

LBHF Education and Children's Services Select Committee

17th September 2013

Access to Mental Health and Speech and Language Services

Carole Bell: NWL CSU Head of Children's Joint Commissioning

Introduction

The London Borough of Hammersmith and Fulham's Education and Children's Services Select Committee Work Programme (2012-13) requested a report on access to local mental health and speech and language services. Additionally a committee member has asked some specific questions in relation to these two areas. This report seeks to address both the Select Committee's requirement for a report and the individual enquiries.

Access to Mental Health Services for Children and Young People in Hammersmith and Fulham

West London Mental Health Trust (WLMHT) delivers comprehensive mental health services to children and young people in Hammersmith and Fulham schools. WLMHT Child and Adolescent Mental Health Service (CAMHS) offers a clinic based (¹Tier 3 service) as well as an outreach 'community' CAMHS service (C-CAMHS) into schools and provides a range of interventions including: consultations to schools; brief therapy or longer term complex multi-disciplinary and multiagency intervention depending on the mental health needs of the young person and their family.

In addition to Local Authority (LA) and Clinical Commissioning Group (CCG) commissioned services, a primary school in the borough independently commissions one session per week of child psychotherapy, and a nursery school commissions 4 sessions per week of child psychotherapy from WLMHT.

- **What access do schools have to support their working relationships with children using mental health services?**

Each school in H&F has a named link C-CAMHS practitioner. C-CAMHS practitioners provide consultation to schools (open to all staff), delivered by training on identified needs to school on inset days or with groups of staff or 1 to 1 consultation with staff.

The link C-CAMHS practitioner liaises with Head Teachers and Special Educational Needs Co-ordinators (SENCO) and will look at themes or trends as part of an annual or termly evaluation of the C-CAMHS support the school receives. C-CAMHS practitioners also act as a link between the young person, family, school and Tier 3 CAMHS for cases with complex and enduring problems. Tier 3 CAMHS operates a daily duty system which supports all referrers including schools by providing mental health advice and signposting to appropriate services. For cases that need Tier 3 input, Head Teachers or SENCOs can make a direct referral in consultation with a C-CAMHS clinician or Educational Psychologist (EP). Tier 3 clinicians routinely link with schools to provide support and advice in relation to a child's learning and behaviour.

- **What training in identifying mental health concerns do teachers have locally?**

¹ Tier 3 – service provided by specialist mental health clinicians

Tier 1 training (Introduction to Child Mental Health) has to date been offered quarterly and is jointly delivered by Educational Psychologists, C-CAMHS and Tier 3 clinicians. C-CAMHS clinicians can also provide bespoke training on site for schools where particular mental health topics are identified.

Schools also commission training from PIDS (Primary Inclusion Development Service) with whom C-CAMHS staff work with in partnership. PIDS support primary schools to develop their own capacity to respond more effectively to the needs of primary aged children with behaviour, social and emotional difficulties. Part of the C-CAMHS service delivery plan is to meet with Head Teachers and SENCO's at least once a year (ideally termly) to identify what gaps exist in supporting their relationships with children who use mental health services. This has led to local "Shared Understanding" meetings and subsequently also to a "Shared Understanding" away day where EP's, the PIDS and C-CAMHS clinicians were able to identify overlaps or gaps in current services to schools.

- **What help is available to parents?**

Parents have access to C-CAMHS clinicians for consultations at their child's school. This can generate referrals to Tier 3 CAMHS or a request for parental support to the Family Support Locality Service (FSL²) Family Practitioners or for more complex circumstances, to the Family Recovery Project (Family Coaches). C-CAMHS will also signpost parents to appropriate local community services e.g. YUVA (Service for young people with violent behaviour).

The family GP can also provide advice and support including access to additional medical services should this be required.

- **Can young people self-refer themselves to services both initially and if they have a recurring need for support?**

Young people can self refer to C-CAMHS clinicians and schools and referrers are aware of this. Referrals to Tier 3 CAMHS are made through C-CAMHS, GPs, other health professionals, social workers, Head Teachers, SENCOs or EPs.

- **How are young people involved in designing local mental health services?**

Young people from the borough have been involved in The Big Shout consultation event held on the 23rd June 2012³; young people's input is also actively sought in re-shaping CAMHS facilities⁴ and Service User Satisfaction is recorded as an outcome measure and will be reported to commissioners as part of a revised performance framework. Furthermore, young people are encouraged to take part in WLMHT CAMHS recruitment panels and to participate and be actively involved in CAMHS stakeholder events.

- **How is the transition from child to adult services managed locally?**

² Responsible for delivering 'early help' to families

³ 50 young people took part in two workshops looking at emotional well-being and mental health

⁴ e.g. CAMHS users have contributed ideas on re-shaping the WLMHT service based at Ealing Hospital

There is a CAMHS and Adult Mental Health Service (AMHS) Transition Protocol in place for transition of young people from children's to adult services. If a young person is in education at the time of transition, their school is fully involved with the care planning and transition process. Transitions of children known to C-CAMHS are managed through local 'Team around Child' meetings or 'Team around Family' meetings. More recently, the appointment of an Adult Mental Health worker in the Children Services Localities Team is helping to strengthen management of transition to adult mental health services.

- **Are counselling services widely available in local schools?**

Each school has a named C-CAMHS Practitioner who will support any request for support with emotional needs or concerns. Where schools have limited pastoral support, C-CAMHS clinicians work in partnership with Family Coaches (Tri-⁵borough Family Recovery Project) and FSLs Localities' staff to ensure schools have access to counselling. Where C-CAMHS is not able to provide support, C-CAMHS will signpost or assist in making a referral to a more appropriate counselling service or when appropriate to Tier 3 CAMHS.

Schools are able to access independent counselling services or employ counselling staff directly and a number of schools have these arrangements.

- **If children move into or out of the area can they immediately access services or do they have to be re assessed?**

Consultation and or therapeutic work delivered by WLMHT can continue where a child moves out of borough but remains in a Hammersmith & Fulham School. Where there is a change of school and a move of borough, a summary of work undertaken is provided to the new CAMHS service which can minimise the need for re-assessment. Where no accompanying clinical information is provided about children moving into H&F, good practice would indicate that a fresh assessment is required. Transfer, Discharge Summaries and access arrangements are similarly present for cases open to Tier 3 CAMHS to ensure seamless care provision transfers.

Interruptions to treatment can arise where families move into areas where CAMHS services have waiting lists for interventions. Transfer and Discharge Summaries will advise on the assessed priority and risks on a case by case basis.

CAMHS Next Steps

A Tri-Borough Needs Assessment has been completed for CAMHS and plans are now being developed to review community and targeted CAMHS services (e.g. CAMHS support for young offenders and looked after children).

A new CAMHS Commissioner joins the Children's Joint Commissioning Team in September and will be tasked with taking this work forward.

Additionally, the voluntary agency Rethink has been commissioned to undertake 'co-production' work with looked after children and other young people who have direct experience of mental health services. The findings of the work and any recommendations will be fed into the review.

Access to Speech and Language Therapy Services for children and young people in Hammersmith and Fulham

Speech and Language Therapy Services (SALT) for young people in Hammersmith and Fulham are provided by the Central London Health Care (CLCH) and commissioned by both the Hammersmith & Fulham CCG and the LBHF⁶. Some individual schools also commission additional SALT input. For school aged children CLCH deliver a school based intervention model.

- **A number of schools have reported using education budgets to enhance speech and language provision - why is this necessary?**

Commissioners in Hammersmith and Fulham invest just over £2m in speech and language therapy services. The NHS spends £1.6m with the LA adding a further £440k⁷. The NHS increased SALT investment approximately 5 years ago to reduce waiting times for children. LBHF SEN made a small reduction in funding in 2010-11⁸ as part of the national drive for efficiencies in public services.

Several schools have chosen to invest in additional speech and language services, building on the core SALT provision. With changes to funding arrangements for Academies and Free Schools and the prospect of new legislation for SEN provision, LA and CCG commissioners are in discussion with CLCH to ensure clarity over resourcing and continuing equitable eligibility. In addition early discussions on developing a business case for further SALT investment has begun, linked to a revised analysis of demand and need.

- **What percentage of speech and language services is delivered in Children's Centre & school settings as opposed to hospital/health settings?**

Local authority commissioned speech and language therapy is delivered in early year's settings (nurseries and children's centres) or in schools. Some NHS funded services are delivered in community health settings (not however in hospitals) and these include:

- Child development speech and language therapy – delivered as part of multi-disciplinary teams including paediatricians, physiotherapists, clinical psychologists and occupational therapists for children with complex and severe levels of needs.
- Specialist parent and child groups for children requiring detailed assessment and /or intensive group work (such as children with severe stammers or severe language impairment).

The latter in particular could be delivered in a non-health setting (space permitting) but at present are delivered in community health centres (Parsons Green and White City).

⁶ Early Years and Special Educational Needs (SEN)

⁷ £294,000 from SEN and £146,000 from Early Years

⁸ £38,917

In the past decade Speech and Language Therapy practise for children has moved away from the original medical approach in favour of a 'social model' of intervention. Research has demonstrated that efforts to improve children's communication skills are optimised when delivered in everyday conditions (schools, children's centres and the home) by adults with an emotional connection to the young person. The SALT service therefore seeks to involve parents/carers, early educators and school staff at every stage, delivering the service where children are comfortable and supported by familiar adults i.e. nursery, children's centre or school.

- **Does the service use bi-lingual speech therapists? If translators and interpreters are used what training is available to them?**

The service does not actively employ bi-lingual speech and language therapists simply because of the vast number of languages spoken within the borough. The service supports children who are experiencing language impairment in all their languages. Issues related to a child learning a second language are not dealt with by speech and language therapy. The SLT service provides training, jointly with the LBHF English as Additional Language Consultant, for teachers on completing First Language Assessment for pupils who are bi/ multi language learners. 22 teachers from LBHF attended this training in the last academic year.

Interpreters are routinely used for bi-lingual families and though training is not currently provided additional time is booked before a therapy session to ensure the interpreter understands their role. This includes clarifying that they are there to translate and not to deliver therapy.

The SALT service strongly promotes and supports families with English as an additional language to talk to their children in **all** of the languages used in their home. Specific early year's groups are also available for bilingual families. This approach is based evidence that demonstrates that:

- Young children can just as naturally learn two languages as one⁹
- Being bilingual does not cause language difficulties
- Learning a 'home language' plus English provides children a strong foundation for learning other languages
- Parents can feel more comfortable talking in their home language which will help their child to learn to talk
- Dropping a 'home language' may mean a child loses their initial language skills and learning
- Only speaking English may mean a child is isolated from wider family and networks

The service provides leaflets and information posters in all Children Centres as well as drop in information sessions for parents/carers on "learning more than one language".

- **How do speech and language therapists work with school/nursery/early years staff?**

The Early Years and Early Intervention SALT service offers packages of support to early year's centres in order to:

⁹ ICAN Bilingualism factsheet (www.ican.org.uk)

- Enhance the interaction at the Foundation Stage by increasing the frequency of opportunities to support language development for all children.
- Up skill Early Year's practitioners by helping them to identify and support children with speech and language difficulties.
- Deliver interventions to suit the requirements of the centre and children's individual needs. Contracts of Delivery with agreed outcomes are in place with Early Years Centres and are regularly reviewed, with outcomes aggregated and reported to commissioners in project evaluation reports.

In addition SALT delivers a range of universal and targeted groups for children and their parents in early year's settings. In H&F this includes:

- Advice and support at universal drop-ins (e.g. Stay and Play) to promote early resolution of any low level issues including prevent unnecessary referrals
 - Parent workshops (Top Tips for Talking, Learning More than One Language, Using Signing and Visual Supports)
 - Targeted groups (Hear Me Follow Me, Getting Ready for School, Tackling Talking Together, Hear Sing Say)
- **What training is available to early year's staff/teachers to identify the need for referrals - do referrals have to go through GPs?**

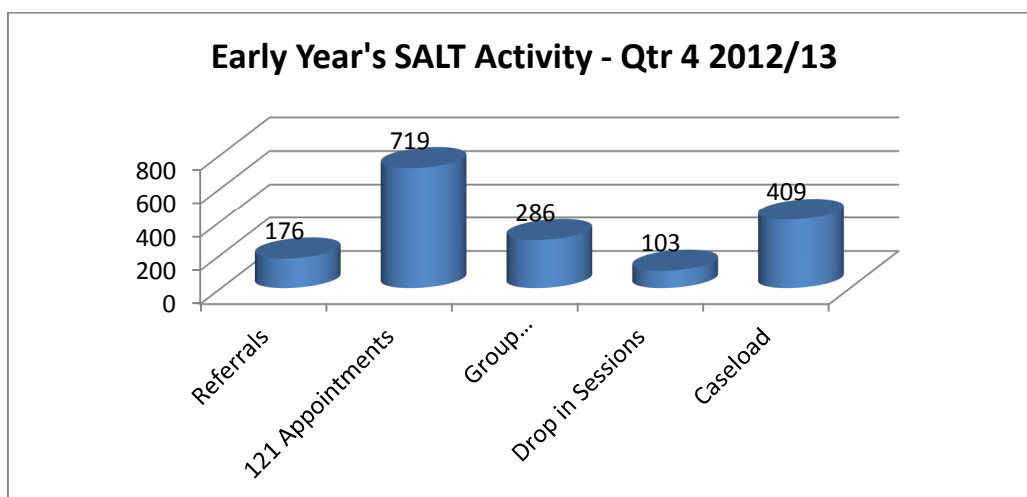
A wide range of training is available for early years and schools staff on speech, language and communication including an accredited 2 day speech and language course, plus in-house training for practitioners on areas such as Adult-child interactions, Makaton signing, and supporting communication friendly learning environments. This training programme is now co-ordinated through Westminster Special Schools Outreach team (who hold the tri-borough training contract).

Referrals do not need to go through GPs and can be made by any children's practitioner or a parent/carer.

- **What more can be done to ensure early intervention for children - how long is the current waiting list for services?**

As at quarter 4 2012/13 waits for early year's SALT appointments were as follows:

- 78 days for assessment (11 weeks)
- 84 days for intervention (12 weeks)



The table provides a snapshot of the levels of service being delivered in the H&F SALT service over the fourth quarter 2012-13:

- Over 1,000 one to one and group appointments were delivered.
- An additional 100 drop-ins were offered (over 1,000 families accessed these) which promote seeking early advice and early intervention.
- SALT currently support over 400 children aged 0-5 in the borough. This number excludes children with more complex needs known to the Child Development Service SALT team based at Chelsea and Westminster Hospital.

Overleaf is a short update on the tri-borough speech, language and communication project which includes a local focus on early intervention.

Speech, Language and Communication Project: Update and Next Steps

A Speech, Language and Communication Needs (SLCN) Review was undertaken in 2012 for Westminster with a focus on: what could be done to improve children's communication and school readiness.

The Westminster SLCN Review made **five key recommendations**:

- a) Make speech and language 'Everyone's Business'
- b) Focus efforts on **Early identification, Early intervention and Early years (3 E's)**
- c) Establish a Joint Commissioning approach to speech and language therapy
- d) Manage resources more effectively achieving 'more for less'
- e) Support parents to support their child

A speech, language and communication commissioning group (SLCCG) has been convened to implement the five recommendations. The group's remit has been extended to have a Tri-borough impact as the issues identified in the review are also evident in H&F and RBKC. The group met in July 2013 and will meet quarterly for a year and then pause to review progress.

The anticipated **outcomes** of the group and work streams are:

- More children are ready and able to start school
- More parents are able to support the development of their child's speech, language and communication
- Children with speech, language and communication needs are identified and supported earlier
- More children are supported with low level SLCN in and by universal settings
- Parents and carers have increased levels of understanding of SALT

Outcomes will be measured with a set of Key Performance Indicators (KPIs) that include the following:

- Early Years Foundation Stage (EYFS) profile – overarching results and specific speech, communication and language results
- Educational achievement
- ECAT¹⁰ results / improvements
- Results of 2/2.5 year health & development checks
- Referral rates to SALT
- Wait times for SALT
- Caseload numbers for SALT

In addition the project will aim to achieve the several strategic benefits including:

- A clear local speech, language and communication support offer
- Clear resourcing for SALT with an agreed long term and sustainable financial model
- Joint Commissioning of SALT in order to make the best use of resources
- Development of a robust business case to support the argument for additional funding

¹⁰ "Every Child a Talker" is an early year's initiative that identifies and addresses SLCN. It has a proven evidence base and is able to produce (and measure) tangible improvements in children's speech, language and communication skills.