**Responses from Unite the Union and the Save Lewisham Hospital Campaign  
to the Council Parliamentary Briefing Paper - CAMHS Update**

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| For ease of reference the entire **Lewisham Council document is reproduced below in black text** with comments ***from Unite and the Save Lewisham Hospital Campaign in red italics*** *after each section*. |

***SLHC /Unite Introduction***

*This paper describes the impact of recent and proposed local authority cuts on Lewisham CAMHS, and replies to arguments supporting the Council’s cuts laid down in its Parliamentary Briefing paper 25th January:*

* *We explain why children and young people in Lewisham are at particular risk of mental health problems*
* *We identify rising population and demand*
* *We propose the reasons why the local authority should reverse these proposals.*
* *We point to rising waiting lists, re-emerging despite the waiting list initiative and*
* *We emphasise the clinical importance of internal waiting lists for treatment of several months*
* ***The Core frontline CAMHS team delivers assessment and treatment and the serious delays for treatment show that the core team must be strengthened not cut.***

***Current Situation***

*Previous cuts in funding have left Lewisham CAMHS in crisis with a shortage of staff and long waiting lists for assessment and treatment. Short term funding for specific developments (e.g. Future in Mind) have not alleviated staff shortages in frontline teams. Funding for waiting for assessment has not shortened waiting time for therapy.*

*The new Choice and Partnership Approach (CAPA), implemented in the front line generic Horizon team, is already in crisis. It is on the South London and Maudsley NHS Trust ‘At Risk Register due to inadequate staffing levels to meet the demand.*

*Referral rates are estimated to have increased by 25 per cent in the last quarter alone. CAMHS staff are spending a significant amount of time taking phone calls from distraught parents and schools calling to find out when a child will be seen for assessment and how long they will have to wait for treatment.*

***A parent recently asked a duty worker if her daughter had to actually try and kill herself before anyone would see her.***

*This massively impacts on our local A&E, where increasing numbers of young people are presenting with serious, sometimes life-threatening problems. They are often waiting days for a hospital bed if an admission is needed. One clinician identified that, on her caseload alone, she has children in hospitals in Kent, Southend and Stafford in the last 6 months.*

*Long waiting lists are having catastrophic consequences on the lives of children and their families. Family relationships suffer, and young people cannot keep up with school work or they withdraw from education altogether.*

***A young person recently told a staff member that she felt like no one cared as she had to wait so long to be seen.***

*CAMHS staff work long hours and are highly stressed. Experienced staff are leaving or taking early retirement due to the impossible demands being made upon them.*

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| **Lewisham Council says:**   1. **Background information – National and local CAMHS context** |
| **Lewisham Council says:**   * 1. The children’s mental health agenda has, for many good reasons, risen up the national agenda. It is perceived that there is increased prevalence of mental health problems among young people and a drive to improve treatment and early intervention. |
| ***SLHC /Unite say:***  *It is a statistical fact not a perception, based on Department of Health figures, that there is a rising number of young people with significant mental health difficulties. Local experience in Lewisham bears this out.*  ***More children are admitted to hospital in Lewisham with mental health difficulties than in most other LAs*** *(see Appendix A) and there are higher numbers of children with mental health needs. This would suggest that young people in Lewisham are not receiving the support they need at an early intervention stage and need to go on to hospital. Reducing funding will only worsen this situation.*  ***The rising waiting list of several months for treatment*** *(apart from emergencies which are seen promptly)* ***testifies to the problem of core resources.*** |
| **Lewisham Council says:**   * 1. The national policy document ‘Future in Mind’ 2015 placed more emphasis on early intervention, resilience and prevention, alongside improved access to services, supporting vulnerable groups and the need for ongoing workforce development. More recently a Green Paper has been published with similarly themes.   2. These themes are very much in line with the Council’s stated strategic priorities, in particular Lewisham’s Children and Young People Plan (CYPP) 2015-18, the SEL Sustainability Transformation Plan and Lewisham’s CYP Mental Health & Emotional Wellbeing Strategy which sets out the vision and priorities for young people’s mental health provision across the borough up to 2020 and is aligned to the national policy context. |
| ***SLHC /Unite say:***   * ***Funding streams for early intervention are most welcome developments.***   *The Future in Mind and Lewisham’s Young Peoples Mental Health and Wellbeing Strategy explain the policy context for provision in Lewisham with a focus on early intervention, resilience and prevention.* ***Early intervention does not impact directly on children already presenting in immediate need for core clinical treatment.***   * *Our campaign is intended to highlight that* ***these positive developments******should not be at the expense of core Child and Adolescent Mental Health Service frontline clinical provision.*** *The Core Team* ***must*** *be able* ***to meet the needs of children and young people with more complex, often high risk, mental health difficulties******now.*** *They often need the multi-disciplinary, multi-agency and evidence-based therapeutic interventions available at Lewisham CAMHS.* * ***Two important core posts were lost in £94K funding cuts to CAMHS 2017/18.*** * ***The newly merged frontline generic team, Horizon*** *lost**a team manager post when the two generic teams combined. This team provides the core service to children and young people experiencing serious problems – for example depression, anxiety and self-harm.* * ***The******Symbol therapy team*** *which sees looked after young people also suffered a significant funding cut in 2017/18.* |
| **Lewisham Council says:**  1.4: Over the last 3 years extensive work has been undertaken with stakeholders, including children, young people and their parents, to gain a more informed understanding of what is required in the borough to meet the mental health needs of under 18s. Underpinned by the Mental Health and Emotional Wellbeing Strategy, a considerable amount of work has been undertaken to improve the mental health and wellbeing of Lewisham children and young people.  1.5: Stakeholders, including children, young people and their parents have worked together to develop a shared vision and common language, this mirrors the drive to improve access to emotional and mental health support in community settings:  ***“Our children and young people will be emotionally resilient, knowing when and where to go for help and support when faced with challenges and adversities as they arise. Those that require mental health support are able to access this, where and when they need it.***  ***Our parents/carers and young people’s workforce will be equipped to identify and respond to low levels of emotional well-being amongst our young people.”*** |
| ***SLHC /Unite say:***  *Outlining previous work on consultation and future visions for the mental health and wellbeing of our children is valid and contains important aspirations.*  ***BUT: the one thing more important than anything, while future plans are made, is to avoid the neglect of children CURRENTLY in need.***  ***Key important facts about now, while plans are laid for the future:***   * *Waiting times for INITIAL assessment have been huge with many hundreds on the list* * *Waiting list initiatives with short term funding reduced the wait for first contact* ***BUT:***   + ***Hundreds are now on an internal waiting list waiting for first treatment***   + *AND: 165 young people are on a re-emerged waiting list for initial assessment* * *This is evidence of an insufficient core resource for timely initial assessment AND treatment* * *Lewisham has high levels of Looked After Children, domestic abuse, poverty and high numbers of children on Child Protection Plans. It does not have an Infant mental health service* * *Lewisham needs a core frontline team to treat in timely fashion, with skills that are effective, and with team and clinician supervision to ensure a safe service.* ***This is being undermined.*** |

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| 1. **Current provision in Lewisham** |
| **Lewisham Council says:**  **2.1**  Lewisham CAMHS (excluding inpatient and some outpatient services) is commissioned by the CYP Joint Commissioning team on behalf of both NHS Lewisham Clinical Commissioning Group (CCG) and Lewisham Council. Services are delivered by South London & Maudsley (SLAM) NHS Foundation Trust.   * 1. Specialist CAMHS support is available to all children and young people up to the age of 18 (up to 21 for care leavers), where significant mental health concerns have been identified. The CAMHS service is delivered through five core teams: SYMBOL (a special service for CYP in the care system), Horizon (Generic CAMHS cases), ARTs (forensic), Neuro-Development (CYP with LD/ASD) and LYPS (CYP with enduring mental health concerns).   2. Through additional NHS investment, local partners have developed other means of support, such as: an online counselling service; the Young People’s Health and Wellbeing Service and the Children’s Well-Being Practitioner programme, which are all available to young people with lower level mental health concerns and do not meet a CAMHS threshold. |
| ***SLHC /Unite say:***   * *Lewisham**CAMHS supports children and young people who are experiencing significant mental health difficulties such as depression, anxiety, self-harm and suicidality and includes those who have diagnoses such as autistic spectrum disorder (ASD), ADHD, chronic health conditions, those with learning difficulties (LD), looked after children and young people involved in the criminal justice system.* * *Multi-disciplinary teams include psychiatrists, psychologists, therapists and social workers who work very closely with schools and families to meet the needs of children and young people referred to the service.* * ***Key to the success of the team are skills, in-service training and supervision, the wellbeing of individual staff and the morale of the team. A team unable to give timely appropriate help to children in distress, itself rapidly becomes distressed*** * ***Thresholds hold an inherent danger:*** *their use includes the risk of rejecting children who need to be seen. And if they are raised to control levels of accepted referrals, that risk rises.* * ***170 young people*** *– who have met the threshold criteria – are once again* ***on the Core Team’s waiting list for initial assessment****. Appointments for first treatment not available till at least May2018.* |

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| 1. **How Lewisham CAMHS is funded** |
| **3.1 Lewisham Council says:**  CAMHS in Lewisham, as elsewhere in SE London (and across London more widely), is funded by the LA and the CCG, with the statutory role for the core funding of CAMHS sitting with the CCG. The total CAMHS funding for 17/18 in Lewisham is £4,300,000. This has risen since 2014/15, when the funding was £3,800,000 and is a reflection of the additional NHS investment as a result of the Five Year Forward View For Mental Health. |
| ***SLHC /Unite say:***   * *It is vital that councillors and MPs realise the different service responsibilities and funding streams for core services and for projects. It is important to recognise the dangers of cuts to core frontline staff, believing wrongly that the advent of new ringfenced short-term projects are equivalent.* * *Children and families on waiting lists for treatment are facing cuts to core services wherever the funding streams are sourced.* ***The service is jointly funded*** *by NHS Lewisham CCG and Lewisham Council.* ***The funding agencies – CCG and Council – must own this situation together.*** * *The total funding figures quoted* ***include time-limited******funding for******Future in Mind*** *which is for specific specialist posts and* ***ends in 2020****.* * *The 2017-2018 also* ***includes 1-year CCG funding for*** *workers to* ***undertake the waiting list initiative****. This is time limited and* ***ends in April 2018****. (Source: FOI request December 2017 [[1]](#footnote-1))* |
| **3.2 Lewisham Council says:**  The local authority (LA) investment into the CAMHS contract compares well to neighbouring boroughs. Lewisham CAMHS has an LA allocation of £940k for 17/18, which compares to an investment of £650k in Lambeth, £443k in Bexley, £1,084,000 in Greenwich and £1,446,000 in Southwark. |
| ***SLHC /Unite say:***  ***On use of data***   * *Comparison with other boroughs (a) has to be relevant (Bexley is not a comparable statistical neighbour) and (b) must not be used to race to the bottom or even the average. Funding should be to meet need not a statistical analysis.* * *Lewisham should be compared with boroughs with similar statistical indicators eg similar deprivation markers. If this is not done and an area with very different circumstances is used as a basis for comparison this encourages misleading conclusions.* * *When comparing the commissioning and funding of services with other areas, we must consider the outcomes of the indicator being compared in the area chosen as a comparator.* * *If we compare the less favourable funding of a provision in a chosen area and find the outcomes for that indicator to be poor we must consider the possibility that this is an inferior model of practice and if so we should avoid trying to replicate this.*   ***Mental Health Problems of Children and Young People in Lewisham***  *The most recent Office of National Statistics report identified that 1 in 10 young people aged 5-16 in the UK have a mental health difficulty. There are many factors, including family stress, poverty, parental mental ill health, academic pressures, bullying and poor housing. The difficulties can manifest as anxiety, depression, eating disorders, self-harm and phobias, all of which are extremely debilitating and sometimes fatal.*  *Lewisham is one of the most deprived authorities in England and has* ***higher than average*** *numbers of children with mental health difficulties. We also know that Lewisham has a rapidly growing child population. Risk factors impact on Lewisham resulting in high numbers of:*   * *Children under 16 living in low income families (27% compared to national 20%), worsened by 8 years of austerity.* * *Looked after children* * *Incidents of domestic violence* * *Parents with mental health and/or substance abuse issues* * *Young people involved in crime.* * *Annual Public Health Report stated Lewisham children have a higher rate of ‘toxic stress’ (p12)*   *Please recognise that other supportive community resources have been cut back or ended In Lewisham over the last years. Examples:*   * ***The BEST team*** *(Behavioural and Educational Support Team – was joint CAMHS and LA – gone)* * ***Connexions*** *(this was key support for disabled young people at school leaving – gone)* * ***Many posts in chool pastoral care, youth service, school nursing and health visiting***   *With respect to Lewisham LA comparison with Lambeth, Bexley, Greenwich and Southwark we can conclude:*   * *Of the four areas, two spend more on CAHMS provision (Greenwich and Southwark)* * *Based on statistics held by the office for national statistics around deprivation markers, Bexley cannot be credibly used as it does not fulfil the criteria for being a credible statistical neighbour for the basis of comparison for this measure. Bexley is also defined as an outer London Borough, Lewisham is defined as an inner London Borough. To compare with Bexley is to run the risk of being misleading.* * *The only borough listed above which spends less that Lewisham is Lambeth. If the outcomes for young people in Lambeth are analysed with respect to mental health, it appears that young people are not doing well in that borough. This raises questions that the funding decisions made in that borough may not benefit young people. Therefore, we can conclude that this funded model of practice is open to question and not one we should compare Lewisham with caution before attempting to replicate or justify reducing funding.*   ***Reproduced in Appendix A are the most recent statistics from Public Health England which can be used to support the counter arguments above.***  For a larger version which is easier to read go to: <https://fingertips.phe.org.uk/profile-group/child-health/profile/cypmh/data#page/0/gid/1938133090/pat/6/par/E12000007/ati/102/are/E09000023/iid/91141/age/246/sex/4>   * *Lewisham is one of the 20% of most deprived boroughs in England. We also know our children and young people population is rising rapidly.* * *Sadly, we also know that Lewisham children do not have good outcomes in some instances compared to similar boroughs. Infant mortality in Lewisham is 4.1 compared to 2.2 in Bromley. 24% of secondary school children have free school meals, 500 children are in care, 370 are on Child Protection Plans, 1 in 3 children live in poverty, 39% are overweight by age 11 and 24.8% are obese. Lewisham has the second highest under-18 pregnancy rate in inner London, poor academic achievement at 16 with only 51% gaining 5 GCSE’s including English and Maths.* |
| 1. **Savings** |
| **4.1 Lewisham Council says:**  The savings proposals put forward to, and agreed by, Mayor and Cabinet in 2016 were part of the wider Lewisham Council savings proposals to meet the £45m of savings to be delivered by 2019/20, in addition to the savings of over £120m already achieved since 2010. In the period 2010 to 16, no savings were made from the local authority contribution to CAMHS.  **4.2. Lewisham Council says:**  LA savings for CAMHS were agreed by Mayor and Cabinet in September 2016 and are being phased over a 3-year period 2017/18, 2018/19, 2019/20, which total £244k   * Yr 1 (17/18) savings totalled £94k (merging of two teams / £50k reduction in LAC (SYMBOL) team); * Yr 2 (18/19) savings will seek £50k reduction; and * Yr 3 (19/20) savings will seek a £100k reduction   **4.3** The full savings proposals that went to Mayor and Cabinet can be found here: <http://councilmeetings.lewisham.gov.uk/documents/s45581/Appendices%20i%20to%20vi%20savings%20proformas.pdf>  **[This link doesn’t work – SLHC]** |
| ***SLHC /Unite say:***  *There was a net funding cut from LBL of £163k to CAMHS in 2011/12 (****source:*** *FOI reply from SLAM). The following year, short-term funding was put back into fostering support. Temporary funding means the yearly totals yo-yo, but the core team is reduced. See the Data from the FOI return from SLAM). Total LBL funding including project funds reduced by £104k in 2017/18.* ***The important endpoint is: the core team in 2017/18 is smaller than that in 2010/11, yet is attempting to meet vastly increased need.***  ***We would like to know if mayor, cabinet and councillors considered the following when they made their funding decision:***   * *the rising number of hospital admissions for young people in Lewisham as a result of mental health needs* * *the high demand on CAMHS reflected in rising referrals and acuity of need within those referrals* * *the altered thresholds for acceptance of referrals* * *the reduction in resource of supporting workforce as mentioned: health visitors, school mentor posts, school nurses, Connexions. These include CAMHS Connexions worker post (£39k 2011), Multi-dimensional Treatment Foster Care Project (£129K 2013), BEST team (£40K 2013) and Functional Family Therapy (£148 2017).*   *Source FOI Request 12.17.*  *Priority should be given to the reversal of adverse statistics outlined in the table above (reducing the number of children experiencing difficult) not ‘savings’.* |
| ***SLHC /Unite say:***  ***Summary of proposed Funding Cuts 2017/18-2019/20*** *(see table below)*  ***Lewisham CAMHS Budget***  *LBL state that CAMHS is jointly commissioned with combined funding of £4.3 million. (FOI return stated £4.778m which includes short term monies.) LBL contribution including short term projects is £1.399m and has been reduced by £104k this year.*  ***Proposed LA cuts to CAMHS of £244k over three years (£94k already cut 2017/18)***  *Lewisham LA cut the CAMHS budget in 2017/18 by £94k – two important posts have gone. Now CAMHS faces a further £150k cut over 2018/19-2019/20.*  ***Anticipated cuts to NHS funding*** *of a further £150k over two years*  *For the NHS budget, Cost Improvement Programme (CIP) savings are historically between 2.5-5% of total budget annually. This equates to at least £75k per year from a £3m total NHS budget, unless the CAMHS budget is protected.*  ***The total risk to the CAMHS budget from the combined cuts by the LA and NHS CIPs is at least £300k*** *– 7.5% of current budget; and over the three years 2017/18 to 2019/20 it is £394k (9.8% of budget). Two posts have gone, six more are at risk.*  ***Scale of risk: 8 posts lost over 3 years meaning hundreds less young people seen each year***  ***Lewisham CAMHS: sources of budget and impact of cuts***   |  |  |  |  |  | | --- | --- | --- | --- | --- | | **Overall budget** | **NHS funding to SLAM – at risk of annual CIP cuts (2.5-5%)** | **Lewisham LA funding cuts (£)** | **Total budget – including short term funding (£)** | **Permanent staff wte [[2]](#footnote-2)** | | 2010/11 |  |  | 4.114m | 51 | | 2011/12 |  |  | 3.835m | 51 | | 2012/13 |  |  | 3.995m | 53 | | 2013/14 |  |  | 3.894m | **45.24** | | 2014/15 |  |  | 4.401m | **42.86** | | 2015/16 |  |  | 4.392m | 49.2 | | 2016/17 |  |  | 4.592m | 51.01 | | 2017/18 |  | 94k | 4.3m core  4.778m | 49.07 + temporary staff of 8 for waiting list work | | 2018-20 | 150k at risk | 150k | ? | Risk of core team losing 6 posts  ? down to 43 wte core | | **Total cuts over 3 yrs** | At least £150k | At least £244k | **At least £394k** | **Total core posts at risk = 8**  **(incl. 2 posts lost 2017/18)** | |

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| 1. **Service developments** |
| * 1. **Council says:**   In addition to the savings proposals, there were a range of issues driving service Improvement and change to the service:   * **Performance** - There have been previous concerns about the high numbers of rejected referrals to CAMHS and also the long waiting times to accessing some services within CAMHS. * **Need and demand -** One in ten children aged between 5 and 16 years (three in every classroom) has a mental health problem, and many continue to have these problems into adulthood.[[3]](#footnote-3) * **Service user feedback** – Following extensive consultation and service user insight sessions, there was a call from young people, parents and professionals for the need to develop a range of early intervention services that can be accessed via other means such self referral and online, but also in other settings, i.e. schools, youth centres etc. |
| ***SLHC /Unite say:***   * *We acknowledge and share concerns about the high thresholds for acceptance of referrals and the long waiting lists to access assessment and treatment.* * *These are the consequences of a mismatch in resources and demand: in effect they are a form of rationing with the result of children in need being redirected elsewhere.* * *Though this may be appropriate in some cases, in many cases redirecting valid referrals is a postponement of the time when CAMHS assessment and treatment are required – and that has risks which must be faced.* |
| **Lewisham Council says:**   * 1. As a response to these issues, commissioners worked closely with local mental health providers including SLaM, to develop a savings and improvement programme. This   formed part of the savings proposals that went to Mayor and Cabinet in 2016.   * 1. Alongside the savings programme, considerable investment has gone into CAMHS through CCG CAMHS transformation and Pupil Premium Grant (PPG), which have helped to deliver the service improvements. CAMHS transformation funding has been awarded through the CCG over six years (until 2020/21) to transform the way in which child and adolescent mental health services are delivered locally   **5.4** Key aspects of the improvement programme have been:   * **Implementation of the ‘CAPA’ programme and waiting list initiative** across CAMHS to improve access into CAMHS services and reduce waiting times * **The Young People’s Health and Wellbeing Service** is operating across Lewisham for CYP aged 10-19 (up to 25 for children with additional needs), the online counselling element has been embedded within this offer, alongside substance misuse and sexual health support, offering a much more holistic offer to young people * **The Children’s Wellbeing Practitioner Programme** has been established to support children with lower level mental health needs * **The Community Adolescent Eating Disorder Service** has been extended to include a school’s training programme and a ‘clinician-led’ self referral help line for young people, parents and professionals * **Development of crisis care team,** which offers mental health outreach support into Lewisham hospital, supporting young people who present in A&E * **Development of a CAMHS team linked to the Virtual School for Looked After Children**, to improve educational outcomes of this cohort of CYP. * **Trauma informed approach to training and supervision** has been embedded within the Youth Offending Service |
| ***SLHC /Unite say:***   * ***On CAPA:*** *The Review of Lewisham CAMHS document (28.9.17) on which these ‘savings and improvements’ are based highlights the risks of implementation of the new CAPA (Care and Partnership Approach) model (para 8 page 10).* ***We are seeing these risks taking effect now.*** * *This includes reduced capacity to accept referrals. We understand there has been an estimated increase of 25% in referrals over the last quarter and the complexity of the referrals remain high.* * ***The new CAPA model is not able to cope with the demand*** *as there are not enough staff to do so.* * *The additional waiting list initiative staff recently successfully reduced the waiting list from 500 last year to zero. However,* ***the waiting list has already risen back to 170****as there is not capacity to keep up. This will worsen if the £150 k cut over the next 2 years goes ahead.* * *The NHS Cost Improvement Programme (CIPS) budget reduction for this year from the NHS has not yet been announced. We are expecting a minimum of 2.5 % which would be £150k from 2018-2020. It could be up to 5% which would be 3150k each year.* * *The Young People’s Health and Wellbeing Service we understand had to be recommissioned as the previous provider collapsed. The new service is welcome and meets unmet need (*the school nursing service, youth service and sexual health outreach workers did this work previously). *However, we know that when there is risk to self or others identified in young people with mental health issues they will be referred into CAMHS. Positively this could highlight unmet need but could easily increase the demand rather than reduce the need for CAMHS Horizon service.* Serious Case reviews have highlighted the complexity of assessing suicide risk for children. * *The Eating Disorder team is a National & Specialist team and we welcome the additional funding to this high-quality service.* * *Investment in the Crisis team which sees young people attending Lewisham Hospital A&E. This team has linked well with UHL and is much appreciated. However, they offer Crisis intervention as the name suggests and longer-term work is referred on, mainly to the generic Horizon team.* * *The additional CAMHS posts working closely with education in VS and HOP are much valued and appreciated and provide excellent consultation. Many complex cases needing interventions are also joint worked with other CAMHS teams.* |

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| **5.5 The additional funding to CAMHS** |
| **Lewisham Council says:**  The additional funding to CAMHS includes:   * **£300K** one off funding investment to SLaM over 16/17 - 18/19 to support the CAMHS CAPA transformation programme and the waiting list initiative * Annual CAMHS Transformation investment to SLaM to the value of **£614K** which covers a range of mental health provision, such as crisis care, support for children with SEND, the children’s wellbeing practitioner programme and those with eating disorders * Annual investment of **£196K** to SLaM through the Pupil Premium Grant to support the LAC Virtual School and the Hospital Outreach Programme to improve educational outcomes for children in the care system and for those not in school due to mental health concerns. * Additional funding of **£200K** to offer evidence based mental health support through the voluntary and community sector |
| ***SLHC /Unite say:***  ***The £330k CCG funding invested in the CAPA waiting list initiative ends in April 2018*** *not 2019 as stated.* |
| 1. **Conclusion** |
| **Lewisham Council says:**  6.1 The service changes underway in CAMHS currently, including the restructure of staff, are delivering the service improvement plan as well as the council budget savings, which have been developed in alignment with each other.  6.2 Although the LA has agreed proposals to reduce its funding by £244k, Lewisham’s LA funding into CAMHS benchmarks well against other SE London Boroughs.  6.3 The additional CAMHS Transformation Fund investment however means that overall, even with the LA savings, the CAMHS funding has increased and is leading to an improvement in the way in which services are structured and delivered – in a way that is able to meet demand as it changes in the Borough. This means having a range of responses to different needs; being able to assess and intervene more quickly; to deliver in a range of community and clinic settings; and to support other frontline practioners with mental health and emotional wellbeing issues.  6.4 Lewisham CAMHS receives on average between 300-350 referrals per quarter. Referral numbers have not noticeably increased over recent years but commissioners acknowledge that cases are becoming more complex. The number of accepted referrals has increased over the last 12 months to approximately 70%, (previously 60-65%), which is likely to be as a direct result of additional provision within the CAMHS service.  6.5 Through robust contract management arrangements, measures will be taken to ensure effective step up, step down processes between SLaM and non-SLaM mental health services, to enable efficient use of available resources, preventing escalation of need wherever possible. We will continue to work with stakeholders to understand resources and gaps in provision, managing risks and providing mitigation, to ensure resources are effectively targeted. |
| ***SLHC /Unite say:* *We urge the council to reconsider these cuts.***    *Further cuts of £150k will damage CAMHS core service delivery to Lewisham children and youn people.*  *Alternative services proposed by council, like Headspace and Kooth – welcome though the provision of positive preventative services is – DO NOT address the needs of the many young people with complex, high risk mental health needs being referred to CAMHS.* ***We say that funding preventative alternative services cannot be described as ‘an improvement’ if core CAMHS services are being cut.***  *The majority of mental health issues in adulthood begin before a person reaches 18, so early and effective intervention is essential as well as cost effective. It is short-sighted to underfund child mental health services. These children and young people will go on to incur far greater costs through potential hospitalisation, school exclusion and family breakdown.*  ***If the CAMHS service is working so well and capacity can meet demand, we would ask:***   * *Why are there recruitment and retention issues due to staff stress levels and burnout?* * *Why are discussions happening about having to raise thresholds?* * *Why are young people who have been assessed from the waiting list having to wait until May for treatment?* * *Why is the waiting list growing so fast?* * *Sadly, this feeds into the government narrative that they are investing in and improving mental health services which we know is absolutely not the case.* * *Future in Mind funding is being given with one hand while core funding from hard pressed local authorities and CCGs are being cut.*   ***Please do not make these cuts to vital CAMHS services.*** |

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| ***We ask the local authority to revisit their 2016 decision. The only justification to cut the core budget would be if waiting lists for treatment were falling, children and young people’s outcomes were improving and preventative strategies were proven to be successful.***  ***This is not the case.***  ***We ask the local authority to reverse these cuts to Lewisham CAMHS and to campaign with Lewisham CCG and Lewisham MPs for adequate funding for mental health.*** |

**Save Lewisham Hospital Campaign and Unite 28.1.18**

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**APPENDIX A: Table on Mental Health Statistics**

***See separate file from Public Health England***

***Also accessible at:***

<https://fingertips.phe.org.uk/profile-group/child-health/profile/cypmh/data#page/0/gid/1938133090/pat/6/par/E12000007/ati/102/are/E09000023/iid/91141/age/246/sex/4>

1. SLAM replied to an FOI request from SLHC. We are yet to receive a response from LBL to FOI sent at the same time. [↑](#footnote-ref-1)
2. Source: FOI submitted to SLAM – response dated 27th December 2017. No reply from LBL to date. [↑](#footnote-ref-2)
3. Source: Green h, McGinnity A, Meltzer h et al. (2005) Mental Health of Children and Young People in Great Britain, 2004. Basingstoke: Palgrave Macmillan [↑](#footnote-ref-3)