term placements" before we can consider their need for mental health intervention.

We are very aware that the lack of Tier 4 mental health provision within Derbyshire necessitates the use of placements elsewhere. We endeavour to reduce the need for such

placements where possible, to maintain effective contact during placement and to facilitate early discharge where appropriate. We hope that our ability to achieve these aims may be strengthened through the implementation of the Derbyshire CAMHS transformation plans and the release of the associated funds.

Derbyshire CCGs Response

The Healthwatch Derbyshire Report, which provided 2 reports, one for the North where services are provided by Chesterfield Royal Hospital, and one for the South where services are provided by Derbyshire Healthcare Foundation NHS Trust.

The CCGs welcome the report and its content. Both positive feedback and areas for development are appreciated. The comments made by clients in the report are similar to those made through local consultation. It is reassuring to receive positive feedback about service quality.

Commissioners in the South hold a monthly contract management meeting with the CAMHS provider to performance manage the contract and enable on going service development. We have already discussed the recommendations of this report with the provider and have asked the provider how they will respond.

In the North there is a bimonthly CAMHS specific quality improvement and performance group consisting of both providers and commissioners and the North report will be discussed there.

The recommendations are timely and will be used to inform our forthcoming local five year Future in Mind Transformation Plan to improve outcomes in mental health and wellbeing. The additional government investment that comes with Future in Mind provides a unique and exciting opportunity for major service development across all services.

In response to the Report's recommendations

The referral system and the difficulties highlighted in getting referred to CAMHS.

South: At the time of Healthwatch engagement, there were 2 referral systems to CAMHS in Southern Derbyshire, traditional referral routes in South County and a multiagency Single Point Access (SPOA) piloted in Derby City. Following a recent successful evaluation of SPOA, commissioners have agreed its expansion across South Derbyshire. It is anticipated this will bring a significant improvement in the coordination and management of referrals so that 'the right referral goes to the right service' and need is met as soon as possible.

North: The service in the North has also piloted a single point of access following the times the Healthwatch report covered. There are differences in infrastructure within the 2 different providers which have been apparent through the evaluation. The CCGs are committed to working towards the NHS 5 Year Forward View, part of which focused around integrating services. Review of the ADHD and ASD pathways specifically are underway which will result in more positive service user experiences.

The adequacy of the support and information offered to young people, parents and carers, both before, during and after CAMHS.

South: It is positive to know that the range of methods of working with families makes a difference. Providing information in an appropriate form is a core NHS requirement. It is an area we are working with our providers to improve access to services and support through a range of methods, e.g. phone apps, social media. The comments highlight the need for a range of clear sensitive information that is responsive to differing needs.

North: It is clear that many of those young people and families participating in the report feel satisfied with the service they have received. Commissioners will ensure there are processes in place for resolving issues between children/young people/families and professionals as soon as they are identified. This section mentions an aspect outside of the control of CAMHS and CCG commissioners regarding a Tier 4 placement in Leicestershire. It is not a reflection of the quality of staff in North Derbyshire. These services are commissioned by NHS England. Issues around transition between workers when young people go into adult services or their CAMHS worker leaves will be picked up with the service as these negative comments are reflected nationally.

Information and support for parents/carers/siblings and friends is vital and the comments from the report will give us a basis for improvement. Ensuring parents and carers in particular are supported and alongside the young person and become experts in care is something we want to ensure going forward.

The frequency and duration of appointments and the involvement of young people, parents and carers in the choices that are made. Appointment timings are reviewed to allow improved access to appointments out of school/work hours.

South: The good practice highlighted in the report reflects the benefit of flexible appointments. These are available in some part of South Derbyshire but not all. It is acknowledged that access to services particularly after school hours and a choice of options should be improved. We are working with all service providers as part of the NHS 5 year forward plan to extend access to services 7 days a week. The CCG is has recently invested an additional resource to extend the CAMHS liaison/rapid response from 5 to 7 days a week for children and young people in crisis. This service will be fully operational by January 2016.

North: The difference between waiting times and people's experience of this is something the CCGs are working on with the service. The service themselves also recognise this. There were positive aspects of flexibility and we would wish to see these as the 'norm'. It is positive the service is individualising according to need wherever possible. Further investment will be required to ensure 7 day services and an appropriate crisis response. This will be a priority for the money allocated as part of the 5 year transformation plan.

The implications of delayed diagnosis on both the young person, and the parent or carer.

South: The comments raised by parents highlight the importance of help early. Sometimes diagnoses are complex and may take some months to make. They may also require information from other specialists and observations of children in different settings. Our

priority based on local evidence and engagement with service users and is that services should be needs rather than diagnostic led so that support is available until a specialist assessment can be made. A multi-agency early help assessment could identify other agencies that can provide early help support in school or at home.

We acknowledge the challenge of long waiting lists and are working closely with service providers to reduce these. We are monitoring this closely and also looking at other ways of managing the increasing demand for CAMHS differently. For example we are supporting our provider to train school and community workers to deliver short evidence based interventions as part of the expansion of the CYP Improving Access to Psychological Therapy (CYP IAPT) training. This will enable staff to treat low level anxiety and depression in community settings and reduce the need for CAMHS.

North: Issues in relation to diagnosis are often complex. The report mentions issues with services outside of CAMHS. It is not clear within the report if someone has not received the diagnosis that they/parents/carers want, are on a pathway that will deliver this diagnosis and there is unnecessary delay, or whether or not the young person/parents/carers are in dispute with the service about a diagnosis. Additionally, as a mental health commissioning team we are trying to move to system whereby diagnosis is secondary to need. In some situations diagnosis can prove helpful in terms of allowing understanding of an individual, but it is not a solution. The comment around being passed between professionals is one we are aware of and work on the ASD and ADHD pathways specifically will address this through integration and coordination.

It is anticipated through our Future in Mind plan and the additional investment we will continue to work closely with local service users and providers to innovate and improve outcomes.

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- Services are reporting an increasing concern about self-harm. CAMHS report a sharp increase in around 10% in referrals. Self-harm and eating disorders feature prominently in this increase.
- In 2013-14 the rate of hospital admissions of 10-24 years olds in Derbyshire due to self-harm was 377.5 per 100,000, above the 2012-13 national average.
- The number of Derbyshire young people who require Tier 4 (in-patient) CAMHS placements remain low in comparison with other areas, however numbers have increased sharply over the past 3 years (up from 5 in 2011/12 to 30 in 2013/14). Trends in Derbyshire are in line with an increase in Tier 4 placements nationally.

Local response to 'Future in Mind': The Derbyshire CCGs, Derbyshire County Council and Derby City Council are working together to plan a response. A transformation plan will be required imminently to release additional funding to address developments/improvement to CAMHS.

4. Rationale for the Report

In addition to an awareness of the national and local focus on CAMHS, Healthwatch Derbyshire had received a cluster of comments from users of CAMHS, which were of mixed sentiment. This led Healthwatch Derbyshire to choose CAMHS as a work priority from January - March 2015. The aim was to explore these experiences in more detail, to find out what was working well, and what could be improved.

It is the hope that this report will provide service providers and commissioners with some useful insight into how service users experience CAMHS, support service development plans and provide suggestions for improvement.

5. Methodology

From January - March 2015, our 4 Engagement Officers spent their time out and about in the community, at groups and in CAMHS clinics listening to what people had to say about CAMHS.

This report covers the comments made in 17 interviews. Many of these interviews were conducted at CAMHS clinics, which gave the benefit of being able to talk to participants about their experiences at the point of service delivery. Some participants also spoke about experiences of using other services not provided by CAMHS. Although this was not the focus of this piece of work, these experiences are included in this report for completeness.

Our Engagement Officers developed a series of discussion prompts to use when talking to young people, parents, carers or professionals about their experiences of CAMHS. These prompts were very broad and covered experiences during referral and access to the service, what it was like to use the service, the quality of care they received, and if they felt it was helping. These prompts were used informally to help steer the conversation when necessary but staff used a flexible approach with this as a prompt sheet rather than a formal interview style. This is because although questionnaires or structured interviews would have given more measurable data, this could have been a barrier to engagement.

The 17 interviews conducted were a mixture of young people using CAMHS services, parents, carers, and professionals.

All responses have been themed and are outlined in the findings section of this report.

6. Information and Signposting

In addition to ensuring that the voices of service users, patients and the public are heard by decision makers within health and social care, we also provide an information and signposting service to the public about accessing health and social care services. During this piece of work Engagement Officers signposted many participants to a combination of groups.

7. Summary of Findings

There are patterns in these experiences that would suggest that some parts of the experience works well, whilst others do not work as well.

The clearest example of this relates to the relatively high number of negatives compared to positives regarding referrals and diagnosis. Sometimes participants spoke about a real challenge to get into the service in the right place, at the right time – although there were positives in this regard too. All comments regarding diagnosis were negative.

Conversely, there were many positive comments regarding quality of staff, the quality of the service and the seemingly positive impact for those using CAMHS, with only a few examples of negative experiences.

In short, the information suggests that the main difficulties lie in getting into CAMHS and going through the referral and diagnosis process. Once participants were ‘in’ the CAMHS service, they were generally very positive about the experience.

8. Findings

8.1 Referrals

There were a range of experiences around the referral to CAMHS.

To some the referral was a quick and responsive process, whilst for others it was a more protracted experience.

Positive

- ‘Learning Disability CAMHS came to school, the referral was done within a matter of weeks.’
- ‘I was down and self-harming for 1 ½ - 2 years. I saw the nurse who helped me to calm down, and explained about CAMHS and what it was.’
- Was referred to CAMHS by GP 3 years ago. It took 4 weeks to get an appointment with CAMHS. GP really listened. Was fantastic. Young person was feeling unwell for about 2 months before the going to the GP.
- ‘... got an appointment with CAMHS worker within one week of initial assessment which took place at Royal Derby Hospital.’
- ‘Got an appointment with CAMHS worker within 10 weeks of GP visit.’
- ‘I went to my GP, they were wonderful, they listened to us and referred us straightaway ... They sent a letter within a week.’

Negative

- ‘I went to a GP who referred to a Paediatrician, who then referred to CAMHS. The GP didn’t seem to be aware of CAMHS and about the referral process.’
- ‘On 12 month waiting list for a Clinical Psychologist’ but the young person needs help now.
- ‘I thought no one was listening to me and my child, and they needed help. Why did it have to get so that they were suicidal before something happened?’
- ‘GP was hopeless and made life difficult after several months, so tried through Paediatrician and MAT team. We were told it would take 4-6 weeks and it took a further 7 months. I do not understand why can't you self-refer.’

- Parent felt that the school did not deal with the whole situation very well. She got a call from the school nurse to say she had made a referral to CAMHS. This was the first that the parent had heard that anything was wrong. Felt their input or say had not been sought. The school seems to have a default process to refer into the CAMHS.

Mixed

- ' ... second time at CAMHS. This second experience is better as school doctors and CAMHS have worked quicker and are more understanding. Took 2 months to get a referral, the first time it took over a year.

8.2 Diagnosis Delays

The interviews highlighted that there were real problems with delays in diagnosis.

This links with the section above, which also contains accounts of diagnosis delay.

Negative

- 'It took one year; the child was severely traumatised - punching and kicking. We were told it was going to take weeks but it took several months.'
- 'Had hit crisis point by the time CAMHS got involved. Did go to the GP, but wasn't helpful.'
- Parent commented that the way the diagnosis was given was 'disgusting' and continued, 'Was sent a report with a letter. At the bottom of the letter is said that we don't need to see you again. No time was given to go through the report or diagnosis. No support followed once the diagnosis was given.' Parent said that she asked and begged for support but it was not forthcoming.

Mixed

- 'It should have been a 2 week wait but ended up being 3-4 weeks. The first referral from the GP was delayed, credit to school nurse who did the second referral. This is when the process did start.'

8.3 Appointments

There were a number of negative comments about appointments taking place during school/work time which can create problems for young people and parent/carers. However, there were a few comments indicating valued flexibility.

Positive

- 'Appointments are every 4 weeks which is sufficient.'

- 'I feel like the appointments will help, they are open. Told "have meetings and see how you go." I am developing relationship, and am happy with how things are going.'
- 'Once, the member of staff came to the home because I couldn't get to the location. Also opened up at 6pm once. Frequency of appointments is just right - very accommodating.'
- 'Current worker will block out 6 weeks of appointments. This is good because it helps to plan diary.'
- '... was allowed appointments after school so people would not know, and also so parent would not have to leave work ...'
- 'We had 5 weekly sessions, and then some fortnightly, and then a couple monthly. At discharge the decision was the young person's choice not the worker, which allowed them to take control. We can return if needed without a new referral within 6 months.'
- 'Each session is about an hour, we are not rushed ...'
- 'I feel that staff listen most of the time to our child's concerns ... I like that my child can go in alone or with us depending on their needs and wishes.'

Negative

- 'For the first appointment we received the letter notifying us of it on the day of the appointment, this was not enough notice. I had to ring to explain why we had not gone and had to rearrange, which made the referral process even longer. Since then, communication has improved. I wish we could book our appointments in advance.'
- 'You can often hear the receptionist talking to parents etc on the phone. You can hear names, nature of the condition and name of school. You could potentially know who it is.'
- Parent said they had to constantly call to re-arrange appointments for after school. Parents want after school appointments due to vital school year not to miss lessons. Psychiatrist appointments are not after school either. Latest appointment is at 2.30pm. 'So feel like we have to fit into the service.'
- 'Appointments should not be during school time.'
- Both members of staff left. A counsellor told the young person they would refer them to a nurse at the beginning of the summer holidays, but they didn't hear anything so just had to manage.
- 'Once was stood outside for 20 minutes before staff let me in to the building. Seems like there is a high turnover of staff.'
- 'Would prefer sessions evening or weekends so do not have to miss school or work.'
- 'There was a big gap between old and new staff member being allocated.' Mum had to chase up and beg for someone to see child.
- 'All appointments are between 9-5pm so we try and get the last appointment at 3.30pm so only miss one lesson at school. We would prefer appointments so that do not have to miss school and work for the parents. The young person does not want school friends to know, so it is getting harder to explain where they are going when leaving early. This causes additional anxiety.'

- 'They didn't explain staff job titles, what they do and what they mean.'
- 'Had a change therapist midway through. I found that to be annoying and I was cross. I was told 1-2 weeks prior to the member of staff leaving, that she was leaving.' Young person feels like they are going round and round in circles.
- 'I run my own business and though the times were inconvenient I needed to attend for the sake of all of us. I have lost out financially, business wise because of this.'
- 'It would be useful if you could email them between sessions for advice or information, especially if a month until the next session. You will then have something concrete to help you ...'
- 'All sessions are in school time which is hard when trying to hide the appointments from school.'

Mixed

- 'We were offered 12 sessions, which were good and thorough. Appointments are held in the day time which doesn't always work for working parents.'
- 'First appointment took place at school, I was glad it was at school. The rest of the appointments were convenient, happy with the appointments. Not offered a number of sessions, but told will "see how it goes" and was happy with that. CAMHS cancelled some appointments due to staff reasons, and no appointments were offered to replace the cancelled ones.'
- 'The frequency depended on the counsellor, who would say "how often would you like to see me?" Reception doesn't seem to have access to the staff diaries, once I waited 40 minutes for a counsellor and no one had access their diary to know where he/she was. It is not easy to work around the appointments because mum works full-time.'

8.4 Quality of Staff

Mixed views were heard regarding relationships with professionals, although the majority of accounts were positive.

Many of those interviewed felt that the sessions were highly beneficial.

There were several comments about how busy and stretched the service felt.

Positive

- 'My counsellor is easy to talk to, they listen ... They are interested in what is being said ... Feel that the treatment is working. Feel confident and trust they will sort things. Can tell them things I can't tell other people.'
- 'Staff found to be polite, welcoming and well mannered.'
- 'After a few months I feel that things are improving. My child does not need to worry that they are different. The worker addresses that we are all different and not something to be concerned about. I see a real difference in my child. At the minute they do not see the changes but other people around them do and the worker says that it will come with time.'

- 'Someone to talk to about stuff I am not able to talk to anyone else about.'
- After the initial assessment, the young person and family were given a mobile number for a worker to contact as needed between sessions ... 'It was great knowing that we could text and the staff member would get back to us - the reassurance was invaluable.'
- 'Each session was about an hour but could be longer if needed, we never felt rushed.'
- 'Overall the sessions solved problems such as to talk things over with us or to text us if hard to put into words. The young person learnt life skills and we learnt better parenting skills'
- 'Fantastic, I don't know how we would have got through without it. Five stars.'
- 'I have good relations with all the CAMHS team ... They text me regularly.'
- 'A weight has been lifted and I can see light at the end of the tunnel - someone is willing to listen.'

Negative

- 'Sometimes it seems disorganised ... for example staff would forget to bring equipment. It feels like there is an element of them "winging it".'
- Young person felt that sometimes staff member came across like "she doesn't care." Has a sense that she is not listening, and feels rushed out of the door. The staff member likes to talk lots so the young person feels that she isn't given opportunities to talk.
- 'I didn't feel they consider the young person's whole situation.'
- 'Not good at getting back to the parents with information. A sense of being rushed off their feet.'
- 'The whole team are incredibly stretched.'
- 'Would like a more structured treatment plan to help see what working towards and to identify achievements.'

8.5 Information/Support

The parent course is spoken about favourably in a number of comments. There are a number of suggestions in this section about improvements that could be made.

Positive

- 'I also attend parent classes. These have helped tremendously.'
- 'I attend a CBT Group ... I attend the group after school. I like group therapy because it helps to take the pressure off to answer. You can't fill a silence in a one-to-one, whereas a group can.'

Negative

- Parent called CAMHS yesterday out of hours. No one has called back. There doesn't seem to be a sense of urgency to help families. The family is at crisis point.

- 'Would to have liked the parent course to be part of the process - Parent course is optional.'
- 'Need someone to advocate on the parent's behalf. Parent is often stressed and exhausted'.
- 'No information about self-help groups or online information.' Once told about an anxiety group, but suffer with anxiety, so didn't go.
- 'You could do with a 'welcome pack' along with first referral letter of what to expect. This would help the parent and young person to ease into the service.'
- 'Could also do with leaflets and picture boards to show who is who, what their job roles are and what the role means'.

Mixed

- 'The parent course is reasonably good - a refresher would validate what we are doing.'

9. Recommendations

Based on the information provided, Healthwatch Derbyshire would recommend that service providers consider the following:

- The referral system and the difficulties highlighted in getting referred to CAMHS.
- The adequacy of the support and information offered to young people, parents and carers, both before, during and after CAMHS.
- The frequency and duration of appointments and the involvement of young people, parents and carers in the choices that are made.
- Appointment timings are reviewed to allow improved access to appointments out of school/work hours.
- The implications of delayed diagnosis on both the young person, and the parent or carer.

10. Response from Service Providers and commissioners

Response from Public Health

Derbyshire County Council Public Health welcomes the Healthwatch reports for CAMHS services in both the North and South of Derbyshire County. It is valuable to see the positive, negative and mixed experiences articulated by young people, parents, carers and professionals who have first-hand experience of the respective services which can and should be used to inform service design.

We recognise the strengths and limitations of the report content and will ask the Derbyshire Integrated City and County Children's Commissioning Group to consider the findings to enable any learning to be translated into transformational and commissioning plans. Whilst Public Health does not commission CAMHS services, we do recognise the role Public Health has in improving children and young people's emotional health and wellbeing through prevention and early intervention via our commissioned programmes for

0-19s and parenting support. In addition we are working in collaboration with colleagues in the Clinical Commissioning Group and Children and Young Adults department to deliver both the Future in Mind transformation plan and the Children's Emotional Health and Wellbeing priority of the Health and Wellbeing Board. We understand the need to build on the information provided within the reports and will explore with colleagues the potential for undertaking additional work such as an equity audit to better understand the needs of young people and the profile of clients waiting for and accessing CAMHS.

Yours faithfully

A handwritten signature in black ink that reads "Elaine Michel".

Elaine Michel

Director of Public Health, Derbyshire County Council

Response from Derbyshire Healthcare NHS Foundation Trust

We welcome this report and both the positive and negative feedback, which will help to inform, develop and improve our CAMHS services going forward. We would like to apologise to those young people and families who have not received the care and treatment they expected. We aspire to put our patients at the centre of everything we do, and we will try our utmost to meet their needs in the future.

As part of our ongoing service transformation process, CAMHS is moving towards a more integrated, interagency approach, with collaborative care pathways and service models. This will involve a more effective use of our resources with the consultants working differently as part of our new ways of working. A more centralised structure is being developed based on specialist care pathways, in order to achieve a more standardised and consistent approach, with equality of access and more effective evidence-based interventions and outcomes for our young people.

Taking each of the recommendations in this report in turn:

Referrals

We have introduced a new single point of access process for our city services, as a pilot, which we have just evaluated. (Evaluation report provided to Healthwatch Derbyshire).

The Single Point of Access (SPOA) was created as an approach within Derbyshire Healthcare NHS Foundation Trust in February 2014. It was initially developed by Child and Adolescent Mental Health Services alongside Community Paediatrics and School Health, clinical Psychology, counselling services and Community Paediatrics as an integrated approach to managing referrals through emotional and behavioural pathways.

The SPOA for Derby City children's services is now well established and is currently being rolled out for Derbyshire county services. The benefit of the SPOA is that parents and children can be sure of reaching the right service in the right place and at the right time, reducing the number of duplicate or 'scattergun' referrals. Referrers such as GPs also benefit as the process is more transparent and easier to navigate. The process also enables an efficient step-up and step-down process in the clinical pathway, based on the child's needs.

Other benefits of the SPOA in terms of quality and efficiency included:

- Significant reduction in the number of inappropriate referrals for specialist assessment and intervention.
- The operation of a single entry point for specialist services supporting higher level needs by a care coordination approach to assessment.
- Initial screening and triage to inform whether specialist assessment is indicated.
- Intervention provided and maintained at a lower level by support, advice and consultation to staff in partner agencies.
- Clear and integrated pathways for referral, support and early intervention.
- Working in a preventative way, providing a response within timescales which delivers outcomes and avoids escalation of need.
- An emergency response for families who are in crisis to manage and, at the earliest assessed opportunity, move down to lower level services.
- Effective signposting to the most appropriate service and at the right level.
- Where specialist intervention is required, smooth transition to the most appropriate evidence-based pathway.
- Continuity of service for those needing ongoing care at points of transition.
- Services delivered flexibly in terms of time and location and in ways to maximize user engagement.

Following the evaluation of the City SPOA we are now rolling this out to have a South County SPOA.

Please note that Clinical Psychology services are provided by Derby Teaching Hospitals NHS FT and not by Derbyshire Healthcare NHS FT.

Information

We acknowledge that this is an area of development for our CAMHS services and we have commissioned one of our service user reps, with the support of GIFT - Great Involvement Future Thinking (DoH) - to review and support us to improve the quality of our information and to improve the accessibility of our online information. The 'welcome pack' idea will be included in this and we expect this work to be completed by the end of the year.

CAMHS works toward assessment of individual needs and six-weekly reviews and is based on the principle of a collaborative working relationship with the young person, which

includes working on the goals identified by the young person. Treatment end dates are developed collaboratively when the treatment goals are met and are based on individual needs.

Team leaflets are available in the teams and we will ensure that teams put up photos with their names and roles in line with the 'Hello my name is' campaign.

We have parenting groups for parents where this is identified as part of the treatment plan. We strive to work collaboratively with parents and carers following a Think! Family person centred approach.

Appointments

CAMHS aims to adhere to NICE guidance on evidence-based interventions underpinned by a collaborative working relationship with those the service supports. Through collaborative working, CAMHS aims to develop a partnership relationship with children and young people and parents/carers in all aspects of the assessment and care plan, treatment, and appointments process in order to suit individual needs and generate regular feedback and enable outcome monitoring in the sessions.

The care package can be reviewed to incorporate elements that the young person would find most helpful.

The service has experienced some disruption related to staff going on training as part of the IAPT (improving access to psychological therapies) service transformation, as there were delays in getting back-fill staff. However, many of the staff have now returned having successfully completed training and are now able to offer more effective interventions and consistency in care.

Appointment timings

We acknowledge that there is an inconsistency across the teams with regard to out-of-school-hour appointments. We have some evening clinics and appointments and also offer home visits but we acknowledge that there is not enough. We appreciate the importance of education for the young people in our services and want to work with them to achieve their goals.

We will review opportunities to access the service outside of school hours, including seven-day working. This would, though, be subject to availability of premises out of hours and would potentially have cost implications that we would need to address with commissioners.

Delayed diagnosis

This is not an issue that has arisen in any of our other service monitoring. However we acknowledge the impact and strength of feeling in the comments regarding diagnosis; clearly a delay must be a source of frustration and concern for all those affected.

While it is difficult to investigate incidents of delayed diagnosis without knowing the specific details, we will undertake further work to clarify the extent of this issue.

As the SPOA rolls out across the services in the south of the county, we will have an engagement plan for communication with referrers, including GPs, to ensure they understand the referral process. More timely access to services should reduce the length of time to diagnosis.

Alongside our colleagues in Paediatrician and Therapy Services, we are also involved in developing a neuro-developmental care pathway which we expect will improve the response to referrals and facilitate a more timely assessment.

We envisage this will improve access to assessment, diagnosis and treatment particularly concerning autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD).

The implementation of this pathway will introduce a new skill mix and avoid some of the capacity problems that we have experienced over the past few years in relation to the growth in demand.

We have commenced recruitment in to these posts and would hope that this will begin to become operational around autumn 2015. We expect the new pathway to provide a more fluid service with the need for internal referrals and handovers and thus significantly reduce the waiting times that are currently experienced.

Once again, we thank Healthwatch Derbyshire and our patients and carers for this opportunity to learn about our services. We will work closely with Healthwatch Derbyshire to apply the recommendations they have proposed in this report.

Carolyn Gilby
Acting Director of Operations
Derbyshire Healthcare NHS Foundation Trust

Derbyshire CCGs Response

The Healthwatch Derbyshire Report, which provided 2 reports, one for the North where services are provided by Chesterfield Royal Hospital, and one for the South where services are provided by Derbyshire Healthcare Foundation NHS Trust.

The CCGs welcome the report and its content. Both positive feedback and areas for development are appreciated. The comments made by clients in the report are similar to those made through local consultation. It is reassuring to receive positive feedback about service quality.

Commissioners in the South hold a monthly contract management meeting with the CAMHS provider to performance manage the contract and enable on going service development.

We have already discussed the recommendations of this report with the provider and have asked the provider how they will respond.

In the North there is a bimonthly CAMHS specific quality improvement and performance group consisting of both providers and commissioners and the North report will be discussed there.

The recommendations are timely and will be used to inform our forthcoming local five year Future in Mind Transformation Plan to improve outcomes in mental health and well-being. The additional government investment that comes with Future in Mind provides a unique and exciting opportunity for major service development across all services.

In response to the Report's recommendations

The referral system and the difficulties highlighted in getting referred to CAMHS.

South: At the time of Healthwatch engagement, there were 2 referral systems to CAMHS in Southern Derbyshire, traditional referral routes in South County and a multiagency Single Point Access (SPOA) piloted in Derby City. Following a recent successful evaluation of SPOA, commissioners have agreed its expansion across South Derbyshire. It is anticipated this will bring a significant improvement in the coordination and management of referrals so that 'the right referral goes to the right service' and need is met as soon as possible.

North: The service in the North has also piloted a single point of access following the times the Healthwatch report covered. There are differences in infrastructure within the 2 different providers which have been apparent through the evaluation. The CCGs are committed to working towards the NHS 5 Year Forward View, part of which focused around integrating services. Review of the ADHD and ASD pathways specifically are underway which will result in more positive service user experiences.

The adequacy of the support and information offered to young people, parents and carers, both before, during and after CAMHS.

South: It is positive to know that the range of methods of working with families makes a difference. Providing information in an appropriate form is a core NHS requirement. It is an area we are working with our providers to improve access to services and support through a range of methods eg phone apps, social media. The comments highlight the need for a range of clear sensitive information that is responsive to differing needs.

North: It is clear that many of those young people and families participating in the report feel satisfied with the service they have received. Commissioners will ensure there are processes in place for resolving issues between children/young people/families and professionals as soon as they are identified. This section mentions an aspect outside of the control of CAMHS and CCG commissioners regarding a Tier 4 placement in Leicestershire. It is not a reflection of the quality of staff in North Derbyshire. These services are commissioned by NHS England. Issues around transition between workers when young people go into adult services or their CAMHS worker leaves will be picked up with the service as these negative comments are reflected nationally.

Information and support for parents/carers/siblings and friends is vital and the comments from the report will give us a basis for improvement. Ensuring parents and carers in particular are supported and alongside the young person and become experts in care is something we want to ensure going forward.

The frequency and duration of appointments and the involvement of young people, parents and carers in the choices that are made. Appointment timings are reviewed to allow improved access to appointments out of school/work hours.

South: The good practice highlighted in the report reflects the benefit of flexible appointments. These are available in some part of South Derbyshire but not all. It is acknowledged that access to services particularly after school hours and a choice of options should be improved. We are working with all service providers as part of the NHS 5 year forward plan to extend access to services 7 days a week. The CCG is has recently invested an additional resource to extend the CAMHS liaison/rapid response from 5 to 7 days a week for children and young people in crisis. This service will be fully operational by January 2016.

North: The difference between waiting times and people's experience of this is something the CCGs are working on with the service. The service themselves also recognise this. There were positive aspects of flexibility and we would wish to see these as the 'norm'. It is positive the service is individualising according to need wherever possible. Further investment will be required to ensure 7 day services and an appropriate crisis response. This will be a priority for the money allocated as part of the 5 year transformation plan.

The implications of delayed diagnosis on both the young person, and the parent or carer.

South: The comments raised by parents highlight the importance of help early. Sometimes diagnoses are complex and may take some months to make. They may also require information from other specialists and observations of children in different settings. Our priority based on local evidence and engagement with service users and is that services should be needs rather than diagnostic led so that support is available until a specialist assessment can be made. A multi-agency early help assessment could identify other agencies that can provide early help support in school or at home.

We acknowledge the challenge of long waiting lists and are working closely with service providers to reduce these. We are monitoring this closely and also looking at other ways of managing the increasing demand for CAMHS differently. For example, we are supporting our provider to train school and community workers to deliver short evidence based interventions as part of the expansion of the CYP Improving Access to Psychological Therapy (CYP IAPT) training. This will enable staff to treat low level anxiety and depression in community settings and reduce the need for CAMHS.

North: Issues in relation to diagnosis are often complex. The report mentions issues with services outside of CAMHS. It is not clear within the report if someone has not received the diagnosis that they/parents/carers want, are on a pathway that will deliver this diagnosis and there is unnecessary delay, or whether or not the young person/parents/carers are in dispute with the service about a diagnosis. Additionally, as a

mental health commissioning team we are trying to move to a system whereby diagnosis is secondary to need. In some situations diagnosis can prove helpful in terms of allowing understanding of an individual, but it is not a solution. The comment around being passed between professionals is one we are aware of and work on the ASD and ADHD pathways specifically will address this through integration and coordination.

It is anticipated through our Future in Mind plan and the additional investment we will continue to work closely with local service users and providers to innovate and improve outcomes.