

Still Waiting- Implementation NICCY Progress Update Monitoring Report 4

February 2023

1.0 Introduction

The Northern Ireland Commissioner for Children and Young People (NICCY) was established under the Commissioner for Children and Young People (NI) Order 2003 with a principal aim to safeguard and promote the rights and best interests of children and young people in Northern Ireland (NI). In exercising her functions, the Commissioner must have regard to all provisions of the United Nations Convention on the Rights of the Child (UNCRC).

In September 2018, NICCY published a Rights Based Review of Mental Health Services and Support for Children and Young People - *'Still Waiting'*,¹ produced in accordance with the powers and functions set out in the NICCY Order. This includes duties to keep under review the adequacy and effectiveness of law, practice and services provided for children and young people by relevant authorities; to advise Government and relevant authorities; and to encourage children and young people and their parents / carers to communicate with the Commissioner.

Children's rights, particularly reflected in the United Nations Convention on the Rights of the Child, have been at the core of every stage of NICCY's work to raise awareness of children's mental health, through the use of a child rights framework to assess and monitor the adequacy and effectiveness of mental health services and support. The views and experiences of children has also been central to all of this work.

¹ www.niccy.org/StillWaiting

2.0 Implementation of 'Still Waiting' Recommendations

The Report contained 50 recommendations across eight thematic areas, as outlined below.

1. Working Effectively	5. Moving from Child to Adult Services
2. Accessing Help	6. Flexible Treatment Options
3. Support for Adults working with Children and Young People	7. Mental Health Awareness & Literacy
4. Specialist Support	8. Young People with Additional Needs

An Inter-Departmental Group (IDG) Chaired by the Department of Health and involving representatives from the Departments of Education, Justice and Communities, along with members of the Voluntary and Community Sector was established to publish an action plan (the 'Still Waiting Action Plan' or 'SWAP) and to be responsible for the implementation of the recommendations.

2.1 Progress Reporting and Monitoring

NICCY has continued to monitor the implementation of the 'Still Waiting' recommendations on an annual basis since 2020 and this fourth and final report sets out an assessment of progress in implementing the recommendations from Still Waiting. NICCY's assessment is informed by reviewing the detailed progress update provided by the IDG. NICCY has also been closely following a range of mental health service activity data from 2013/14 and has used this data to monitor the performance of services and support. Much of the data contained in the accompanying CAMHS Data report is not in the public domain and came from data requests made by NICCY to the HSCB, BSO, BHSC and RQIA. The current report contains data for the period 2013/14 -2020/2021.² The data in these reports cover a range of areas that include:

1. CAMHS Referrals (received and accepted)
2. Referral sources (routine and crisis)
3. Non-attendance at appointments
4. Clinical reason for discharge
5. Waiting lists- numbers and length of time
6. Anti-depressant prescribing rates

² Full Mental Health Data Report available from 09.02.22 at www.niccy.org/StillWaiting

7. Under 18 admissions to adult mental health wards, and
8. Extra Contractual Referrals and
9. Admission and discharge data for Beechcroft and Iveagh.

3.0 Overarching Comments and key statistics

In March 2022, at the beginning of NICCY's final year of monitoring progress of the 'Still Waiting' recommendations, it was apparent that whilst slow progress was being made in some areas, many of the recommendations would not be complete by February 2023. For this reason, during 2022/23 NICCY has given significant focus to informing and influencing processes and / or structures that will enable and support the longer-term work needed to reform the mental health system. This has included NICCY representatives meeting more regularly with IDG representatives (DoH officials and SPPG personnel) to review progress on a more regular basis. It has also included an agreement between NICCY and IDG on a Performance Framework for the SWAP that could also potentially inform other longer term strategic work such as the Mental Health Strategy. The framework focuses on 4 key thematic areas – Funding, Workforce, Data and Engagement. Furthermore, it was agreed that all incomplete actions from the SWAP not already linked to longer term strategic work would find a home.

In the 2022 monitoring report NICCY emphasised the need for plans and reviews to be translated into supports and services that would make a positive and visible impact on children's lives. The pandemic, cost of living crisis and lack of functioning Government are just some of the key external factors that has made it extremely challenging to progress the plans set out in the SWAP and which have also exacerbated poor mental health and wellbeing of children and young people. We are not seeing the positive change we had hoped in the trajectory of the key service activity indicators we use to determine the impact government actions have been having on accessibility and quality of support for children and young people. The CAMHS Data that NICCY has been following over the last five years indicates that we are moving back to pre-pandemic levels for some measures and for others the situation is worse than at any other timepoint.³

Summary of Key Statistics

³ Ibid

CAMHS Referrals in 2021/22 (n=15,580) are comparable to those seen in 2018/19 (n=15,395) after a decrease during 2020/2021.

Approximately 3 in 10 young people who are referred to CAMHS are not accepted into the service, due to the assessment that CAMHS is not appropriate for their needs. This pattern has stayed the same across the reporting period.

Across the reporting period, there has been consistency in the number of children being seen by CAMHS, with approximately 6,000-6,700 young people being seen by a CAMHS Service at any given time.

The vast majority of clients (92%) are being seen by Step 2 or 3 Services, with a much smaller number being supported by eating disorder, DAMHS or crisis support services.

Whilst there have been slight fluctuations in the number of CAMHS referrals made by GPs across the reporting period, overall, the numbers remain high with most referrals to CAMHS coming via GPs. During 2021/ 22, 76% (n=6,557) of all referrals came from a GP.

In 2021/22, routine referrals as a proportion of overall referrals fell below 90% (86%) for the first time since 2018/19. Emergency and urgent referrals accounted for a greater proportion of referrals made (14%) than in previous years.

The presentation of young people with mental health crisis continues to be particularly acute within Emergency Departments, with annual referrals increasing year on year. Numbers referred from EDs has more than doubled between 2018/19 (n=484) and 2021/22 (n=1,028).

Non-attendance figures in 2021/22 for core CAMHS has seen a substantial increase from 15% the previous year to 21% for first appointments and 11% to 23% for review appointments, although these are more in keeping with the pre-pandemic figures.

Broadly speaking between 2018/19 - 2021/22, the picture has not changed in terms of reason for clinical discharge from CAMHS- 60% of the young people were discharged as 'goal was achieved'. The remaining 40% of young people were discharged without their goal being fully achieved and included a quarter that disengaged from the service.

At March 2022, the overall number of children waiting for CAMHS was 2106, the highest since NICCY started monitoring waiting times in 2017. The majority were waiting to access Step 2 or 3 services, with 1151 waiting specifically for Step 3 (Core) CAMHS. Of these 47% (n=545) had been waiting beyond the 9 week waiting time target. For the first time since NICCY starting monitoring CAMHS waiting times, some young people (n=51) were waiting over a year for a first appointment.

4.0 SWAP Outcomes/Performance Framework

In 2022, the IDG held a workshop with NICCY and representatives from the SPPG to agree an outcomes/performance framework for the SWAP. The key themes agreed were Data, Funding, Workforce and Engagement, and these form the focus of this final monitoring report.

4.1 Data

There remains a need for improvements in the accessibility and quality of mental health data. In the absence of publicly available data, NICCY has requested standardised information on an annual basis since 2018, using it to inform our own monitoring processes. NICCY has also made the information available publicly so others can access robust data on key service activity areas. This has always been a temporary measure, with the ideal situation being that the DoH publish CAMHS data in line with other health statistical bulletins.

We note that the most recent Still Waiting Action Plan progress update report outlines that a Task and Finish Group was established to determine the 'appropriate level' of data to be published, and that it anticipates that a limited range of data, initially relating to waiting times, will be published on the DoH website in early 2023. While this is welcomed by NICCY as a first step, it remains essential that the full CAMHS dataset is published without further delay. This is particularly important given that NICCY's Review of CAMHS Data published alongside this Monitoring Report will be the last.

More broadly, as we move towards an integrated information management, it is vital that a range of child health data users are involved in the process of considering the functionality required for a new information management system. NICCY made this point in the context of the whole health and social care system in our recent Child Health Waiting List Review: More Than A Number.

With respect to measuring outcomes, it is vital that children and young people are consulted on measures to ensure that they have meaning and hold importance to children and young people.

4.2 Funding

Following the Chancellor's Spending Review Announcement in October 2021, government departments started to prepare a multi-annual budget covering the period of 2022-25. This was warmly welcomed, providing as it did more scope for departments to plan more effectively over a longer term. With respect to children's mental health, this could have removed barriers to longer term planning and the delivery of reform of children's mental health services. It could also have supported departments to work to shared PfG outcomes rather than departmental priorities, enabling greater pooling of resources, and commissioning of services to the VCS.

The Executive agreed a draft budget in December 2021, and at the time of the last monitoring report, in February 2022, the DoH planned to increase CAMHS funding on a cumulative basis from £2.5 million in 2022-23, £4 million in 2023-24 to £7 million in 2024-25.⁴ This was in line with the commitment made in Action 10 of the Mental Health Strategy 2021-2031 to increase CAMHS funding to 10% of adult funding, however this funding and any future funding was subject to Executive Approval.

When the Executive collapsed in early February 2022, with it the multi-year budget was also stalled. The continuing absence of the Executive over the past year, on top of the extremely difficult economic environment across the UK, has resulted in a public sector funding crisis in Northern Ireland. Inevitably, this will impact on public services, including those for children and young people. The IDG has reported that, while the DoH allocated some limited funding to support the implementation of the Mental Health Strategy, this has been significantly less than envisaged, including in relation to CAMHS services. Rather than the additional £2.5 million allocation planned for CAMHS in 2022-3, £269K was provided to the SPPG for increasing capacity and enhancing provision in November 2022.

We note that DoH and DE are providing recurrent funding to support the implementation of the Emotional Wellbeing Teams in Schools, that recruitment is progressing with the plans that this service will be operational in the 2022-23 academic year. However, the Secretary of State's statement in November 2022 on Northern Ireland finances, and his subsequent

⁴ Information provided by DoH- 03.02.22.

budget has targeted the Education budget for a significant shortfall. It is not clear if the programmes promoting emotional health and wellbeing in schools will be funded into the future, including the Being Well, Doing Well programme and the Emotional Health and Wellbeing teams.

It is essential that funding is ringfenced for these important programmes, and to meet the commitments to increase CAMHS funding to 10% of the adult mental health funding.

It remains our view that a detailed fund mapping exercise is required to fully understand the gap between current investment and what is needed to ensure CYP have access to a comprehensive range of mental health services and we have shared a methodology for doing this. This process would inform the establishment of a long-term and sustainable 'funding and practice partnership model', which takes account of the investment required across all key services and sectors included in the Stepped Care Model for CAMHS and which includes the Voluntary and Community / Youth Sector. If this fund mapping is already being conducted by the SPPG this should be published on an annual basis.

4.3 Workforce

The Mental Health Workforce review is inextricably linked to the effort needed to fully realise a comprehensive mental health care system for children and young people. NICCY has welcomed this review although, as this has not yet been shared with us, it is not possible to assess whether the actions emanating from it are sufficient to recruit, retain and train the staff required across the stepped care model for CAMHS.

NICCY understands that the Review did not include workforce gaps /requirements within the Voluntary and Community Sector (VCS). The VCS is an integral part of the mental healthcare system and any mental health workforce review and associated action plan will not be complete without taking account of the distinct services and support it provides.

4.4 Engagement

Over the course of last number of years, there has been a number of very positive examples which demonstrate the importance with which the Department of Health and IDG place on engaging with CYP on mental health policy and service planning.

In terms of Still Waiting, this has included the publication of a children and young people's version of the Still Waiting Action Plan, and advice sought on engagement with children and young people. The application of a Child Rights Impact Assessment (CRIA) and publication of a child and young person version of the Mental Health Strategy are also examples of the Department's commitment to engagement with children and young people. The DoH has demonstrated an understanding that, for this to be meaningful, child and young person accessible information is needed and a mechanism developed to build capacity and facilitate engagement on an ongoing basis.

5.0 Incomplete Actions from SWAP

NICCY recognises the efforts made in 2022-23 to make more progress on the SWAP, prior to this final Monitoring Report, including the establishment of several 'Task and Finish' groups. A detailed overview of IDG actions to deliver on the 50 recommendations from Still Waiting is available on NICCY's website,⁵ and this indicates the completion of a number of actions.

Despite this, many actions remain 'work in progress', with some seeing less tangible progress than had been hoped,⁶ for example in improving services and support for children with additional needs. This was a thematic area of the SWAP which the IDG also recognised as 'a specific area in need of improvement'. It is deeply frustrating that this has not happened during the period NICCY has been monitoring this work and we urge the DoH and IDG to press for this to become a priority area of focus.

We welcome the commitment that the IDG will continue to meet and report, and that the remaining incomplete actions will be embedded into other long term strategic work, mainly the Mental Health Strategy. The IDG has indicated the mechanisms for the continued delivery of the incomplete SWAP action in its Progress Update Report and ADG action plan, and in addition to the Mental Health Strategy these include the Substance Use Strategy, Emotional Health and Wellbeing in Education Framework, HSC Emotional health and wellbeing Strategy, and the Children's Disabilities Framework.

The Mental Health Champion will oversee role the incomplete actions from the SWAP through her monitoring of the Mental Health Strategy and a number of steering groups for

⁵ www.niccy.org/mental-health-review-still-waiting/

⁶ The comments made in NICCY's 2022 monitoring report continue to be relevant in relation to these actions. <https://www.niccy.org/mental-health-review-still-waiting/>

the strategic mechanisms listed above.

6.0 Conclusion

The publication of *Still Waiting* was a significant moment for NICCY as it marked our way of working, that our publication of rights-based reviews would only be the beginning of the work – effective implementation would be the goal. I have been really pleased with the way that government have tried to work together under the leadership of DoH to develop the action plan. I hope that this model continues into the future.

The on-going impact of the pandemic had meant that children's mental health continues to be of serious concern and that services are not able to meet that need. I am confident that if the plans and service models are backed up by sufficient funding and mental health workforce resource (to include VCS), then these plans will translate into tangible results in terms of improved outcomes for children and young people. This ongoing change process must have robust and transparent service activity data and outcome measurements embedded into it and be driven by the views and experience of children, young people and their adult advocates (parents, carers or practitioners).

However, the current budgetary crisis and absence of political institutions may result with the much slower progress to the detriment of our children and young people. I am confident that the Mental Health Champion, civil servants, statutory and voluntary agencies and of course NICCY will continue to work with children and young people to ensure that they receive their right to the highest standard of health care.