Annual Stocktake Report

Partnership: Barking & Dagenham
Partners: Barking & Dagenham CAMHS, North East London NHS Foundation Trust, LB Barking & Dagenham
CCGs: Barking CCGs and Dagenham CCGs

This report has been produced by the London & South East CYP IAPT Programme Team as part of the CYP IAPT Annual Stocktake cycle to enable providers and commissioners to reflect on progress implementing the principles of CYP IAPT in the context of system wide change underway through the Local Transformation Plans and Sustainability and Transformation Plans.

The report will explore the available data about the implementation of the core principles of the CYP IAPT programme essential to quality improvement and service transformation:

- Value and facilitate authentic **participation** of young people, parents, carers and communities at all levels of the service
- Provide **evidence-based** practice whilst being flexible and adaptive to changes in evidence
- Raise **awareness** of mental health issues in children and young people, and take an active role in decreasing stigma around mental health difficulties
- Demonstrate **accountability** by adopting the rigorous monitoring of the clinical outcomes of the providers and feedback from young people and families about their experiences of using the service
- Actively work to improve **access** to and engagement with services

These principles are co-dependent and are applied within a culture of collaboration and shared decision-making.

The data presented in this report includes:

- Self-reported quarterly monitoring data submitted by providers in the Barking and Dagenham partnership including self-rating against the Delivering With Delivering Well Values and Standards and the CYP IAPT Markers and Indicators, as well as self-reported quantitative workforce, activity and outcome data
- Take-up of training places since the partnership joined CYP IAPT as well as expressions of interest for upcoming training and current applications
- Use of outreach resources from the Learning Collaborative to support quality improvement

The objective of this Annual Stocktake is to facilitate providers and commissioners jointly setting goals and outcomes with the CYP IAPT Learning Collaborative, which the collaborative can provide support and resources to achieve during 2018.
QUARTERLY MONITORING

Quarterly monitoring data for 2016-17 has been submitted for 0 of the 4 quarters. This makes it difficult for us to comment on your progress since you joined the learning collaborative. Your latest submission was for Q3 2015-16. We suggest starting a conversation about this during the annual review meeting. For reference; partnerships that joined the learning collaborative in your wave have submitted up to 4 out of the 4 quarters.

Accountability

There are current issues with the level of compliance with paired outcome measures. There is a trust wide action plan in place to improve this compliance. This was updated in March 2016 and a fortnightly meeting put in place to review the trust compliance and individual staff compliance with paired measures with a view to improving the compliance with paired measure at a local level. Discussion of clinical outcome measures is used as part of supervision. However due to the level of compliance with paired measure it is clear this continues to require some imbedding into local practice.

We have developed a data based system ICAN that allows for the tracking of completed and paired measures: these included such indicators as the SDQ, current view and RCADs. We are promoting the use of the SDQ as a standard measure and the use of the parenting SDQ where a child is younger and the SDQ is not clinically appropriate. In this way promoting compliance with paired measure and PROMS.

Locally, an audit has been undertaken on the child centered and SMART nature of care plans. From this a presentation was formulated and provided to the whole team on the development and creation of SMART care plans. This was delivered as part of the team away day and copies made available in each office.

Initial assessments are offered within 12 weeks with an average of 8 weeks. Feedback from children and young people is that this wait is too long. Systems are in place to reduce waiting times.

There is currently an initiative within the CAMHS "Clinical Academic Learning Meeting" to provide updated training to clinical staff on formulation in assessments.

Staff undertake goals within care planning. There has been a recent audit on use of Care Plans and, as a consequence, increased in use. Care plans are now viewed within clinical supervision.

In terms of the data submitted by your CCG footprints for the reporting period April 2017.

<table>
<thead>
<tr>
<th>MHSDS Metric</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>CYP23 - Open referrals (children's and young people's mental health services), end RP</td>
<td>600</td>
</tr>
<tr>
<td>CYP32 - Referrals to children and young people's mental health services, starting in RP</td>
<td>140</td>
</tr>
<tr>
<td>MHS32b - Referrals starting in RP, aged 0-18, that were self-referrals</td>
<td>-</td>
</tr>
<tr>
<td>MHS55a - People attending at least one contact in RP, aged 0-18</td>
<td>110</td>
</tr>
</tbody>
</table>
Accessibility

There are clear ways and simple to use means for a young person and/or their family to provide regular feedback or to complain. Additionally, the availability of independent advocacy and support services is well signposted and young people and/or their families are supported to access the help available.

Self-referral to CAMHS is provided for 14-21-year-olds through the adolescent service. Self-referrals are not offered for children aged 13 years and under. A range of settings across the borough is provided for treatment, but could be developed further.

The adolescent service states clearly on publicity that therapists from different cultural backgrounds, sexuality and gender can be requested. When there is an increase in demand you this can impact on resources.

Evidence Based Practice

There are clear ways and simple to use means for a young person and/or their family to provide regular feedback or to complain. Additionally, the availability of independent advocacy and support services is well signposted and young people and/or their families are supported to access the help available.

Currently, the interventions offered by CAMHS are in line with those recommend and recognised by NICE. There is a local steering group that is working to develop a shared care plan library of NICE compliant care plans to support staff to better develop NICE compliant care.

Governance/Leadership

There are local meetings and trust wide meetings that support the governance of CYP IAPT. At this time these meetings are led by NELFT and look at internal barriers to reaching the 90% target for paired outcome measure. This included looking at the IT system as well as clinical pathways and operational issues.

There are staff away days 4 times a year for the children’s integrated services in Barking and Dagenham. There is a CAMHS Clinical Academic Learning Meeting once per month where learning and development take place.

Participation

Currently there is a local listen group that is attended by a group of current and previous service users. This group has been involved in many projects including developing a film and delivering
training to the CAMHS team. However, recently, the number of attendees has reduced and a relaunch is planned for June.

The young people’s user group called "Listen!" is due to be re-launched. The Listen! group have provided training days to CAMHS staff on "Understanding the YP’s experience". There is user involvement in staff recruitment but not YP user involvement, this still needs to be developed.

**TRAINING PLACES**

Since joining the CYP IAPT Collaborative in 2013 a total of 15 staff have signed up for CYP IAPT training at KCL or UCL in various modalities/routes – 9 completed, 1 in progress of completion, 5 withdrawn. No applications and 1 expression of interest have been received for upcoming 2017/19 CYP IAPT trainings. Please see the graphics below for details of specific trainings for more details.

Modalities with 0 intake/expressions of interest: Evidence Based Counselling Practice (EBCP), Systemic Family Practice Eating Disorders SFP (ED), Staff Working with 0-5s and their parents/carers (0-5s) and Autism Spectrum Disorders & Learning Disabilities (ASD/LD)

**Postgraduate Certificates in CYP IAPT Management**

Two withdrawals registered for the PG Certificate in CYP IAPT Management in 2014. Pass rate - Pass

**Postgraduate Certificates in CYP IAPT Supervision**

Two withdrawals registered for the PG Certificate in CYP IAPT Supervision.
Postgraduate Diploma in CYP IAPT Therapy

One withdrawal registered for Postgraduate Diploma in CYP IAPT Therapy in 2017 (reason cited – change of job)
Pass rate – Pass

NEW WORKFORCE TRAINING

The new Workforce Initiative covers the Children’s Wellbeing Practitioner programme (CWP) and THE Recruit to Train programme (RTT) with the aim of increasing mental health workforce capacity by training 1700 new staff in Evidence Based treatments by 2020 offering support to 70k more children and young people.

- 4 staff from Barking and Dagenham are currently training in the CWP 1 Year Certificate that started in April 2017
- Barking and Dagenham have also submitted an expression of interest for the second cohort of CWPs, beginning in April 2018

OUTREACH

- Six supervisors took part in Enhanced Supervision Training in 2014.
- Organised an Away Day and delivered training on Outcomes in April 2014.
- iThrive team delivered a workshop in 2016
GOALS
No goals were identified in the most recent Quarterly Monitoring submission.
# APPENDIX 2.
## BREAKDOWN OF TRAINING PLACES FOR Barking & Dagenham PARTNERSHIP

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Presenting problems</th>
<th>Staff began training</th>
<th>Status (Complete unless stated otherwise) + EOI Applications 2017/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Service leadership</td>
<td></td>
<td>4</td>
<td>1 completed 2014 2 Did not complete 2014 1 completed 2015</td>
</tr>
<tr>
<td>Supervision</td>
<td></td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Supervision (SFP ED)</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Supervision (CBT)</td>
<td></td>
<td>1</td>
<td>1 did not complete 2014</td>
</tr>
<tr>
<td>Supervision (SFP CDD)</td>
<td></td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Supervision (PT)</td>
<td></td>
<td>1</td>
<td>1 did not complete 2014</td>
</tr>
<tr>
<td>EOI's</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parenting Training (PT)</td>
<td>Children (3-10 years) with conduct problems and their parents/carers</td>
<td>1</td>
<td>1 completed 2014</td>
</tr>
<tr>
<td>CBT</td>
<td>Anxiety and Depression</td>
<td>5</td>
<td>4 completed 2014 1 In Progress due to complete 2019 1 expression of interest 2018</td>
</tr>
<tr>
<td>Interpersonal Therapy (IPT-A)</td>
<td>Adolescents with depression</td>
<td>2</td>
<td>1 completed 2015 1 Did not complete 2017</td>
</tr>
<tr>
<td>Systemic Family Practice (SFP CDD)</td>
<td>Depression, Self-Harm and Conduct Problems</td>
<td>1</td>
<td>1 completed 2015</td>
</tr>
<tr>
<td>Systemic Family Practice (SFP ED)</td>
<td>Eating Disorders</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Staff working with Autistic Spectrum Conditions and Learning Difficulties (ASDLD)</td>
<td>Autistic Spectrum Conditions and Learning Difficulties</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Evidence Based Counselling Practice (EBCP)</td>
<td>Depression, Anxiety</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Working with 0-5s and their parents/carers (0-5s)</td>
<td>Mixed (Conduct problems)</td>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>