North Central London CAMHS Workforce Mapping Project

Final Project Report

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1. Introduction

This report describes the project process undertaken to map the workforce, capacity, skills and training needs across current North Central London (NCL) NHS CAMHS providers, NHS Paediatric Liaison Services, any other Acute CAMHS services and contracted Voluntary and Community Sector (VCS) providers delivering CAMHS services.

It also details the findings from this mapping and offers some comparative analysis of skill mix and staffing levels. The report concludes with recommendations based on analysis of the available information and stakeholder views collated during the project.

2. Background

CAMHS Commissioners across the NCL Sustainability and Transformation Partnership (STP) commissioned this discrete piece of work to map the local CAMHS workforce including skill mix, gaps and training needs, across the whole system of NCL which encompasses Islington, Camden, Haringey, Barnet and Enfield Clinical Commissioning Groups (CCGs) and their coterminous Local Authorities.

Mental health has been identified as a priority area in the North Central London STP Case for Change. This has resulted in the development of the NCL Mental Health Programme as part of the NCL STP, which covers mental health support for all age groups. The programme currently has seven identified initiatives: community resilience, primary care mental health, acute pathway, female psychiatric intensive care unit, CAMHS and perinatal, liaison psychiatry, and dementia.

The eight sections of the NCL CAMHS and Perinatal STP initiative are listed below:

1. **Shared Reporting Framework** - to enable comparison and shared learning across the 5 boroughs
2. **Workforce Development and Training** - planning for the workforce in order to meet the mental health and psychological well-being needs of children and young people in NCL; including CYP IAPT workforce capability programme
3. **Specialist Community Eating Disorder Services** - dedicated eating disorder teams in line with the waiting time standard, service model and guidance
4. **Perinatal Mental Health Services** - to develop a specialist community perinatal mental health team that serves the NCL population and the physical health acute trusts within NCL
5. **Crisis and Urgent Care Pathways** - 24/7 urgent and emergency mental health service for children and young people with care delivered as close to home as possible for children in crisis; this includes local commissioning of Tier 4 CAMHS to eliminate out of area placements for non-specialist acute care by 2020/21; and review of S136 facilities for children and young people.
6. **Transforming Care** - supporting children and young people with challenging behaviour in the community, preventing the need for residential admission

7. **Child House Model/Child Sexual Assault (CSA) Services** - following best practice to support abused children

8. **Young People in the Youth Justice System** - working with NHS E to develop co-commissioning model for youth justice.

To underpin the CAMHS portfolio of work, commissioners were keen to have a clear overview of the CAMHS workforce resource across NCL, to understand the skills and capacity across the patch, and to have a clear understanding of gaps in service and training needs, with a particular focus on meeting the needs of vulnerable and targeted groups. There are a number of recent and current drivers and these are briefly outlined in Section 2.3.

### 2.1 CAMHS Workforce Mapping Project Outcomes

The specification for this mapping exercise articulated the following outcomes:

- Understanding of workforce, capacity, skills and training needs across current NHS CAMHS providers across NCL to include Barnet and Enfield Mental Health Trust, Tavistock and Portman Mental Health Trust, Whittington Health ICO as providers of Community CAMHS services.
- Understanding of workforce, capacity, skills and training needs across current NHS Paediatric Liaison Services and any other Acute CAMHS services provided by University College London Hospital (UCLH), Whittington Health Integrated Care Organisation (ICO), North Middlesex Hospital Trust and the Royal Free Hospital Trust.
- Understanding of Contracted Voluntary and Community Sector (VCS) providers delivering CAMHS services (Counselling and Therapeutic) across NCL, including their capacity and skills, and how well utilised they are; in order to assess whether people could be supported through the voluntary sector rather than specialist CAMHS services.
- Across the above three points, a focus on how NCL providers meet the needs of vulnerable and targeted groups and where specific gaps and weaknesses have been identified.
- Understanding what services are being delivered into schools via CAMHS services or VCS providers, and the skill mix delivering these services.
- Recommendations on how to prevent young people escalating through universal services into specialist services, and through Tier 1 and 2 into Tier 3, through better workforce utilisation.
2.2 The NCL CAMHS Provider Landscape

Across NCL, there are two mental health trusts (Barnet Enfield & Haringey Mental Health NHS Trust/BEHMHT and Tavistock and Portman NHS Trust) plus an integrated care organisation (Whittington Health NHS Trust) that provide CAMHS services for the 5 boroughs. In addition, an eating disorder service for the 5 boroughs is provided by one physical health acute trust (Royal Free Hospital NHS Trust).

Two of the 5 boroughs, Enfield and Barnet, are CAMHS providers, directly employing CAMHS staff, although these are relatively small teams. A range of VCS providers are commissioned either by the CCGs, the Boroughs or jointly to provide CAMHS Services. In addition there are 4 Acute NHS Trusts, a number of Paediatric Liaison services and a range of other acute sector provision within these 4 providers that are included in this mapping. A full listing of services mapped is provided in Section 3.1.

2.3 Policy drivers relevant to the project

Current Mental health policy in England is articulated in The Five Year Forward View for Mental Health (1) and the Future in Mind Strategy for Children and Young people (2). Both policy documents have major implications for the mental health workforce. Future in Mind is supplemented by a workforce development plan published by Health Education England (3), which sets out how an additional 19,000 posts will be created by 2020/21 to staff the new services pledged by Future in Mind.

For CAMHS, HEE estimates that by 2020/21, at least 1,700 more therapists and supervisors will need to be employed nationally to meet the additional demand and that by 2018, all services should be working within the CYP IAPT programme, leading to at least 3,400 current staff being trained by 2020/21 in addition to the additional therapists above.

The recently published Department of Health and Department for Education Green Paper, Transforming Children and Young People’s Mental Health Provision (4) has commenced consultation on a number of proposals which have potentially significant implications for CAMHS. The Green Paper proposes:

- Creating a new mental health workforce of community-based mental health support teams to act as a link between CAMHS and Schools and Colleges
- Every school and college will be encouraged to appoint a designated lead for mental health
- Piloting a new 4-week waiting time for NHS children and young people’s mental health services in some areas.

The impact assessment for the Green Paper acknowledges a risk that these proposals could impact on current Specialist CAMHS before ultimately delivering the benefits of a more comprehensive system of provision.
3. Project Process and Methodology

The project process included desktop review of published information, including CAMHS Transformation Plans, recent CQC reports, and relevant national publications on CAMHS workforce. It also included information gathering from commissioners and service providers, stakeholder engagement through an engagement event and telephone interviews, analysis of information returns and where appropriate using available benchmarking measures to compare staffing and skill mix across the five areas within NCL. A detailed description of project methodology is given for each aspect of the project in the paragraphs below.

3.1 Identifying services in scope

CAMHS commissioners in each CCG area were asked to detail the range of CAMH services commissioned, the service provider contact details and the current contract value. Commissioners were generally responsive to this request with some minor delays. The full listing of services in scope for this project is set out by each of the five areas below based on the information returned by commissioners. As the Paediatric Liaison and any other Acute services tend to serve multiple populations, and as this provision is likely to sit in Acute commissioning and contracts rather than as part of the CAMHS commissioning and contracting programme, these are listed separately as a distinct group.

3.1.1 Barnet

Barnet has a joint approach to commission and fund CAMHS across the CCG and the London Borough of Barnet local authority. Provision is provided through range of contracts, with three main providers, Barnet Enfield and Haringey Mental Health Trust (BEHMHT), Tavistock and Portman NHS Trust (TP) and the Royal Free NHS Trust (RFH). Barnet currently commissions Tier 1 as part of the Healthy Child Programme for 0 to 19 years, delivered by health visitors, children centre staff and school health services, and Tiers 2 and 3, with Tier 4 services commissioned directly by NHS England. There is a large and active VCS sector in Barnet with a wide range of services working with children and young people

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**BARNET**

*(BEHMHT)* Barnet Community CAMHS

The community CAMH Service provided by BEHMHT includes:

**Primary and Secondary School Project:** A team of specialist Child and Adolescent Mental Health Professionals who work with children, young people and families within the school setting to support emotional needs. The project assesses and offers individual short term support in school, specialist consultation and mental health training to promote mental health awareness and resilience in schools.
**Children in Care and Adoption Team:** A team that provides specialist mental health support to children and young people in the care system and adoptive families, and consultation to professionals and carers. The team applies a fast-track service and assessment to the clients referred and provides a comprehensive multi-disciplinary service to Children in Care of the London Borough Of Barnet (LBB). The team offer support to the LBB residential settings and offer training to professionals and carers improving understanding of severe mental health difficulties and attachment issues. When appropriate, the team offer outreach to support young people.

**Paediatric liaison:** A specialist team is based at Barnet Hospital – please see Section 3.1.6 for further details.

**Service for Children and Adolescents with Neurodevelopmental Difficulties (SCAN):** A service for children and young people with severe learning difficulties, neurodevelopmental disorders and autistic conditions where there is significant impairment coupled with mental health problems.

**Generic Tier 3 service:** Generic CAMHS provides assessment, treatment and support to children and young people aged 0-18 years and their families for a range of mental health, behavioural and emotional well-being needs. The service offers a range of individual, family and group based interventions. There are two Generic CAMHS teams within Barnet (East and West).

**Barnet Adolescent Service (BAS):** A specialist multidisciplinary team working with young people between the ages of 13 and 17 facing complex, severe or chronic mental health issues. Often these young people find it hard to engage with other services and may be at a higher risk, with complex presentations including chronic self-harm and psychosis.

**The Royal Free NHS Trust**

**Out of Hours:** Royal free Hospital (RFH) provides an out of hours service for children and young people presenting at A&E at the RFH, from 5pm to 9am, weekends and bank holidays.

**Paediatric Liaison:** please see Section 3.1.6

**Eating Disorder:** RFH service for young people with anorexia nervosa, bulimia or atypical variations of these disorders, providing support to assist recovery in the community, achieving good clinical outcomes and satisfaction ratings.

**Generic CAMHS:** Providing assessment, treatment and support of the mental health, behavioural and emotional wellbeing needs of those aged 0-18 years living in Barnet South.

**Tavistock & Portman NHS Trust**

**Adolescent and young adult psychotherapy:** A psychotherapy service for YP between the ages of 16 and 25, including a brief service to parents of adolescents

**Family Service:** A service to assess parenting and family interactions, and support for families through therapy and supervised contact, to help children achieve their potential. This is a multidisciplinary CAMHS service that works with complex family presentations for example where there are significant mental health difficulties in CYP and/or parents, or child protection issues

**Fostering/adoption/kinship care/trauma service:** A service for looked after children and young people and their carers, adoptive families and children in the care of extended family or friends who are experiencing emotional or behavioural difficulties.

**Refugee service:** Providing a culturally sensitive service to refugees and asylum seeking people in Barnet and other boroughs, working closely with advocates and interpreters.

**Lifespan team** this is a multidisciplinary team that works with children and young people with learning disabilities and autism. The team is able to offer NICE approved diagnostic assessments for autism and autistic spectrum condition as well as providing therapeutic input to families and individuals where appropriate.
London Borough of Barnet

**Emotional Wellbeing Team**: This team is part of the Early Help Service and provides support to children, young people, and their parents in managing anxiety, low mood, and behavioural problems and supports the wider Family Resilience team in parenting and behaviour support.

**Youth Offending Service**: The YOS currently has a small CAMHS workforce with plans to increase

**Rephael House** is a VCS, funded to provide a counselling service for Barnet children and young people up to age 19.

**Xenzone** VCS is funded to provide a free, anonymous, online counselling service for young people aged 11-26 years.

3.1.2 Camden

Camden has an established tradition of integrated commissioning between commissioners and stakeholders including children, young people, and parents. Commissioning spans the entirety of the children’s services spectrum and fosters increasingly close partnership with commissioning and services for adults. Camden commissions a number of providers to deliver a comprehensive range of services under the banner, *Open Minded*. Tavistock & Portman NHS Trust is Camden’s main provider for core community CAMHS. Eating disorder and some Paediatric Liaison services are provided by The Royal Free Hospital.

**CAMDEN**

**Tavistock & Portman NHS Trust**

**Core community CAMHS**: Provides core CAMHS plus a range of CAMHS multi-disciplinary teams for Children’s Centres, mainstream and specialist schools, GP surgeries, disabled children’s services, behaviour support services, safeguarding and social care, youth offending and specialist mental health services.

**CYP-IAPT**: TP is also the lead provider for the collaborative which comprises the Brandon Centre, MAC-UK, two VCSs, and Camden Council’s Families in Focus.

**The Royal Free NHS Trust**

**Eating Disorder**: Camden commissions three places in the NCL jointly commissioned Eating Disorder Intensive Service, combining intensive community interventions with structured admissions to a dedicated area of a paediatric ward, to manage complex cases without the need for Tier 4 admission.

**Paediatric Liaison**: Please see Section 3.1.6

**Camden & Islington NHS Trust**

**Parental Mental Health Project**: Offers a systemic intervention for families where poor parental mental health is adversely impacting child wellbeing, provided by Camden & Islington NHS Foundation Trust. (C&I NHS)

**Anna Freud Centre**

**Parent Infant psychotherapy**: A VCS project that helps families where there are concerns about a parent’s emotions adversely impacting on their infant’s development. The Centre also provides support and therapy for children, young people, and families experiencing emotional or behavioural
difficulties.

**The Brandon Centre**

**Counselling and psychotherapy:** for young people aged 12 -22 are provided by this VCS provider VCS that also offers Multi Systemic Therapy for young people aged 12 -25, and parenting groups and therapeutic support for young parents whose children have been removed from their care.

**Depaul UK- Camden Kaleidoscope**

**Supported accommodation:** A VCS service for young people with mental health needs that offers a step down or alternative to Tier 4

**Coram Parenting & Creative Therapies:** A VCS service providing art, music and psychological therapy to young people & families with complex needs, where a non-verbal approach is beneficial.

**Strength in Horses**

**Equine therapy:** A VCS service providing Equine therapy for children with complex needs.

### 3.1.3 Enfield

Enfield CAMHS is characterised by a close integration with the Educational Psychology Service (EPS) and both CAMHS and the EPS were invited to be part of the national CYP IAPT programme. The local CYP IAPT Steering Group is driving implementation, with a focus on multi agency collaboration.

**ENFIELD**

**BEHMHT Enfield Community CAMHS**

**Generic Tier 3 CAMHS:** There are two multi-disciplinary teams, one in the north and the other in the south of the borough, that accept professional and self-referrals.

**Adolescent services:** **SAFE Team**, A borough wide Tier 3 service for adolescents and families in crisis, or with acute mental health concerns, with an emphasis on outreach and rapid response.

**Alliance Team:** for young people in crisis and at risk of admission to Tier 4, staffed by three mental health nurses, working closely with other Tier 3 services.

**Looked after children:** Health & Education Access & Resources Team (HEART) provides a service for young people aged up to 21 years in public care, promoting educational, social and emotional development. It provides assessment, consultation to the professional network and direct therapeutic interventions.

**Neuro - developmental disorders (NDD):** the SCAN Team provides a targeted service for those with NDD attending special schools. It is a multi-disciplinary team comprising psychiatry, clinical psychology, paediatricians and health therapists.

**Child Development Team:** a dedicated CAMH service providing assessment and diagnostic services for children under 6 with NDD, physical and/or learning disability and life limiting conditions.

**Youth Offending Services:** A dedicated CAMHS clinician works with YOS as part on the multidisciplinary team.

**Social Care:** A dedicated CAMHS clinician works with social workers to support children, young people and their families.

**The Royal Free NHS Trust**

**Eating Disorder:** The RFH Eating Disorder service is commissioned across NCL and provides a
specialist Eating Disorder Intensive Service, combining intensive community interventions with structured admissions to a dedicated area of a paediatric ward, to manage complex cases without the need for Tier 4 admission for Enfield children and young people.

London Borough of Enfield
Health & Emotional Wellbeing in Schools: HEWS is a programme covering 15 schools and a HEWS CAMHS worker spends a day or half day in each school providing assessment and intervention service, consultation and training for staff.

Parent Infant Mental Health: Enfield Parent and Infant project (EPIP) is a small specialist service providing therapeutic assessment and support to parents and their babies up to 18 months, where there are attachment and relationship difficulties. It is funded by PIPUK, the CCG and LBE.

Tavistock & Portman NHS Trust
Adolescent and young adult psychotherapy: A psychotherapy service for YP between the ages of 16 and 25, including a brief service to parents of adolescents
Family Service: A service to assess parenting and family interactions, and support for families through therapy and supervised contact, to help children achieve their potential. This is a multidisciplinary CAMHS service that works with complex family presentations for example where there are significant mental health difficulties in CYP and/or parents, or child protection issues
Fostering/adoptive/kinship care/trauma service: A service for looked after children and young people and their carers, adoptive families and children in the care of extended family or friends who are experiencing emotional or behavioural difficulties.
Refugee service: Providing a culturally sensitive service to refugees and asylum seeking people in Barnet and other boroughs, working closely with advocates and interpreters.
Lifespan team: this is a multidisciplinary team that works with children and young people with learning disabilities and autism. The team is able to offer NICE approved diagnostic assessments for autism and autistic spectrum condition as well as providing therapeutic input to families and individuals where appropriate.

The Brandon Centre
Children and young people on edge of care: A VCS provider offering multi systemic therapy for young people and their families.
Dazu: A VCS provider providing a wide range of support to Young Carers, including counselling and Advocacy. Therapies on offer include drama and play therapy.

3.1.4 Haringey
CAMHS commissioning is a shared responsibility across health, education and social care. BEHMHT is the main CAMHS provider in Haringey, delivering a number of services including a single point of entry (SPA), CAMHS Access, which takes professional referrals, but not self referrals, and acts as a front door for other CAMHS provision. The services listed below are available across Haringey and are commissioned to provide services up to a young person’s 18th birthday, assuming they meet the provider eligibility criteria.

HARINGEY

BEHMHT Haringey CAMHS
Generic CAMHS: provided by BEHMHT for children and young people aged 0-18 years and their families including:
Adolescents in crisis: Adolescent outreach team at St Ann’s Hospital, provided by BEHMHT to
support discharge from in-patient services, support and outreach for those unable to attend clinic services, and fulfils the role of an early intervention psychosis service for under 18’s.

**CAMHS in GP services** pilot: offering brief psychological interventions in primary care for those not meeting the threshold for tier 3, provided by Health and Emotional Wellbeing Service (HEWS), BEHMHT. For ages 2-18 years.

**Single appointment service:** Choices offers one off appointments for children and young people and their families with concerns around emotional wellbeing/behaviour, provided by BEHMHT.

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<th>The Royal Free NHS Trust</th>
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<tr>
<td><strong>Eating Disorder:</strong> The RFH Eating Disorder service is commissioned across NCL and provides a specialist Eating Disorder Intensive Service, combining intensive community interventions with structured admissions to a dedicated area of a paediatric ward, to manage complex cases without the need for Tier 4 admission for Haringey children and young people.</td>
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<td><strong>Fostering/adoption/kinship care/trauma service:</strong> A service for looked after children and young people and their carers, adoptive families and children in the care of extended family or friends who are experiencing emotional or behavioural difficulties.</td>
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<td><strong>Refugee service:</strong> Providing a culturally sensitive service to refugees and asylum seeking people in Barnet and other boroughs, working closely with advocates and interpreters.</td>
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<td><strong>Lifespan team</strong> this is a multidisciplinary team that works with children and young people with learning disabilities and autism. The team is able to offer NICE approved diagnostic assessments for autism and autistic spectrum condition as well as providing therapeutic input to families and individuals where appropriate.</td>
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<td><strong>Looked after children:</strong> First Step Looked After Children Service offers a screening and assessment service for children and up to six sessions as required.</td>
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<th>Whittington Health</th>
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<td><strong>Parent Infant Psychology</strong> provides a perinatal community support service for parents with mental health and attachment problems, provided by Whittington Health NHS Trust for 0-2 years.</td>
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<th>Open Door</th>
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<tr>
<td><strong>Psychological therapies for young people:</strong> A VCS provider of therapy for young people with emotional difficulties aged 12-25, and therapeutic support for parents of adolescents and young people aged 12-21.</td>
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**3.1.5 Islington**

Islington’s Community CAMHS is provided by Whittington Health ICO. Islington Council Children’s Services provide a number of targeted and specialist services, some with input from Whittington Health. These services are mainly integrated co-located teams within children’s social care, with CAMHS practitioners based within them. Islington also works with a number of VCS providers including the Brandon Centre, Rethink Mental Illness and Alone in London.
## ISLINGTON

### Whittington Health Islington CAMHS

Provides a range of services including:

**Children Looked After** health team: CAMHS team providing assessment and psychological therapies, as well as training for foster carers and Adoption and Fostering teams.

**Neuro-developmental team:** A specialist multi disciplinary team offering assessment and post diagnostic support to young people with ASD and other co morbid neuro developmental disorders, aged 5-18 years.

**Adolescent Outreach Team:** a multi disciplinary team offering a flexible, intensive outreach service for young people aged 13-18 with complex mental health difficulties. Also supports those who have had, or may need, in patient care.

**Priority 1 Team:** offers rapid assessment and treatment for young people at risk of serious self harm, psychosis or risk of violence to others.

**CAMHS Pupil Referral Unit:** specialist CAMHS team providing clinical interventions for students and staff consultation.

**Transitions team:** offers consultation and assessment to facilitate transition from CAMHS to adult mental health services.

**CAMHS Learning Disability Pathway:** development of screening tool to identify young people who may have an undiagnosed LD or who require more detailed cognitive assessment.

**Early Years:** provides groups for babies, toddlers and parents based on Solihull Approach and Webster Stratton, and sessions for the Under 5’s and specialist clinics for early years age group.

**Children Centres:** CAMHS offers support and brief interventions for a half day per week to all the centres.

**Schools and Pupil Referral Unit (PRU):** CAMHS provides fortnightly sessions to all the primary schools and a day a week for all secondary schools in the borough, offering staff consultation and sessions for students and families.

### The Royal Free NHS Trust

**Eating Disorder:** The RFH Eating Disorder service is commissioned across NCL and provides a specialist Eating Disorder Intensive Service, including a specialist ED Outpatients; the service combines intensive community interventions with structured admissions to a dedicated area of a paediatric ward, to manage complex cases without the need for Tier 4 admission for Islington children and young people.

### Tavistock & Portman NHS Trust

**Adolescent and young adult psychotherapy:** A psychotherapy service for YP between the ages of 16 and 25, including a brief service to parents of adolescents

**Family Service:** A service to assess parenting and family interactions, and support for families through therapy and supervised contact, to help children achieve their potential This is a multidisciplinary CAMHS service that works with complex family presentations for example where there are significant mental health difficulties in CYP and/or parents, or child protection issues

**Fostering/adoption/kinship care/trauma service:** A service for looked after children and young people and their carers, adoptive families and children in the care of extended family or friends who are experiencing emotional or behavioural difficulties.

**Refugee service:** Providing a culturally sensitive service to refugees and asylum seeking people in Barnet and other boroughs, working closely with advocates and interpreters.

**Lifespans team** this is a multidisciplinary team that works with children and young people with learning disabilities and autism. The team is able to offer NICE approved diagnostic assessments for autism and autistic spectrum condition as well as providing therapeutic input to families and individuals where appropriate.

### MindConnect

**Homelessness:** Mind Connect, part of Alone in London, (part of the Depaul UK Group) a project
Refugee Therapy Centre: VCS provider offering psychotherapy, counselling and support to refugees and asylum seekers.

The Brandon Centre: VCS provider offering multi systemic therapy for young people and families.

3.1.6 Paediatric Liaison and Acute Services

**University College London Hospital (UCLH).** Provision at this hospital includes a Paediatric Liaison Psychiatry Team comprised of child and adolescent psychiatrists and junior doctor psychiatry trainees (problems with recruitment and shortages in the rota for registrar doctors means this post has been vacant for the last year, reflecting a significant reduction in the team establishment). The team works with children and young people open to a UCLH paediatrician where mental health difficulties are identified or there are medically unexplained symptoms. The three consultant psychiatrists are on the local on-call rota alongside a fourth consultant who works in Islington in Simmonds House and the Islington CAMHS Adolescent Outreach team (AOT).

There is also a large psychology department that works closely with the Child Psychiatry Team but which takes its own referrals. This focuses largely on conditions such as diabetes and rheumatology, however, unlike the Child Psychiatry team, it does not work with any acute mental health presentations that come via the hospital’s A&E department (noted to be a significant part of the work undertaken by the Paediatric Liaison team). Children and young people requiring admission for mental health issues, including complex co-morbid presentations or where they are “too physically fragile to go to a CAMHS unit”, go to the U13s paediatric ward or the ward for adolescents aged 13-19. The latter has a full-time Band 6 clinical mental health nurse specialist and also employs 2 youth work trained Health Care Assistants to offer one-to-one support where needed; in addition, the wards employs Bank RMNs and security officers where a child or young person’s behaviour is deemed to be very challenging or disturbed (noted to be a significant area of spend and one causing concern to the local Trust). UCLH services see children and young people from all of the boroughs within the NCL footprint but with its location near Euston Station also meaning that children and young people may present from further afield.

**The Royal Free Hospital (RFH) NHS Trust** Provides paediatric liaison including consultation to a range of referrers to RFH and working with children and adolescents with acute, chronic or life limiting physical conditions open to a RFH paediatrician, providing assessment and therapeutic interventions. In addition, the team offers input into the neonatal unit, caring for babies from 30 weeks onwards and/or those who were “full-term but poorly”, including psychotherapy support to parents to promote attachment and debriefing support where a child has died.

The service is co-located with paediatrics and offers a team comprised of full-time and part-time child and adolescent psychiatrists, a part-time associate specialist doctor, clinical psychologists, family therapists and nurses; from time-to-time, there are also junior doctors attached to the team, working across ED, general CAMHS and paediatric liaison. Psychiatrists in the team contribute to emergency cover arrangements/presentations to A&E (e.g. of self-harm or disturbed behaviour) and will offer support as required to the paediatric ward (for 0-18s) should this be required. Complicated commissioning arrangements, which vary by CCG, mean that while the team can see anyone who is an inpatient at RFH, not all boroughs within the NCL area fund follow up outpatient care. This, it is
reported, can cause difficulties if a child or young person has complex comorbidities and/or where on discharge from RFH, a child or young person then has to go on to a lengthy waiting list elsewhere. (The example of Haringey having to refer to Great Ormond Street for ongoing neuropsychology post discharge from RFH was noted; GOS wait times can exceed 5 months). A lack of funding explicitly for paediatric liaison also puts pressure on the team to maintain high rates of funded outpatient work which can impact on the time available to children and young people who are inpatients.

**Barnet Hospital Paediatric Liaison Service**

This team, comprised of 1.2 WTE staff, offers specialist mental health provision and consultation for young people and families who are inpatients or outpatients under the care of the paediatric and neonatal services at Barnet Hospital. A part-time child and adolescent psychiatrist, part-time psychotherapist and part-time Band 7 community mental health nurse provide early, brief and some longer-term interventions to reduce the high levels of psychiatric morbidity in young people with long-term physical illnesses, life-threatening medical conditions and in those with medical unexplained symptoms. The service does not work with emergencies although members of the team are on the local on-call generic CAMHS and self-harm rotas. The team offers extensive consultation and training across the hospital, including input into weekly MDT and psychosocial meetings.

**North Middlesex Hospital Trust (NMHT)**

The hospital has a small multi-disciplinary paediatric liaison team led by a consultant psychotherapist; other team members comprise a consultant psychiatrist employed on a joint position basis with Haringey CAMHS, two further psychotherapists and two clinical psychologists. The team offers mental health liaison and support services to children and young people open to the paediatricians at the hospital (in particular where there may be medically unexplained symptoms, difficulties coming to terms with a diagnosis and/or treatment compliance issues) and will work with both in- and out-patients aged 0-19yrs (0-16 for new referrals but if already known to the service, support and involvement will continue, if appropriate, for those aged 16-19; in addition, psychotherapy input can be continued up to the age of 25). Input into the special care baby unit (SCBU) is also offered – e.g. for parent support and support with bereavement/loss and the team also offers neuropsychiatry assessments (e.g. for cognitive functioning).

The NMHT paediatric liaison team does not offer crisis work; where children and young people present to the hospital’s A&E department, they are usually admitted with their local CAMHS then coming to the hospital to assess/pick up (typically these cases come from Enfield or Haringey). Children and young people presenting with eating disorders are referred to the service at Royal Free Hospital, usually via their local CAMHS, although the North Middlesex Hospital does offer a multi-disciplinary “Feeding Forum” which meets on a monthly basis and may offer input/advice for those children or young people who may not meet the threshold for referral to the RFH service.

North Middlesex Hospital also has a Mental Health Liaison Team provided by BEHMHT working with anyone aged 16 and over. The team is made up of 4 adult psychiatrists (2 WTE), 11 specialist psychiatric nurses, a clinical psychologist, 2 graduate mental health workers and 2 administrators. The team will see any young person aged 16 and above if they are admitted to one of the hospital’s wards as a result of mental health difficulties/crises as well as young people presenting with medically unexplained symptoms. (A significant problem reported by the team concerns when a young person is seriously unwell and in need of admission to a specialist CAMHS unit. In these situations, quite often a delay/bed blocking occurs because CAMHS units typically will not accept the assessment of the psychiatrists in the Mental Health Liaison Team due to them being adult trained; young people in this situation have to wait to be assessed by a consultant from their local CAMHS which can take some time to organise given the pressures on community CAMHS).

**Whittington Health ICO**

The paediatric mental health liaison service at Whittington Hospital comprises a team made up of 2 part-time child and adolescent psychiatrists, a full-time family
therapist and a part-time child psychotherapist. Recruitment of a full-time Band 6 clinical nurse specialist in children and young people’s mental health is currently at interview stage; this person will be based with the liaison team but the focus of their work will be on supporting the nursing staff on the wards where children and young people with mental health difficulties may be admitted. Both psychiatrists are on the local on-call psychiatry rota and there is also some locum psychiatry cover in place to allow one of the permanent psychiatrists in the PL team to take on a wider managerial role until June 2018.

The Whittington paediatric liaison team work with children and young people aged 0-18years who are an open case to any of the hospital’s paediatricians (i.e. they may come from any of the boroughs within NCL). Team members work with all mental health problems, but in particular, often see children and young people with psychosomatic presentations, conversion disorders, depression and anxiety. Emergency presentations, (including psychosis and self-harm) via A&E are a significant part of their workload and it was reported that over 300 emergencies have been seen already this year - this is noted to be having a serious impact on the amount of mental health liaison work that can be offered at the Whittington. Other areas of work include with the hospital’s End of Life team where support with grief and loss will be offered. The paediatric liaison team used to have good links with the Whittington’s psychological therapies department but a loss of psychology posts in recent years has reportedly reduced the amount of joint work. The team retains links with and occasionally refers children and young people to local VCS services Open Door and the Brandon Centre.

3.2 Mapping the workforce

Based on the contact details supplied by commissioners, all of the provider services listed in the tables presented in Section 3.1 were contacted with a request to provide a listing of the staffing establishment at 1st September 2017. The 1st September was selected as it was close to the project start point so could reflect the position at a common time point for all providers and enable real time reporting of the current actual establishment rather than funded establishment. Actual establishment can be significantly different from funded establishment for a number of reasons for example vacancies and difficulties in recruitment, use of agency, locum and bank staff to fill gaps, and use of slippage or providers overspending to meet particular short term pressures and targets.

Staffing details requested included professional role, details of the team worked in, pay banding and contracted hours. Some providers provided comprehensive staffing establishment information with relative ease, others seem to have found this more challenging and for a small number of providers, Project Consultants have had to send multiple emails and make multiple telephone calls to pursue absent or incomplete returns. This element of the project took more time than had been anticipated for the task and delayed returns impacted on the analysis of information supplied. The quality of information provided was also highly variable and where there were queries these were clarified in follow up telephone discussions, usually with the Service Manager or Clinical Lead. At the end of the project data collection period and preparation of this final report,
information from one NHS trust providing services to multiple CCGs and one small VCS provider remains outstanding (either no staffing information returns have been received or those received have been lacking essential information).

3.3 Comparing and benchmarking the workforce

The staffing returns received from providers were compiled to give a picture of the workforce by CCG/Borough and also to give a total picture for NCL. There are no published national benchmarks which cover the entire CAMHS system, although there are ways of comparing parts of the system as outlined below. In using any type of benchmarking to compare services, it is important to use valid measures, so for example, to compare Specialist Community CAMHS teams it would be important to acknowledge what was being provided in the wider system which may not sit in specialist CAMHS but may have a significant impact on the level of demand for Specialist Services. For this project, as for the recent Health Education England (HEE) CAMHS Workforce Mapping Project (5), mapping what was being commissioned by schools was beyond the scope. The scope for this project did include mapping what was being delivered in schools by NHS CAMHS, LA CAMHS and VCS providers as part of the NHS or LA commissioned provision. This inevitably will give an incomplete picture of the totality of provision.

For the purposes of this project, two approaches to benchmarking were considered. The first was the Royal College of Psychiatrists guidance, published in 2013, on staffing levels for Specialist CAMHS (6). This approach was felt by the Project Consultants to have some limitations as much of the literature reviewed to underpin the report is now fairly dated and the commissioning and provision landscape has changed significantly. Furthermore, demand and complexity for specialist CAMHS are widely recognised to have risen in recent years, and administrative staff were not included in workforce calculations.

The preferred approach for this project therefore was to utilise the 2017 NHS Benchmarking Network findings from the latest round of NHS CAMHS Benchmarking (7). The NHS Benchmarking Network is the in-house benchmarking service of the NHS and the 2016/17 CAMHS Project involved 80 organisations providing data, with 107 individual submissions received,. As such, its findings provide a robust point of reference for evidence in current workforce provision in Specialist CAMHS.

Therefore the metrics from the 2017 Benchmarking findings have been used to compare the Community CAMHS workforce in each area to national averages and compare the professional skill mix in each area to national averages. A limitation for this project in using this approach, as with the Royal College of Psychiatrists approach, is that both are focused on Specialist Community CAMHS which largely sit within the NHS. There is currently no robust way of benchmarking the entire workforce, but as the bulk of CAMHS provision sits within the Community CAMHS Teams provided by BEHMHT for Barnet, Enfield and
Haringey, by T&PNHST for Camden and by WHT for Islington, it is these teams that have been used in detailed benchmarking of staffing numbers.

3.4 Understanding skills and training needs

At the time providers were contacted with requests for staffing establishment details, they were also asked to provide any recent analysis undertaken within these staff groups of skills and training needs. Initially no providers offered any reports on skills or training needs, one team reported that this work was underway and at a late stage of the project another team shared an unanalysed historic skills survey from December 2014.

It had been anticipated that provider organisations would vary in their ability to report on the skills of their workforce, or training needs either identified at service level through detailed capacity and demand analysis or at individual practitioner level through processes such as annual appraisal and Personal Development Planning. For this reason, to access the information sought for this project, Project Consultants adapted a previously used Self-Assessment tool which had been piloted in several sites.

The Self-Assessment Questionnaire for completion by individual staff was designed to identify the skills staff were most frequently using, and the level of training they had received in these skills. It also aimed to capture gender, age and length of experience in CAMHS. However, it should be noted that this has a time implication for staff and in areas which have previously successfully undertaken such detailed audit of skills and training needs. there was more preparation time for staff and service managers than available in this mapping project, to encourage a good return rate and therefore a robust analysis.

This tool was offered to providers and some distributed it to staff. For some organisations it was judged by the service manager that the time required for completion of these questionnaires within the project timescales would create significant difficulty and questioned the use of staff time, particularly for staff working less than 0.5 WTE for example. A shorter less comprehensive version of the questionnaire was thus developed for those services where there had been delays in receiving information requested as deadlines for initial information returns were missed in order to give these services an opportunity to provide some skills and training needs information.

3.4 Stakeholder Engagement

Stakeholder engagement was achieved through a combination of telephone interviews and a Stakeholder Event. Stakeholder views and suggestions gathered throughout the project process have been collated by themes and are reported in the project findings in Section 4.

4. Findings

As demonstrated by the lists of services in scope detailed earlier, it is clear that some areas commission a broader range of services than others which potentially leads to a more
diverse range of roles and skills and a broader scope for workforce development in line with the NCL CAMHS and Perinatal initiative and current national policy drivers.

Findings from the project are set out below in a format which it is hoped will helpful in developing a widely shared contextual understanding of the Information gathered in response to the key questions posed within the project specification.

4.1 Responses from the services in scope

In all there were 34 separate requests to providers for information returns for each of the services listed in Section 3. For some providers this resulted in a number of requests as they provide a range of services to different local areas.

As anticipated, the quality and ease of availability of information on current CAMHS staffing establishment was variable. One provider was able to give a comprehensive return on the day the request was received whilst others have needed some prompting once initial return dates were missed. There was also a need with a number of returns to undertake detailed checking and validation of provider workforce information to ensure accuracy in final reporting in areas such as differences between funded and actual establishments. Project Consultants have needed to be flexible and persistent in chasing up any missing information and on occasion have had to escalate these issues to project commissioners for their intervention.

Of the 34 separate requests, we have received sufficient staffing information covering 28 services. Royal Free were unable to break down provision across CCGs but have provided total staffing and we have not received workforce information from 1 VCS provider. There has been dialogue with Tavistock and Portman and the Royal Free regarding the difficulties in trying to attribute the staffing associated with a range of specialist services across multiple commissioners which are recognised. Tavistock & Portman have provided a CCG breakdown of staffing based on contract values.

4.2 Findings in Comparing and benchmarking the workforce

The staffing returns have been mapped and reported on in a two ways. Firstly there is a comparison of Community CAMHS using the 2017 NHS Benchmarking Network findings. Secondly there is a comparison of the total CAMHS workforce based on the services listed in Section 3.

4.2.1 Community CAMHS

NHS CAMHS Benchmarking 2017 reported an average of 69 WTE staff for Community CAMHS per 100,000 CCG registered population aged 0-18. This Community CAMHS Workforce predominantly comprises of registered Nurses, Clinical Psychology, Medical staff and Administration.
These workforce averages are not being proposed as ideal or sufficient staffing levels and there is no direct correlation with need or demand. However they are useful in terms of comparing local Community CAMHS staffing levels with some reasonably robust national averages currently reflected by services.

The table below translates this average into a target WTE figure for each local area and also contains the actual WTE staffing at 1/9/17 based on the information returns received from providers. It is important to note that this table represents the like for like comparison for NHS provided Community CAMHS. Later sections will report on comparisons of the wider workforce mapped as part of this project.

**Table 1. WTE by CCGs for NHS Community CAMHS**

<table>
<thead>
<tr>
<th>CCG</th>
<th>Barnet</th>
<th>Camden</th>
<th>Enfield</th>
<th>Haringey</th>
<th>Islington</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-18 population (mid 2016 registered population)</td>
<td>94,565</td>
<td>50,163</td>
<td>87,875</td>
<td>64,646</td>
<td>43,100</td>
</tr>
<tr>
<td>Target estimated average figure based on national average of 69 WTE</td>
<td>65.24</td>
<td>34.61</td>
<td>60.63</td>
<td>44.60</td>
<td>29.73</td>
</tr>
<tr>
<td>Actual WTE at 1/9/17</td>
<td>51.5</td>
<td>72.07</td>
<td>31.8</td>
<td>45.80</td>
<td>68.27</td>
</tr>
</tbody>
</table>

For Barnet and Enfield these figures appear low. However these 2 areas differ from the others in NCL in that they have a Local Authority employed CAMHS workforce which would not have been included in the NHS Benchmarking. If these staff were included then the figures for Community CAMHS would be **57.1** for Barnet and **43.5** for Enfield.

### 4.2.2 Total CAMHS

The table below illustrates the entire CAMHS workforce based on returns received to date from the services listed in Section 3. This represents the total actual establishment reported at 1/9/17. For some providers, mainly VCS providers where staff are self-employed and working variable hours, estimations have had to be made in assessing WTE’s. However overall this gives some comparative analysis of the mapped provision by CCG/Borough in terms of staffing. It is important to note that Paediatric Liaison & Acute staffing is not included in these totals and is presented separately in Table 3. Staffing WTE figures presented below are actuals and are not benchmarked.
Table 2. WTE by CCG for All listed CAMHS

<table>
<thead>
<tr>
<th>CCG</th>
<th>Barnet</th>
<th>Camden</th>
<th>Enfield</th>
<th>Haringey</th>
<th>Islington</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>NHS Community CAMHS</td>
<td>51.5</td>
<td>72.07</td>
<td>31.8</td>
<td>45.80</td>
<td>68.27</td>
<td></td>
</tr>
<tr>
<td>LA directly employed CAMHS staff</td>
<td>5.6</td>
<td>11.7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other NHS CAMHS/Specialist (e.g.</td>
<td>0</td>
<td>4.1</td>
<td>0</td>
<td>4.9</td>
<td>0</td>
<td></td>
</tr>
<tr>
<td>Parental MH, PiPS)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VCS</td>
<td>0.9</td>
<td>29.22</td>
<td>6.5</td>
<td>5.6</td>
<td>3.1*</td>
<td>34.68</td>
</tr>
<tr>
<td>Royal Free EDS, Barnet South CAMHS &amp; Paed Liaison**</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tavistock &amp; Portman NHS Trust specialist services ***</td>
<td>7.1</td>
<td>0</td>
<td>2.2</td>
<td>11.3</td>
<td>3.2</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>65.1</td>
<td>105.39</td>
<td>52.2</td>
<td>67.6</td>
<td>74.57</td>
<td>399.54</td>
</tr>
</tbody>
</table>

* Refugee Therapy Centre staffing not received for Islington.

** RFH is unable to attribute staffing by CCG so staffing figures are presented as a total and are not included in the CCG staffing totals.

*** T&P staffing similarly difficult to attribute to CCGs and values given based on current proportional contract values and are included in CCG staffing totals.

The table below illustrates the Paediatric Liaison & Acute staffing by provider organisation.

Table 3. WTE Paediatric Liaison

<table>
<thead>
<tr>
<th>Provider</th>
<th>Royal Free</th>
<th>NMHT</th>
<th>Whit H</th>
<th>UCLH</th>
<th>Barnet CAMHS</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>WTE Paediatric liaison</td>
<td>Not possible to state*</td>
<td>3.5**</td>
<td>2.9</td>
<td>16.24</td>
<td>1.2***</td>
<td>23.24</td>
</tr>
</tbody>
</table>

*There are no dedicated paediatric liaison staff at RFH, with all members of the team working across ED, generic CAMHS and paediatric liaison; the size of the team is reported to vary/flex on a regular basis depending on demand; in addition, the team also has junior doctors working on rotation.

** There is additional staffing in the Adult Mental Health Liaison team for 16+s of 16 clinical staff plus 2 administrators. Some of this staffing capacity will be working with 16 to 18 yr olds and is not included in the staffing above.

*** These staff are included in the total staffing for Barnet CAMHS in Table 2 above.
4.3 Professional mix

The charts below illustrate the professional mix within the Community CAMHS Teams benchmarked above compared to the average professional mix defined in the NHS Benchmarking exercise. These will not change as outstanding staffing returns are received as we have had complete returns for these services. There will also be a comparison for each area of the total professional mix compared to benchmarking averages in the final report factoring in outstanding staffing returns. This latter comparison will not be like with like as it factors in workforce employed by other providers to give a total picture of professional mix in each area.
4.3.1 Barnet CAMHS
Charts comparing the professional mix in Barnet CAMHS with NHS Benchmarking average.

![Barnet CAMHS Pie Chart](image1)

4.3.2 Camden CAMHS
Charts comparing the professional mix in Camden CAMHS with NHS Benchmarking average.

![Camden CAMHS Pie Chart](image2)

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4.3.3 Enfield CAMHS
Charts comparing the professional mix in Enfield CAMHS with NHS Benchmarking average.

4.3.4 Haringey CAMHS
Charts comparing the professional mix in Haringey CAMHS with NHS Benchmarking average.
4.3.5 Islington CAMHS
Charts comparing the professional mix in Islington CAMHS with NHS Benchmarking average.

4.3.6 Professional skill mix NCL CAMHS
The radar chart below shows the professional mix in Community CAMHS for all 5 areas compared to the NHS Benchmarking averages.
These differences in professional mix are likely to be having an impact on the range of skills and interventions offered and will also be contributing to differences in workforce costs and treatment costs.

An illustration of this is the significant variation in nurses as a percentage of the workforce, with the average nationally being 28% and the NCL teams varying from 6% to 19%, all falling below the national average. This may in part reflect particular nurse recruitment difficulties in London and would suggest that this workforce group would need particular focus in terms of recruitment and retention if services wanted to increase nurse capacity.

Similarly there is a significant variation in clinical psychology, with the national average for this professional group being 17% and the NCL team varying from 8% to 41%.

The percentage of medical staff in NCL Community CAMHS is close to the national average of 9% in 4 services, ranging from 9% to 17%, however in Islington only 4% of the workforce is medical.

The percentage of psychotherapists exceeds the national average of 6% with the range being 8% to 33%. This is in part attributable to the local availability of training.

Administrative and clerical workforce percentages were generally close to the national average of 17%, with NCL ranging from 13% to 20%.

Although social workers are a relatively small component of Community CAMHS Teams, with the average being just 3% of the workforce, the absence of social work posts in all but
the Camden team is notable. The Barnet skills returns however included one from a social worker.

4.3.7 Workforce in Paediatric Liaison and Acute

The skill mix in the different hospital paediatric liaison and acute services included in this mapping appears to be quite diverse and largely based on small (e.g. of around 3 WTE, not including nurses attached to the paediatric wards) multi-disciplinary teams of highly experienced and often senior part-time staff. Some services also have posts that are jointly commissioned with a local CAMHS (e.g. the child psychiatry post in the North Middlesex Paediatric Liaison Team) and as to be expected, there are a variety of nursing, dietician, social work, health care assistant and play leader posts that are commissioned via the hospitals’ acute paediatric provision but which work closely with the mental health teams within the hospitals, in particular where a child or young person has been admitted.

The core range of disciplines identified in the five paediatric liaison services – three of which offer crisis work/assessment and support of acute mental health presentations via the various local A&Es (the teams at North Middlesex and Barnet Hospitals do not), which are often followed by admission to a paediatric or adolescent ward, include: child and adolescent psychiatrists (who contribute to local on-call CAMHS rosters); clinical psychologists; psychotherapists and family therapists. Some hospital teams, in line with their training remit, also have trainee junior doctors or associate specialists. In the majority of the services, the clinical lead role is undertaken by one of the psychiatrists although at the North Middlesex, a consultant psychotherapist holds this position.

One clear anomaly in the services mapped is the provision for young people aged 16+ at North Middlesex Hospital offered by the Mental Health Liaison Team which is staffed by clinicians with no training in child and adolescent mental health, indeed one of the psychiatrists is older people trained. Whilst cover for the 16+ age range is to some extent covered by the paediatric liaison service at the hospital which caters for children and young people age 0-19 years, this team does not provide input into emergency presentations which therefore fall to local CAMHS to pick up, or this essentially adult trained service.

Pressures on the wards, and in the various A&E Departments, as a result of children and young people presenting highly challenging or disturbed behaviours, also means that Bank RMNs and additional security staff are quite regularly required to work with members of the paediatric liaison/mental health liaison hospital workforce.

4.3.8 Workforce in other commissioned NHS Provision

In addition to the Royal Free provision to all areas and the Tavistock and Portman provision to three areas there are a small number of other NHS providers who have returned staffing information. These services (Parental Mental Health and Parent Infant Psychology Services)
have a workforce primarily comprised of clinical psychologists, counselling psychologists and psychotherapists.

4.3.9 Workforce in School Provision

Within the scope of this project we have mapped the CAMHS provision into schools within the scope of NHS & LA commissioned CAMHS services. The workforce associated with these commissioned services has therefore been captured within the staffing and skills audit returns from NHS, LA and VCS providers. As a number of stakeholders have commented, this precluded the inclusion of a whole range of provision within schools provided under other commissioning arrangements. These include schools which are directly commissioning from NHS and VCS providers, and VCS organisations providing enhanced emotional health and wellbeing services in schools funded by charity and other sources. It also precludes any directly employed staff in schools such as school counsellors. Similar limitations apply in that this project does not have youth services in scope.

We have therefore included below some examples of provision in schools where the workforce, or skills and training needs have not been mapped as part of this project.

The opportunities presented by the current Green Paper (DH & DFE 2017) are likely to require more local work in mapping and understanding the full range of provision in schools, and the governance arrangements supporting this provision, in order to better equip the NCL CAMHS Strategic work programme and its membership to be well positioned to respond to emerging policy in this area.

Barnet

The community CAMH Service provided by BEHMHT includes a primary and secondary school project. This is a team of specialist child and adolescent mental health professionals who work with children, young people and families within the school setting to support emotional needs. The project assesses and offers individual short term support in school, specialist consultation and mental health training to promote mental health awareness and resilience in schools.

The recently formed Wellbeing Team employed within the Local Authority aims to provide early intervention and currently has 4 IAPT trainees. The team sits within the Early Help and although not currently targeted at schools, planned future expansion offers an opportunity for this delivery.

Camden

Camden CAMHS (provided by T&PNHST) is commissioned to provide a range of school based services. There is a CAMHS worker available one day per month in 70% of primary schools and all secondary schools have a dedicated worker for one day per week. Children and young people can be offered up to 6 sessions through these arrangements following which
they can if required be referred into the Tier 3 service. In addition to this service, some schools are directly funding additional staff, e.g. one school funds a 0.7 wte psychotherapist provided by UCL.

Enfield

Enfield CAMHS (provided by BEHMHT) is not commissioned to provide Tier 2 services in schools. However the Local Authority provides the Health and Emotional Wellbeing Service (HEWS) a programme covering 15 schools. A HEWS CAMHS worker spends a day or half day in each school providing an assessment and intervention service, and consultation and training for staff. The staffing in this service of 11.7 wte comprises family therapists, psychologists, educational psychology, psychotherapists and CAMHS practitioners.

Additionally, Every Parent & Child, a local VCS provider is funded by Children in Need to provide some counselling services in Enfield primary and secondary schools but this provision falls outside of the scope of this project.

Haringey

Haringey CAMHS have contracts with 3 schools to provide direct support. These contracts are relatively low value and probably afford around 4 wte CAMHS staffing across disciplines.

The Health and Wellbeing Service (HEWs) in schools aims to provide psychological interventions before emotional and psychological difficulties have become embedded. The School Based Service is delivered in specific schools, both primary and secondary across the borough, which have purchased the service. It is provided in either half or whole days, weekly or fortnightly depending on the contract. Schools identify pupils who they believe need assistance and the service then provides consultation to the school and/or assessment of the young person with a parent, followed by up to 6 treatment sessions or referral to CAMHS Tier 3.

Islington

Whittington Health CAMHS is funded by schools to provide a service to primary and secondary schools. As this service sits outside NHS or LA funded mental health services, it falls outside scope for this project and the associated workforce is not included in the staffing figures; it is likely that other areas have similar, if smaller, local commissioning arrangements in place managed directly by schools with NHS, LA or VCS providers.

The Islington CAMHS school workforce comprises of clinical psychologists, child and adolescent psychotherapists and family therapists. The range of services provided includes seeing young people, parents/carers in school individually or together to help with children’s social, emotional and behavioural difficulties, especially where the difficulties are related to school, observing children in the school setting, offering groups for children and/or parents, screening for developmental disorders and training for school staff.
4.4 Workforce in Voluntary and Community Services

The range of services commissioned from the VCS varies across the 5 areas. For most areas, VCS provision accounts for a relatively small overall proportion but for Camden, VCS services provide almost 30 WTE equivalent staff. The range of professional backgrounds reported in VCS staffing returns indicates a range including counsellors, support workers, clinical psychologists, psychotherapists, art and music therapists and MST therapists. Some of these VCS services are providing complex highly skilled interventions comparable in skill requirements to those available in Community CAMHS.

One notable factor within the VCS workforce is that often the relatively small WTE totals are comprised of a number of staff working a limited number of hours e.g. 0.1. and 0.2 wte. Even fewer VCS workers were in roles above 0.6 wte than is the case in NHS Community CAMHS. This is likely to be due to a combination of restricted funding for posts and personal choice of VCS workers for reduced hours, possibly working for more than one or more organisations. It appears from the data collected that the larger VCS providers such as Brandon Centre tend to have more staff working 0.6 wte and above.

These findings could indicate that there is scope for growth in VCS staffing capacity.

4.5 Workforce metrics from performance reports

As part of the project we have reviewed performance reports pertaining to the main providers of NHS Community CAMHS where these have been made available to report on specific workforce metrics such as vacancy rates, sickness absence rates and compliance with mandatory training. These are summarised below.

4.5.1 Barnet CAMHS provided by BEHMHT

Performance reports provided by BEHMHT to commissioners routinely report on workforce to commissioners. Over the last four quarters, the trust reports sickness absence rate of 3%. The vacancy rate is 13%.

Compliance with mandatory training has risen during the last four quarters from 94% to a current 95%. Compliance with Child Protection training is 100%.

4.5.2 Camden CAMHS provided by T&PNHST

There were no performance reports available, however the CQC Inspection Report published in May 2016 highlighted that rates of sickness absence were reported to be very low across the Trust (less than 1%).

All CAMHS clinical staff were trained in safeguarding children to level three. The trust had 100% compliance with mandatory training and 99% of staff had received an appraisal within the previous 12 months.
4.5.3 Enfield CAMHS provided by BEHMHT

As for Barnet CAMHS, performance reports provided by BEHMHT to commissioners routinely report on workforce to commissioners. Over the last four quarters, the trust reports sickness absence rate of 3%. The vacancy rate is 13%.

Compliance with mandatory training has risen during the last four quarters from 94% to a current 95%. Compliance with Child Protection training is 100%.

4.5.4 Haringey CAMHS provided by BEHMHT

As for Barnet and Enfield CAMHS, performance reports provided by BEHMHT to commissioners routinely report on workforce to commissioners. Over the last four quarters, the trust reports sickness absence rate of 3%. The vacancy rate is 13%.

Compliance with mandatory training has risen during the last four quarters from 94% to a current 95%. Compliance with Child Protection training is 100%.

The commonality of performance on all of these metrics for Barnet, Enfield and Haringey CAMHS suggests that these are trust wide for all CAMHS community teams rather than being broken down into individual teams, and the vacancy rate across team is potentially more variable.

4.5.5 Islington CAMHS provided by WHNHST

Compliance with mandatory training has risen during the last quarter and at October 2017 was 76%.

The current sickness absence rate was 0.16% and vacancy rates are generally low at less than 5%.

4.6 Capacity

Part of the project brief was to enable commissioners to understand the capacity of the commissioned workforce. There are a number of measures of capacity and many CAMH services will have previously used models such as CAPA to determine the capacity they have available for the many functions of CAMHS practitioners, taking into account job role, teaching and supervisory responsibilities and other factors. Commissioners will already have some understanding of service capacity issues from performance reporting for example of waiting times and caseload sizes. Voluntary sector providers often specify their capacity in terms of the numbers of children, young people and families who can be seen in a given timeframe and how much professional time is available.
The Health Education England (HEE) 2016 CAMHS workforce audit reported an average of 52% of patient facing time for medical staff, 50% for nursing staff and 50% for therapy staff for the Community CAMHS workforce. (5)

Based on the workforce returns detailed in Tables 2 and 3, we have given a broad demonstration of capacity in terms of the total professional hours available in NCL as a whole. This report contains the staffing information by area for commissioners to make local assessments of their available workforce capacity. Judgements can then be made regarding how this capacity is most effectively used across the whole system in delivering the range of functions required of CAMHS.

To make these calculations we have used an average of 50% patient facing time across all professional groups based on the average of 226 working days per year for the available number of professional staff. These figures include all commissioned CAMHS and Paediatric liaison staff. Administrative staff have been removed from staffing totals for this purpose.

Table 4. NCL professional capacity

<table>
<thead>
<tr>
<th>Total professional WTE</th>
<th>Total professional hours per annum</th>
<th>Total patient facing hours per annum</th>
</tr>
</thead>
<tbody>
<tr>
<td>381.74</td>
<td>647,049</td>
<td>323,524</td>
</tr>
</tbody>
</table>

It must be noted that this represents a simplistic view of available capacity since there are a variety of other factors which will impact on how effectively and efficiently capacity is used. Some examples of factors to consider in making judgements about capacity are listed below.

- If service provision is fragmented across a high number of organisations, some children and young people may need to access elements care from different providers which can lead to increased assessment and reduced intervention time.
- Services which provide a significant proportion of interventions within group rather than individual approaches could appear more productive depending on how activity is measured and reported.
- Some services are more effective in using capacity efficiently, e.g. ensuring children and young people are seen by the most appropriate professional for the intervention required and having clear arrangements for efficient use of skill mix, e.g. use of non-medical prescribing in appropriate cases.
- Services which have robust arrangements for recording and reporting clinical outcomes offer more transparency in terms of the impact of the service and therefore transparency in whether available staffing resources are being used effectively.

Given the current recruitment challenges being reported by most NHS CAMHS providers, there would seem to be an opportunity to review the current variability in the extent to
which the VCS market is being developed to support expansion of the CAMHS workforce. This should include looking at options of partnership working and joint commissioning of provision, also cross-sector training opportunities.

4.7 Skills & training needs

Mapping the staffing across a complex range of services has presented challenges for this project. Mapping skills and training needs has presented significant challenges. In trying to work with providers and avoid an undue burden on services, for two services we have drawn on locally produced reports of skills, and to a lesser extent training needs. Other services agreed to use the full version of the Skills Self-Assessment Questionnaire. A further small cohort of services agreed to use the shorter version, a small number of services provided a narrative highlighting their team or service skill strengths and some services provided no skills and training audit information.

For some services, including those whose submissions of staffing information were very delayed, a judgement had to be made to exclude them from this element given the timeframes for turnaround of questionnaires and analysis. And for some services, e.g. Paediatric Liaison, it was found to be more pragmatic and achievable to gather information on skills and training needs through discussion with key clinical leads within the service.

One of the limitations in taking this approach, i.e. receiving information in a variety of formats, based on differing taxonomies of skills, is that there will be challenges in attempting to aggregate these findings across localities. At this stage we have therefore reported the findings for this aspect of the project by service. The limited responses we have to skills and training audit in this project are similar to those encountered in the HEE CAMHS Workforce Audit (5), where of 11,000 staff records received, only 2,656 records reported on specific training. This broadly represents skills and training information being provided for 24% of staff.

4.7.1 Summary of Skills & training need responses

The table below summarises what skills and training needs information has been provided to the project to date.

Table 5. Skills and training returns by service

<table>
<thead>
<tr>
<th>Service</th>
<th>STA information received</th>
<th>Number of staff returns</th>
</tr>
</thead>
<tbody>
<tr>
<td>Barnet CAMHS</td>
<td>Used short version of questionnaire, distributed to all staff</td>
<td>34</td>
</tr>
<tr>
<td>Royal Free</td>
<td>Used full version of questionnaire</td>
<td>6</td>
</tr>
<tr>
<td>Brandon Centre</td>
<td>Used full version of questionnaire</td>
<td>15</td>
</tr>
<tr>
<td>Service</td>
<td>Version Used</td>
<td>Count</td>
</tr>
<tr>
<td>--------------------------------------------------</td>
<td>---------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Camden &amp; Islington Parental MH Project</td>
<td>Used short version of questionnaire</td>
<td>3</td>
</tr>
<tr>
<td>Open Door Haringey</td>
<td>Used full version of questionnaire</td>
<td>4</td>
</tr>
<tr>
<td>Anna Freud Centre</td>
<td>Used full version of questionnaire</td>
<td>1</td>
</tr>
<tr>
<td>Haringey CAMHS</td>
<td>Used full version of questionnaire</td>
<td>2</td>
</tr>
<tr>
<td>Whittington Health –Islington CAMHS</td>
<td>Supplied unanalysed local Survey Monkey responses to a 2014 skills audit</td>
<td>64</td>
</tr>
<tr>
<td>Enfield CAMHS</td>
<td>Supplied an unanalysed excel file of core and additional specialist training with limited identification of training needs.</td>
<td>26</td>
</tr>
<tr>
<td>Coram Creative Therapies – Camden</td>
<td>Used full version of questionnaire</td>
<td>4</td>
</tr>
<tr>
<td>Dazu young carers service</td>
<td>Used short version of questionnaire</td>
<td>8</td>
</tr>
<tr>
<td>Total staffing for which skills audit information has been provided</td>
<td></td>
<td>167</td>
</tr>
<tr>
<td>Paediatric Liaison &amp; Acute</td>
<td>Information gathered through Interviews with 3 clinical leads for PL services using full version of the questionnaire. RFH outstanding</td>
<td>4 providers</td>
</tr>
</tbody>
</table>

Of the 399 staff identified in Table 2, we have captured skills and training needs information for 167 staff, albeit in different formats and at varying levels of comprehensiveness. This represents a 41% return rate compared to the 24% achieved by the HEE Audit. We have also mapped the skills and training needs of the paediatric liaison workforce listed in table 3 through telephone discussion with clinical leads in these services.

In reporting these findings, we would particularly like to express our thanks to the service managers who have been key to ensuring returns of skills and training needs questionnaires and would like to acknowledge the significant achievement of the Barnet CAMHS Team and its manager for turning a very delayed staffing establishment response into an outstanding response in individual staff skills audit questionnaires. Equally we would like to acknowledge the Brandon Centre staff for very timely and comprehensive skills audit returns.

### 4.8 Findings of skills and training audit returns
These are reported by team or service initially for those teams or services where we had a sufficient number of responses to make collation and analysis viable.

4.8.1 Barnet CAMHS
Barnet CAMHS returned 34 completed questionnaires using the shorter version of the self-assessment questionnaire which asked practitioners to list their 10 main skills and up to 5 areas they felt they required further training based on a listed taxonomy of skills and evidence based interventions. There were a good range of returns across all professional groups including 3 art therapists, 4 psychologists, 4 psychiatrists, 6 nurses, 7 psychotherapists, 3 family therapists, 1 social worker 5 CAMHS Practitioners. The final return was from an assistant psychologist.

What is reported below is what staff saw as their particular most frequently used set of skills rather than a comprehensive audit of who is skilled to provide which interventions across the team. It therefore gives a flavour of what staff reported as their highly used skills.

Skills

CBT- In all 19 responders had skills in individual CBT and 12 have skills in CBT for groups. This was for anxiety, depression or both. Five had skills in individual CBT for depression, 4 in CBT for PTSD, and 3 in CBT for OCD.

Psychotherapy- In all 13 responders reported skill in Psychotherapy and 6 in Psychotherapy for depression.

Family work- a total of 7 responders reported skill in family work and 10 in systemic family therapy.

Behaviour therapies- eight responders reported skills in behavioural therapy in ADHD, and 7 reported skill in Parent training for ADHD. Four had skills in Parent training in Conduct Disorder

Assessment- Six responders reported skill in Clinical risk assessment and 5 in undertaking A&E Self-harm assessment. Three staff reported particular skills in Autism assessment e.g. ADOS.

Other therapies- DBT for self-harm was reported by 3 responders, SFT by 2, IPT by 2 and skills in Psychotherapy for EBPD by 2. Three responders were skilled in Infant Mental Health work.

Prescribing- was reported for Psychosis by 3 responders and for ADHD by 2 nurse responders.

Supervision- in all 13 responders reported this skill balanced across all professional groups. Sometimes overlooked as a clinical skill, supervision is an essential component of effective service provision and professional development for staff.
Consultation and training- to a lesser extent these were reported as skills with 4 responders listing Consultation and 4 listing training to others as skills.

Training needs

In their responses, the Barnet CAMHs team have identified a range of training needs detailed below. Not all responders identified 5 training needs with some identifying 3 or 4 so the needs listed below are those shared by 2 or more staff or ones which are potentially more fundamental needs for the one or two staff requiring training.

Assessment- Seven responders identified a need for training in ADOS, 1 in DISCO, 1 in ADI. Two staff identified a need for training in A&E assessment of self-harm and 1 in Clinical risk assessment.

CBT- in total 14 responders identified a training need in CBT, specifically 4 for working with anxiety and 6 for working with depression,

Behaviour therapy and Parent work- Four responders identified a need for training in Intensive behavioural training for Autism & Asperger’s. Four identified Parent Training as a need

Therapies- Following CBT, The therapeutic intervention identified most as a training need was EMDR with 12 responders. DBT was identified by 10 responders, two identified Family Therapy and 4 identified Family work.

Safeguarding- two responders identified a need for further training in safeguarding and two identified CSE as a training need.

Supervision- Five responders identified a need for supervision training and 1 for specific DBT supervision training.

Autism & Asperger’s- Intensive behavioural training was identified as a need by 4 responders.

4.8.2 Islington CAMHS

Whittington Health shared an anonymised internal survey they had conducted into CAMHS staff training needs in 2014. Staff were asked if they could offer core CAMHS assessment and advanced assessment, and if additional training was required to offer core and advanced CBT, core and advanced psychodynamic psychotherapy, core and advanced systemic work and other specialist types of intervention e.g. parent training and DBT. A maximum of 64 staff responded with smaller numbers for specific questions.

Although on the whole, additional training was required for newer or less frequently used interventions, there were gaps in some more basic skills. There was no information indicating the degree to which training requests might relate more to interest and desire, than the needs of an individual’s role in the service.
Core assessment Most responders were confident to conduct developmental, family and social assessments and screen for depression, anxiety, safeguarding, ADHD and ASD as part of the core CAMHS assessment. However a number of a number of staff would like more training in assessment for OCD, psychosis, PTSD, suicide risk, eating disorders, substance abuse, physical health history and writing care plans.

Advanced assessment A number of staff wanted additional training to conduct advanced assessments for depression, safeguarding, suicidal risk, psychometric testing, OCD, conduct disorders, learning difficulties, PTSD and psychodynamic psychotherapy. Just over half of the staff surveyed also mentioned training in the advanced assessment of eating disorders, sexually abusive behaviour risk, substance misuse, the benefits versus risks of medication, psychiatric mental state assessments and physical examination. Training in the use of the various ASD screening tools was also frequently identified.

Offering Core CBT There was general confidence regarding the basics, but the survey identified that a number of staff would like further training in structuring the number of sessions, facilitating understanding and change.

Advanced CBT Using Advanced CBT was an area of less confidence with a higher proportion wanting additional training for working with those with depression, anxiety and OCD. Over half of the staff surveyed wanted further training in working with those with learning disability and neurodevelopmental disorders, training in anger management techniques, working with trauma and working with self-harm.

Core psychodynamic psychotherapy A number of responders wanted additional training for understanding and working with transference, on awareness of group processes and for parent infant psychotherapy (for both under 5’s and over 5’s). There was also a high level of interest in training in the 4 session counselling model for adolescents.

Advanced psychodynamic psychotherapy Most responders considered they needed additional training in this modality, including in cognitive analytic therapy (CAT), therapy with children with LD and those with complex trauma. Over half of those completing the 2014 survey also identified training needs for working young people with antisocial behaviour, anxiety disorders, eating disorders and for working with children with neurodevelopmental disorders. Some staff indicated interest in training for individual psychodynamic psychotherapy, group psychodynamic psychotherapy, IMPACT trained 30 sessions psychotherapy and art therapy.

Core systemic work Around a fifth of responders considered they needed additional training, on systemic principles, working with individuals or working systemically with partner agencies.

Advanced systemic work More training was requested for self-harm interventions, eating disorders, functional family therapy, multi-family therapy for eating disorders, and for IMPACT trained 30 session psychotherapy. Staff also wanted training in working with other agencies and training in systemic family therapy.
Other specialist types of interventions Over half of responders wanted additional training in a number of areas, these included: interpersonal psychotherapy, DBT, MST, EMDR, drug and alcohol misuse, mentalisation, mindfulness, children who abuse others, motivational therapy and medication management. There was also interest in training for delivering parenting programmes including Mellow Parent Training, 123 Magic Training, Solihull and Webster Stratton.

4.8.3 Enfield CAMHS

Enfield conducted its own training needs review and 23 staff responded, three psychiatrists, four psychotherapists, six family therapists, six clinical psychologists, one counselling psychologist and three CAMHS practitioners.

Training needs
The team had already identified some areas for which additional training was required. These are, Positive Behaviour Support Therapy for the learning disability team, Dialectical Behaviour Therapy for the adolescent team, EMDR/ trauma based work and ADOS for the generic team. Additionally in the responses to their survey, one individual expressed the wish for MBT training, and two people for DBT training.

Training strengths
The teams identified the areas where they felt they had some level of training. The intervention for which the greater numbers had received training was family therapy with over 65%, followed by 61% for solution focused therapy and 61% for narrative therapy.

CBT training was another strong area, with 48% having received general training, 52% for using CBT for those with anxiety disorders, 43% for panic and 43% for depression, 39% for generalised anxiety disorder, 39% phobias and 39% for OCD, 26% for using CBT for those experiencing PTSD, and a smaller group 13% in using CBT for those with eating disorders.

Thirty nine percent had training in behavioural parent training programs and also in mindfulness interventions. Twenty six percent had been trained in acceptance and commitment interventions, and 26% in play therapy.

Twenty two percent had training in using ADOS, and 22% in psychoanalytic parent work

Seventeen percent had training in short-term psychoanalytic psychotherapy and 17% in Children and Young People's IAPT. Thirteen percent had been trained in EMDR and 13% had training in parent-infant work with the under fives. Nine percent had received training in mentalisation based therapy, 9% in dialectical behaviour therapy, 9% in psychoanalytic psychotherapy, and 4% in psychoanalytic psychotherapy for attachment disorder and early trauma.

4.8.4 Brandon Centre

The Brandon Centre returned 15 completed questionnaires using the full version of the self-assessment questionnaire which asked practitioners to rate their confidence, level of
training and skill in taxonomy or evidence based interventions. From this we have identified the most frequently used skills to report on.

There was a fairly even spread across the professional groups working within the team among responders, with 3 responses from Psychotherapists, 9 from Clinical Psychologists and 3 from Systemic integrative therapists.

**Skills**

**CBT** - In all 3 responders had skills in individual CBT-ERP for OCD, 5 had skills in individual CBT for anxiety, 5 had skills in individual CBT for depression and 2 had skills in CBT for PTSD.

**Assessment** - Two thirds of responders (10) reported skills undertaking clinical risk assessment.

**Psychotherapy** - In all 8 responders reported skill in Psychotherapy, 3 in depression, 3 in Psychotherapy for EBPD and 2 in Psychoanalytic psychotherapy for anxiety.

**Family work** - 2 responders reported skills in Systemic family therapy for Self-harm, 3 reported skills in Brief strategic family therapy for Conduct Disorder, and 3 reported skills in Systemic family therapy for Conduct Disorder.

**Behaviour therapies** - Four responders reported skills in Parent training Individual/couple for Conduct Disorder, 4 reported skills in ADHD parent training individual/couple and 2 reported skills in ADHD Parent training Group.

**Other therapies** - MST for Substance Misuse was reported by 3 responder, MST for Conduct Disorder by 4 responders, Social problem solving skills training for Conduct Disorder was reported by 2 responders, 4 responders reported skills in Integrated theoretical approach in EBPD and 2 responders reported skills in Problem solving training for Self-harm.

**Supervision** - in all 3 responders reported skills in providing supervision.

Routine use of outcome measures in practice was reported as a skill by 5 responders.

**Training needs**

The training needs identified by Brandon Centre staff included EMDR for working with trauma, MBT approaches for BPD, MBT approaches for self-harm and IPT-A.

**Haringey CAMHS**

Haringey CAMHS distributed the full self-assessment questionnaire to staff however only two completed responses have been received so these are not reported on. It was therefore felt useful to cite previous local work referenced in Haringey’s CAMHS Transformation Plan of relevance to this project.

**Training analysis of CAMHS provider staff**
Based on an online survey, across three of the main providers the review has identified training needs around safeguarding children. Whilst all responding staff either felt confident in addressing child protection issues themselves, or knew where in the team to seek support, mandatory training is not being complied with. Some administrative staff had never undertaken safeguarding training and some clinicians working with families had not undertaken it within the last year, with a small proportion not having taken it in over two years. Action to rectify should be taken by providers and this will be followed up through contract management.

Other themes from the training needs identified by staff responding to the online questionnaire which should be considered by providers are:

- Mentalization based techniques and Dynamic Interpersonal Therapy (DIT)
- Cognitive Behavioural Therapy
- Family Interventions
- Dialectical Behavioural Therapy (DBT)

4.8.6 Dazu Young Carers Service

Skills

The service reported their main skills included: bereavement counselling; both play therapy and one to one talking, attachment therapy; psychodynamic/psychotherapy, family therapy using a whole family approach, creative therapies (e.g. art or drama therapy); solution focused therapy – goal setting; undertaking lead roles; supervision; use of Routine Outcome Measures (ROMs) and Mindfulness.

Training needs

The service reported their main training needs as: Mindfulness practitioner training for more therapists; advanced training in young people’s mental health, training in Autism/Asperger’s Intensive behavioural group interventions, self-harm systemic family and group training and Laughing Yoga.

4.8.7 Paediatric Liaison Services

The findings on skills and training needs for paediatric liaison services are listed below by team or service area.

University College London Hospital

Skills
CBT- most of the liaison team have some training and skills as part of their general psychiatry training and many of the psychologists are fully CBT trained.

Psychotherapy, family work and behaviour therapies – as for above, training largely through general psychiatry training. Family therapy noted to be available within the psychology department but can be difficult to access due to waiting times.

Assessment- all team members have significant experience and skills in Clinical risk assessment and A&E Self-harm assessments (since this is a prominent part of their routine work. Particular skills in working with young cancer patients who also have ASD and with young people with EBPD presenting in crisis at A&E. Psychometric testing available via the psychology department. Two of the consultant psychiatrists noted to have training in ADI/ADOS but do not use these in their current liaison roles.

Other therapies- No DBT or EMDR skills reported

Prescribing- was reported for psychosis and depression

Supervision - offered by all of the psychiatrists, training via the London Deanery.

Consultation and training - on offer to a variety of hospital colleagues, e.g. the nursing staff on the wards which admit children and young people with mental health difficulties and staff in A&E. The lead psychiatrist for the paediatric liaison service runs the UCLH medical school training in child psychiatry and offers S12 Mental Health Act training on an ad hoc basis as and when needed.

Training needs

Training for ward staff on working with challenging behaviour, use of restraint and de-escalation techniques. They would also like to look at more permanent staffing arrangements to reduce reliance of bank and agency RMNs who can feel quite peripheral, to develop more outreach styles of working and to look at opportunities for more collaborative working with local CAMHS offering in-reach.

Would value training in EMDR.

Whittington

Skills

CBT- most of the liaison team have some training and skills as part of their general psychiatry training.

Psychotherapy, family work, behaviour therapies and infant mental health – all of the team have some training.
Assessment- all team members have significant experience and skills in clinical risk assessment and A&E Self-harm assessments.

Other therapies- No MST skills or psychometric assessment skills; no specific skills within the team for working with LD. Both psychiatrists trained in solution-focused therapy (SFT) and use this when working with young people with self-harm.

Prescribing- was reported for psychosis and depression

Supervision - offered by all of the team to hospital colleagues.

Consultation and training - on offer to a variety of hospital colleagues, two of the psychiatrists trained as ‘Train the Trainers’, in motivational interviewing and in consultant appraisal; one has also undertaken Mindfulness training.

Training needs

Higher level CBT

DBT for working with emergency presentations

Royal Free Hospital

Skills

The team at RFH, which works across ED, generic CAMHS and paediatric liaison, possesses a broad range of skills including CBT, psychotherapy, family work and behaviour therapies – often gained through core psychiatry or psychology training. The team is the commissioned provider for ADHD services for Camden and this includes provision of psycho-education groups for parents (but not parenting work per se). The team also offers skills in work on anger management.

Assessment- all team members have significant experience and skills in Clinical risk assessment; some also contribute to neurodevelopmental assessments/ND clinics for Autism and Asperger’s for some Barnet postcodes and Camden. 4 Team members are training in the use of ADOS, however, it was reported that DISCO/ADI are not used, the team preferring semi-structured approaches.

Team members offer supervision, consultation and training to a variety of other hospital staff, including those working in the renal and oncology units. They also use validated outcomes tools such as SDQ, CGAS and GOALs – although it was noted that whilst initial outcomes monitoring is quite good, gaining follow data can be difficult.

Training needs
The team at RFH identified the following: DBT; non-violent restraint techniques; group work; advanced CBT/mindfulness skills; ACT and managing change in organisations. There were also some requests specific to working with young people with ED.

**Barnet Hospital**

**Skills**

The paediatric liaison team at Barnet offers skills in CBT (but not other behaviour therapies), psychotherapy, risk assessment, child psychiatry and highlighted that it undertakes an extensive consultation and training role across the hospital, in particular to paediatricians and paediatric nurses. There is also regular input into the various ward psychosocial and MDT meetings.

**Training needs**

Three topics were identified by the team: training regarding medically unexplained symptoms in children and adolescents; training about psychosomatic disorders and training in how to debrief staff following trauma (e.g. death of a patient) – e.g. Balint groups.

**North Middlesex Hospital Trust**

**Skills**

The paediatric liaison team offers extensive psychotherapy and psychology expertise and in recent years, capacity has increased from 1.4 WTE to 3.5 WTE (with a business case for a further psychology post under consideration).

CBT - most of the liaison team have some training and skills as part of their core training and offer this plus psychotherapy and group work (jointly run by a psychotherapist and a psychologist) for children and young people presenting with, for example, depression and anxiety.

All team members have some level of training in clinical risk assessment, developmental, neurodevelopmental and psychometric assessments and most have done some training in supervision. Some are trained in parenting work, one of the psychologists is trained in Cognitive Analytic Therapy (CAT) and one of the psychotherapists has recently completed the first level of Train the Trainer Mindfulness training. Prescribing is possible via the child psychiatrist attached to the team. With regard to working with attachment issues and infant mental health, all team members have undertaken some observation training.

The mental health liaison team as noted earlier, is made up of practitioners who are adult mental health trained, this includes several clinicians who are trained in working systemically. Their areas of expertise include managing mental health crisis presentations, working with people who present with medically unexplained symptoms and debriefing support for hospital staff following serious incidents.
Training needs

Paediatric liaison team: systemic family therapy was identified as a gap in the current team offer (and noted would be very useful for the client group served); EMDR training would also be of value. However, a major issue also highlighted in terms of expanding the team offer is a serious lack of space (including clinic rooms) within the hospital.

The mental health liaison team identified working with 16 and 17 year-olds and managing chronic illness as their current training needs. (They also highlighted difficulties releasing staff for training and that backfill options might need to be considered).

4.9 Stakeholder Engagement Findings

The list of stakeholders consulted either through participating in the stakeholder meeting or an individual telephone interview is attached at Annex 1. The key themes emerging from collating stakeholder perceptions, views and suggestions for change are summarised below in 4 key thematic areas.

4.9.1 Stakeholder Engagement Findings

The stakeholder views listed below are a combination of those gathered at the stakeholder meeting and those gathered through telephone interviews with a range of participants. Participants at the stakeholder meeting are listed at Annex 1 and those consulted by telephone interview are listed at Annex 2.

What are the current pressure points and gaps in workforce?

A wide variety of issues were mentioned and these included:

- Pressure from commissioners around future intentions; worries about how to contain waiting lists and times; how to manage expectation in the context of limited resources. It was noted that the new prevalence survey due next year is likely to change things and could increase expectations. The use of short-term one-year contracts was also seen as unhelpful – results in a transient workforce and also very time consuming to administer (to the detriment of other work).

- Particular areas of pressure include: demand for NDT assessments; children and young people with complex comorbidities; increasing numbers with ASD, NEETS (who may have low level needs but are often missed and then present in crisis later on). Some participants also mentioned seeing more parents with mental health difficulties (both diagnosed and undiagnosed) and a prominent theme was of opportunities for early identification being missed due to high levels of crisis presentations and also a concern that there is no ‘choice’ in the current system.

- Participants also talked about the pressures of regularly working extended hours, that some of their work locations are not always suitable and that the join up/linking together of services is often poor, not least because arrangements across the 5
boroughs are very different. This problem also exacerbated by the pressure of referrals which may not be suitable for CAMHS using up resources in screening and trying get people to the right places.

- Gaps in services, e.g. Youth Services, and cuts to local authority children’s centres were also identified as impacting on CAMHS and has meant a loss of key skills such as working with attachment issues.

- Inequities in current provision was also highlighted as causing difficulties, e.g. on-call and out of hours provision, investment in early years and perinatal provision, CAMHS learning Disability (LD) provision and use of CAPA (Choice and Partnership Approach) varies considerably across the 5 boroughs and leads to different experiences for children and young people and their families. It was also noted that if a young person does not have a diagnosis by the time they are 17, there are problems effecting a transition to adult mental health services (AMHS) when this is needed.

**Future service models and workforce requirements**

Suggestions from participants included:

- To develop Single Points of Access (SPAs) - examples from Herts & Haringey were noted. Also work to improve direct referral pathways to the appropriate team, signposting, holding the referral and providing updates.

- Developing a digital offer for early help, with staff trained to work with this and to promote it.

- Looking at how to use the CYP-IAPT principles differently – these are felt to be good but too narrow; all agencies in the NCL CAMHS workforce need training in early identification and need to appreciate that this needs to be tailored since not one size fits all.

- System change required, more integration of teams, being in the same building is not enough to ensure this and the workforce will need training and support to work differently, likewise system for clinical management need to be more integrated and joined up. (It was suggested that cost pressures are impacting on ability to integrate, however, some creative solutions – e.g. partnership working with the VCS – could make a difference). An important consideration in this is also the compatibility of IT systems to improve information sharing across the workforce.

- Staff in CAMHS need to also work on knowing ‘when they’ve done enough’ and to develop skills in ‘stepping people down’. The idea of “as and when appointments” offered by the Brandon Centre (children and young people/families can decide if they may not need an appointment, or to be seen less frequently or on an intermittent basis) could also be explored/rolled out more widely.
What opportunities are there for implementing new roles?

Suggestions included:

- Taking opportunities to train staff with the aim they become sustainable posts, e.g. recruit to train

- Workforce which could be trained includes youth workers, family support workers, and mentors; could explore the ‘Recruit to Train’ initiative currently in operation at the Tavistock which has brought in new lower branded staff from disciplines such as nursing and social work.

- Cross-over between CAMHS & AMHS, transitions and working with parents with MH problems. Example of the integration between CAMHS and AMHS in Camden noted, also of some boroughs have AMHS workers inputting into children’s services.

- Minding the Gap- investing in transitions supports system cost savings; also work with Families First building the interface between CAMHS and schools – already happening in Islington and Enfield looking to apply to join the next wave of the programme.

What are the major challenges in recruitment and retention?

These included:

- Short term contracts & difficulty recruiting, also lack of “attractive job plans” career progression and CPD opportunities (set within a national context of skill shortages in psychiatry and nursing); the bureaucracies of the local HR departments also identified as a barrier to more creative workforce planning and recruitment.

- Skills shortages across CAMHS, in particular to meet new and more complex demands presented by children and young people.

- Being culturally appropriate – mention that many services regularly work with interpreters but lack staff who reflect the local populations they work with.

- Contractual differences between NHS & VCS.

- High costs of living and some issues to do with inner vs outer boroughs.
5. Recommendations

The project brief included:

- Recommendations of how to utilise capacity across NCL to deliver the NCL CAMHS projects and
- Recommendations on how to prevent young people escalating through universal services into specialist ones

It is assumed in making these recommendations that they will be subject to discussion within the NCL CAMHS Strategic Programme meetings.

**Recommendation 1: Ensuring equity of access**

This recommendation relates to NCL System issues. This report has highlighted that there are quite significant inequities in provision across the range of current services which will present challenges to achieving wider STP objectives. Ensuring equity of access to the right help in the right place at the right time is dependent on having the requisite workforce in place in the right parts of the system and this is clearly not the case currently.

As a stark example, where/which A&E a young person presents following overdose or self harm will determine whether they spend one or up to 3 days on a paediatric ward awaiting a CAMHS assessment. A further example is where current commissioning variations mean that whilst some children and young people can experience continuity of care between in- and out-patient provision, others will face a disconnect at the point of hospital discharge which may involve their local community CAMHS then referring them on to other specialist hospital outpatient treatment. These inequities in access are further evidenced by the differences in overall staffing levels between areas and differences in the staffing skill mix.

Alongside equity of access is also the important issue of **choice in treatment interventions** – a key recommendation of Future in Mind (DH and NHSE, 2015) in its section ‘Developing the Workforce’. A lack of choice for children and young people was a concern raised in the November stakeholder consultation, alongside some questions as to how culturally appropriate current CAMHS across NCL are – and is an important consideration in trying to ensure equitable access to services.

**Recommendation 2: Ensuring the stability and sustainability services**

Services report current challenges in stability and sustainability. For some areas this is connected with commissioning issues such as re-specifying and re-commissioning services via tendering or managing the workforce implications of required Local Authority disinvestments. The use of short-term contracts and bureaucratic administrative processes are further barriers. These instabilities are having an obvious impact on recruitment, retention, morale and overall service capacity. In the stakeholder consultation event convened in November 2017, participants also suggest that NCL explore ‘recruit to train’ opportunities (giving the example of activities at the Tavistock) as a way of building a sustainable workforce.
Recommendation 3: Upskill the NCL mental health workforce to deliver via digital avenues

Interest in developing a digital offer for early help was noted in the November stakeholder event, however, from our mapping of current provision, there was little evidence of delivery of mental health care and support via digital avenues. Future in Mind (DH and NHSE, 2015) highlighted the importance of digital support as a key plank to improving access to mental health services and it is suggested that equipping staff across NCL with the requisite skills and knowledge should be factored into all workforce planning and continuing professional development (CPD) opportunities.

Recommendation 4: Engage providers in developing services to deliver NCL shared priorities

Our experience is that local providers have a wealth of local knowledge and expertise which needs to be harnessed to help shape future service provision with perspectives from the statutory and voluntary sectors in addition to the views of young people.

Recommendation 5: Utilising capacity across NCL

The findings of this report demonstrate significant differences in workforce capacity between areas which presents a challenge in developing system wide provision of equal quality. There is also significant variability in the extent of use of new roles and ways of working, for example non-medical prescribing and CYP-IAPT roles. Of note for NCL is the variability in the range and capacity of commissioned VCS provision. Where this provision is more limited there is likely to be more demand in other providers. It is recommended therefore that commissioners use the findings in this report alongside other sources of intelligence to review their local mix of service and workforce provision.

Recommendation 6: Invest significantly in ongoing local partnership working to shape the future CAMHS system

The opportunities which are likely to flow from the recent Green Paper offer scope for significant improvement in the capacity and capability in schools and colleges for identification and intervention or escalation of children and young people requiring support. The wider CAMHS System in NCL will have a critical role to play in this system capacity building, particularly in the workforce development implications as new roles are developed.

Alongside this, it will also be important for NCL to consider the national interest and policy imperatives to improve mental health care for young people in the 18-25 age range. Indeed this was noted in some of the comments made to the Consultants in undertaking this mapping, e.g. “I believe strongly as most others do, that adolescence does not stop at 18 and the organisation of services and workforce development should reflect this. We work up to the age of 25 and believe strongly that all CAMHS should”.

Recommendation 7: Collaborate across the system to commission and deliver training
In responding to the training needs identified by this project, there are opportunities to work at scale to plan specific responses to identified needs and to procure and deliver appropriate training. Much of the expertise required is available within the system, for example Paediatric Liaison teams have identified the need for training for ward staff on working with challenging behaviour, use of restraint and de-escalation techniques, areas in which mental health services have expertise. For skills such as DBT, where a significant number of staff across a significant number of services (including VCS) have a training need, there are opportunities to deliver multi-agency and multi-professional training.

**Recommendation 8: Involve practitioners from adult mental health services in training in working with adolescents with mental health problems**

In particular, ensure that the Mental Health Liaison team at North Middlesex Hospital is included in these activities since it is clearly an important area of provision for 16+s presenting to this hospital, including young people who require admission for severe or complex needs.

**Recommendation 9: Collaborate across the system to ensure that workforce mapping, skills and training needs information is more robust and accessible**

This project has encountered significant challenge in extracting comparable workforce and to a greater extent skills and training needs information. Adding to this mapping and maintaining information should be an ongoing process to improve workforce planning and development.
References


5. Health Education England CAMHS Workforce Audit 2016 Final summary report


# Annex 1 Stakeholder Engagement Meeting attendees

<table>
<thead>
<tr>
<th>Name</th>
<th>Role</th>
<th>Organisation</th>
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<tbody>
<tr>
<td>Gail Doran</td>
<td>CAMHS Manager</td>
<td>Whittington Health</td>
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<td>Catherine Swale</td>
<td>Vulnerable Children’s Joint Commissioning Manager</td>
<td>Haringey Clinical Commissioning Group</td>
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<tr>
<td>Harriet Clarke</td>
<td>Children’s Commissioning Project Manager</td>
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<td>Emma Silver</td>
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<td>Rajesh Dewan</td>
<td>HR Business Partner</td>
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Annex 2 Stakeholders consulted by telephone interview

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<th>Name</th>
<th>Role</th>
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<td>Eamann Devlin</td>
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<td>Michele Guimarín</td>
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