TO: HEALTH AND WELLBEING BOARD
DATE: 17 SEPTEMBER 2014

UPDATE ON CHILD AND ADOLESCENT MENTAL HEALTH (CAMHS) SERVICES TIERS 1-4
Joint report of the
Director of Children, Young People & Learning, Bracknell Forest Council
Director of Adult Social Care Health & Housing, Bracknell Forest Council
Bracknell & Ascot Clinical Commissioning Group
Berkshire Healthcare Foundation Trust and
NHS England

1 PURPOSE OF REPORT

1.1 The purpose of this report is to update the Health and Wellbeing Board (HWBB) on the outcome of the CAMHS reviews and re-commissioning arrangements for CAMHS across each tier of support.

1.2 The successful delivery of CAMHS requires a partnership approach between providers at each service tier, and between commissioners and providers. This report highlights work in progress in preparation for re-commissioning services from April 2015.

2 RECOMMENDATIONS

That the Health and Wellbeing Board:

2.1 **Notes the outcome reports and findings from the national and local reviews of CAMHS.**

2.2 Endorses the proposed improvements to Bracknell Forest's emotional health and well being support for children and young people at each tier.

2.3 Notes the arrangements in place for planning re-commissioning of services for children with emotional and mental health issues.

2.4 Endorses the determination for early intervention and prevention of escalation where possible to higher tiers of service.

2.5 Carry out a review of the workforce training and support needs for improved transition between CAMHS and Adult Mental Health Services.

2.6 Carry out a review of the workforce training and development needs for better identification of post natal mental health issues, to receive swift and early help, and to better understand the reasons why women do not take up the provision of Adult Mental Health Services for pregnant women and for the first year after birth.

2.7 Endorse the preparation of a joint CAMHS action plan from April 2015 which links all four tiers of support.

3 REASONS FOR RECOMMENDATIONS

3.1 The HWBB is concerned to ensure that children and young people are able to access the emotional and mental health services that they require in a timely manner, and where possible at the lowest level possible to prevent escalation to higher tiers of support.

4 ALTERNATIVE OPTIONS CONSIDERED

4.1 None.

5 SUPPORTING INFORMATION

What does a good child and adolescent mental health service (CAMHS) look like?

5.1 In the report to the HWBB in April 2014 the report included a focus on The Joint Commissioning Panel for Mental Health (JCP-MH) (www.jcpmh.info) guide published in October 2013 on child and adolescent mental health services. This guide focuses on good practice and the information in that guide has formed the basis for the planning of CAMHS re-commissioning. We set out our ambition to be identified as a local area of good practice in relation to CAMHS support.

5.2 This means that in order to be a good service we need to commission correctly in order to be able to provide timely support without the need for long waits for interventions. This commissioning will enable support that is effective and meets the needs of children and young people, and is efficient in terms of delivery at the earliest point of intervention. Commissioning needs to enable access through clear care pathways which are well signposted and understood. These taken collectively will provide quality outcomes.

6 NATIONAL PERSPECTIVE

6.1 In the April HWBB report it was highlighted that there is urgent national concern to improve mental health services for children. This has led to a number of publications setting out national priorities for CAMHS, and also reports following national and local reviews, surveys and inquiries. CAMHS is delivered through four tiers of support and each of these tiers have been reviewing their services and are using the findings to better inform future commissioning. There is a clear national and local policy drive to improve emotional health and well-being for children and young people.

6.2 In essence the Government's mandate sets the ambition to give children the best start in life. It also sets an objective to put mental health on a par with physical health, and to close the health gap between people with mental health problems and the population as a whole. Good mental health and resilience is fundamental to physical health, relationships, education, work and to individuals achieving their potential. Mental health has a significant impact on a range of outcomes. For children and young people this includes poor educational achievement, greater risk of suicide and substance abuse, antisocial behaviour, offending and early pregnancy and is generally associated with a broad range of poorer health outcomes. The importance and cost effectiveness of early intervention is endorsed.

6.3 The following sections provide feedback from the major reviews of CAMHS which have been taking place.

Tier 4 NHS England Report on CAMHS

6.4 A major NHS England report called 'Child and Adolescent Mental Health Services (CAMHS) Tier 4 Report' was published in July 2014. This detailed report focuses on

CAMHS Tier 4 inpatient provision and twenty recommendations are made. These are summarised in Appendix 1.

6.5 The report also states that since CAMHS Tier 4 (inpatients) became the responsibility of NHS England in April 2013 the following issues have emerged:

- quality concerns about services resulting in temporary closure to admissions;
- closure to admissions impacting upon capacity;
- children and young people having to travel long distances to access a bed;
- anecdotal information suggesting some decommissioning of Tier 3 and other children's services may be impacting on demand nationally;
- poor environmental standards;
- disparity in education input to CAMHS Tier 4; and
- inequity in provision across the country.

What do the NHS England Tier 4 report findings mean for Berkshire and Bracknell Forest?

6.6 The national findings are important in setting the broader context for CAMHS work, but the report findings that are particularly pertinent to Berkshire include:

- Every area should have adequate capacity of Tier 4 CAMHs beds. There may be a short term procurement of additional capacity.
- Agree national standards for referral, assessment, admission, trial leave and discharge.
- Improve deployment of case managers (please note there is a case manager for the South East area).
- Collaborative commissioning models should be explored which acknowledge that accountability rests with different statutory bodies whilst minimising perverse incentives. This should include care delivered at Tiers 3 and 4. Consideration needs to be given to how best local authority services can be involved in the model.
- Further work should be done to develop models of care across the whole care pathway for children and young people with eating disorders/learning difficulties with services providing alternatives to hospital admission.
- A wider discussion is required nationally regarding developing an adequate CAMHS workforce.

6.7 The report also maps current provision and considers the issues that have arisen since April 2013 and identifies improvements that are required immediately and urgently. To update, NHS England has undertaken a detailed compliance exercise with the Berkshire Adolescent Unit and reviewed the service against the national CAMHS Tier 4 specification. The service has been found to be largely compliant albeit with some key areas identified which require action to be fully compliant and BHFT has developed an action plan including timescales to address these areas of non compliance. It is planned to transfer the commissioning of the Berkshire Adolescent Unit from the Berkshire CCGs to NHS England with effect from October 2014 and meetings are 'in play' with the Berkshire CCGs and Trust to progress this transfer.

7 LOCAL PERSPECTIVE

7.1 There have been two key reviews of CAMHS which are directly relevant for Bracknell Forest and Berkshire. First, the 'Summary Report of Child and Adolescent Mental Health Services (CAMHS) for the Thames Valley' by the Thames Valley Children and

Maternity Strategic Clinical Network which reported in July 2014. The second is the results of the North Ascot and Bracknell CCG engagement survey of CAMHS which also reported in July 2014.

i) The Summary Report of Child and Adolescent Mental Health Services (CAMHS) for Thames Valley (Thames Valley Children and Maternity Strategic Clinical Network July 2014)

7.2 The improvement of CAMHS was identified as a key priority for the Thames Valley Children and Maternity Network in 2013. As a first step, this report was commissioned with the aim of understand the current mental health service provision for children and young people across the Thames Valley. The report makes a number of recommendations which are summarised in Appendix 2.

7.3 It also highlights some good practice two examples are given below. Referral and conversion rates to each of the Berkshire CCGs are higher, in comparison to Buckinghamshire and Oxfordshire. Despite these higher referral & acceptance rates Berkshire Tier 4 admission rates are similar to Oxfordshire and lower than Buckinghamshire, evidence of the effectiveness of Tier 3 services.

Figure 8 Thames Valley Rates of referral and acceptance to CAMHs pathway

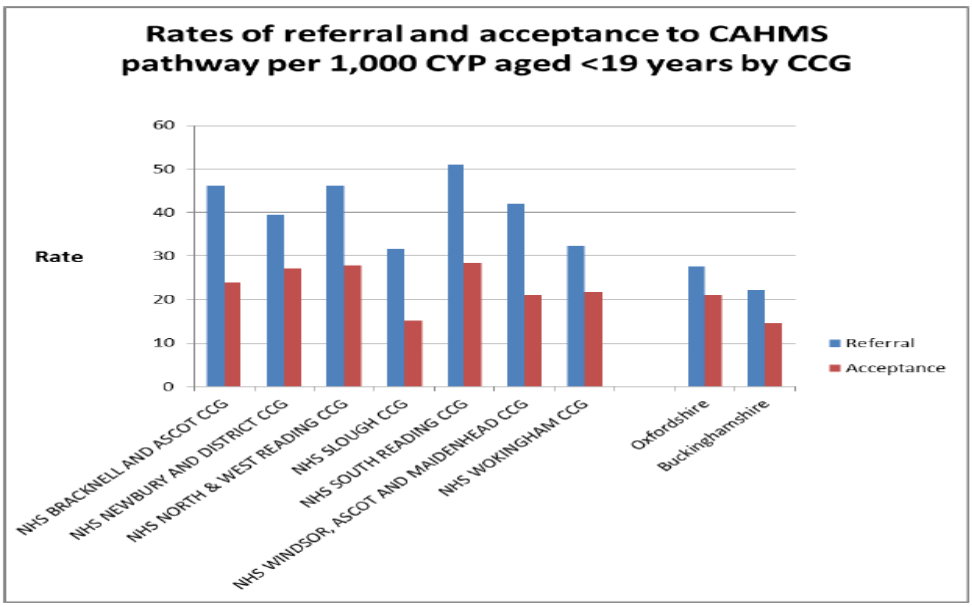

Table 22 - Referral and Acceptance Rates for Tier 2 and 3 CAMHS across Thames Valley

2013-2014	Referral rate T2/T3 per 1,000 aged 0-19 years	Acceptance rate T2/T3 per 1,000 aged 0-19 years	Acceptance T3 per 1,000 aged 0-19 years	T4 admission rate per 100,000 aged 0-19 years
Berkshire	40.5	22.7	15.1	24.7
Buckinghamshire	22.2	14.5	6.9	27.9
Oxfordshire	27.6	21.1	9.3	24.7

ii) Results from the CCG engagement survey - What do Berkshire service users, parents, carers, referrers, CAMHS workers and stakeholders think of local services for children and young people with mental and emotional health and wellbeing needs?

7.4 In May 2014 an independent facilitator led an engagement exercise with Berkshire service users, their families, referrers, stakeholders and staff working within CAMHS as part of the Berkshire CCG review. Many of those who responded will have experienced emotional health and wellbeing services provided at several tiers, including Tier 1 and 2 services such as counselling and family support as well as Tier 3 and 4 services. Few respondents were aware of which tier of service they had experienced. The results of the engagement have been analysed and are summarised below:

Timely?

7.5 Although positive feedback was received in relation to this question, significant concerns were raised about:

- The excessive length of time it took from being referred to getting a first appointment.
- The assessment and diagnosis process and post-diagnosis support and signposting for those who do not get treatment.
- The inconsistent appointment systems and variable communication processes.
- The poor accessibility to particular services (including emergency care and the Berkshire Adolescent Unit) at different times (including overnight and weekends).
- The lack of clarity as to whether tailored CAMHS provision is available for all groups (including, for example, children and young people with learning difficulties or challenging behaviour).

7.6 Therefore, it is possible to suggest that although CAMHS can and does provide timely help for some, this engagement has highlighted that currently it does not provide timely help for a significant number of children and young people and families in Berkshire.

Efficient?

7.7 Some positive feedback was received in relation to the efficiency of services. However, significant concerns were raised by the majority of stakeholders, particularly from those working directly in and with CAMHS:

- Lack of adequate information and communications.
- The need for more welcoming and young-person-friendly environments.
- The difficulties of access, navigation and referral;
- The assessment and diagnosis process;
- A lack of coordinated working across the tiers, between agencies and between adult and children's services resulting in gaps in provision;
- A need for coordinated training and support for the wider workforce (including the voluntary sector, hospitals, schools, primary care) and parents and carers to prevent and reduce escalation of difficulties.

7.8 Therefore, it is possible to suggest that, although CAMHS can and does provide an efficient service for a number of children and young people, this engagement has

highlighted that currently it does not provide an efficient service for a significant number of children and young people and their families in Berkshire.

Effective?

7.9 Again, although positive feedback was received and suggestions were made for improving the treatment provided, some stakeholders raised concerns about:

- the care provided;
- the expertise of staff;
- the availability of help;
- the timeliness of help;
- the overall effectiveness of the service.

7.10 In addition, 57% of the referrers/others and 62% of those working directly in/with CAMHS indicated that – as it stands today – CAMHS is either 'fairly ineffective', or 'very ineffective'. This has implications for all the tiers across Berkshire. It is possible to suggest that, although CAMHS can and does provide an effective service for some children and young people, this engagement has highlighted that it does not provide an effective service for a significant number of children and young people in Berkshire.

7.11 One respondent's comment summarised the current issues:

> "We are seeing an increasing number of families who feel disappointed that CAMHs have not been able to support their children. With thresholds rising all the time the gap in support is being widened and services like ours (voluntary sector) cannot necessarily bridge that gap. Where does that leave those families?"

Conclusions from the two local reviews

7.12 Both of the reports whilst endorsing examples of good practice provide a clear mandate for improving provision. Work is well underway to address the findings and to action changes against the criteria and to ensure re-commissioning priorities address the findings from these reports.

8. Tier 3 Provision

8.1 Berkshire Healthcare Trust provides Tier 3 CAMHS across Berkshire. Their aim is to ensure the provision of effective care pathways, enabling children and young people to access appropriate, evidence-based and high quality care in a timely manner. Tier 3 services are interdependent with other tiers, requiring a collaborative approach between all commissioners for the provision of comprehensive CAMHS across all tiers.

8.2 An independent review of its CAMHS services commissioned by Berkshire Healthcare Foundation Trust (BHFT) found that the:

- Service has strong features alongside development needs in some areas.
- Clinicians are committed, keen to innovate and improve services.
- A commissioning vision and strategy is needed that will support the service and key interfaces.

8.3 BHFT receive strong positive feedback from patients once they have accessed specialist CAMH services, however, many are unhappy at the length of waiting time to access services, and feel unsupported while waiting.

8.4 In line with the national picture regarding CAMHS, Berkshire Specialist CAMHS has experienced significant increases in referrals and in the complexity of those referrals. The change in case complexity can be evidenced via the increase in presentations to Accident and Emergency over the past 5 years, with numbers having increased from 103 in financial year 2011/12 to 273 in financial year 2013/14 (total Berkshire figures). This is coupled with a 40% increase in young people accepted into the service over the same timeframe.

8.5 Berkshire Healthcare CAMHS underwent a service redesign launched in 2012 with the aim of providing improved efficiency and quality of care to children and young people within Berkshire. The service now provides a common point of entry service which provides a single point of access to referrers, telephone assessments and face to face assessments for young people, the aim of which is to identify the most appropriate intervention for the young person. Presently up to 40% of these referrals have an identified service at Tier 2 or 1. The service can demonstrate an increase of 28% in face to face appointments since 2012, an indication of increased staff efficiency.

8.6 Tier 3 CAMHS has been able to manage the increase in demand through increased productivity and efficiency. However it has become apparent over the past year that the service has reached its limit within existing resources. Over the past 6 months BHFT have been putting additional resource into CAMHS. If this is not addressed in the long-term the service provision will need to change.

9. PROGRESS SINCE THE HWBB REPORT ON CAMHS IN APRIL 2014

9.1 There is clearly much to do and the work to continue to progress the findings from the two local CAMHS reviews will take time to implement. This section is focused on the actions that have been progressed since April 2014, and highlights the areas where there are current plans to develop and improve provision. Some of this is pan Berkshire as well as specifically for Bracknell Forest. Whilst recognising that significant changes will take place from April 2015 through the re-commissioning of CAMHS and there is a need to plan effectively for implementation.

9.2 Current provision for young people with anxiety and depression, psychosis, attention deficit hyperactivity disorder, conduct disorders, autistic spectrum disorder, deliberate self harm, eating disorder or other mental health needs is delivered through a network of services in four tiers, depending on the severity or complexity of needs. The work that is underway at each tier is detailed below.

TIER1

Tier 1 is provided by universal services such as schools and GPs, along with youth services and support provided by charities and voluntary groups. Tier 1 services provide initial support and are delivered by non-specialist mental health workers.

Berkshire-wide CAMHS mapping of care pathways

9.3 CAMHS care pathways have been developed jointly by Tier 2 Primary Mental Health Workers, educational psychologists, Tier 3 CAMHs consultant, Public Health (including input from Bracknell Forest Public Health) and members of the wider children and young people's workforce. The work has been led by the Slough PH

lead officer who is the pan Berkshire lead for children and young people's mental health.

9.4 The aim has been to identify what evidence based early help is tried/should be tried at both Tier 1 and Tier 2 with the aim of preventing escalation to a medical Tier 3 service. Currently many children and young people are referred directly to Tier 3 with minimal input at Tiers 1 and 2. At present 23% of cases referred to the Common Point of Entry (CPE) do not require Tier 3 services and only 40% of cases referred to CPE are receiving identified support at Tiers 1 or 2. Many do not receive the help that they require in a timely or systematic way.

9.5 Public health is mapping the pathways but these are not yet finalised. The work has focussed on mapping eight pathways for common conditions. These are:

1. Self harm
2. Eating Disorders
3. Anxiety
4. Depression
5. Attention Deficit Hyperactivity Disorder (under 5 years)
6. Attention Deficit Hyperactivity Disorder (5 years and over)
7. Autistic Spectrum Disorders
8. Obsessions and Compulsions

9.6 The intention is to pilot the new care pathways in Slough from 1 January 2015, so that all local authorities can learn from the experience of this major system change and minimise disruption or confusion.

9.7 Clearly Bracknell Forest is very different from Slough. Therefore it is imperative there are opportunities to refine and edit the pathways so that they meet the needs in Bracknell Forest. The pathways also need to be refined and agreed in collaboration with other stakeholders, notably the CCG and NHS partners and the children and young people's workforce. This collaboration will help ensure that the new pathways work well for Bracknell Forest and that there is the widest possible ownership from key stakeholder groups.

9.8 Discussions have been held with East Berkshire Directors of Children's Services and there is widespread support for the development of the care pathways and mapping the support at each tier against the pathways. The initial mapping work has been completed for Bracknell Forest and will be further refined with partners.

9.9 The development of clear care pathways will better inform the children and young people's workforce of what resources are available and how to access them. As this work is adopted across all agencies there will be a need for more multiagency workforce development.

CAMHs App

9.10 Related to this work is the development of a CAMHs App which will help people to understand where they are in terms of mental wellness. This work is being led by Public Health and financed via a grant. The app needs to sort users behind the scenes and then recommend ways that they can make positive changes through self-care, online interventions or service support. It is anticipated that mood diaries will be included so that triggers can be identified prior to the young person accessing professional help. This should expedite the diagnostic process.

9.11 The self-harm app is due to be launched in January 2015. The launch of the apps for other pathways will follow from January to July 2015. Outcomes will be evaluated post March 2015 by postcode, admission avoidance, reduced waiting times for Tier 3, confidence of staff and customer insights into the use and benefits of the App.

Public Health Action in Bracknell Forest Tiers 1 and 2

9.12 Public Health is also commissioning other projects aimed at promoting well-being such as those promoting physical activity. They are also piloting work in two secondary schools in Bracknell Forest on counselling support for emotional health and wellbeing.

9.13 The Public Health team carried out a review of the evidence for online counselling for young people. The review showed that online counselling has an effect size comparable to face-to-face provision. (Hanley et al., 2009)[1]. This was further supported by independent research by YouGov showing that accessing mental health services online would be very acceptable to young people.

Mindfull

9.14 In the light of these findings, the Public Health team are commissioning from September 2014, MindFull a package of accredited emotional health and wellbeing support to two targeted schools on a 6-month pilot basis.

9.15 MindFull is the first and only national accredited organisation to offer an online counselling service for young people. They offer a fully monitored, confidential service that is staffed by qualified counsellors. Their website also offers access to specially trained peer mentors, self-help resources and an online forum. MindFull is part of the national Beat Bullying Group, a registered charity. The model has been developed with the Information Commissioners Office (ICO) to ensure it is suitable for the needs of children as young as 11 and endorsed by the Child Exploitation and Online Protection Centre (CEOP) as a safe and secure service for young people. The Centre for Excellence and Outcomes in Children and Young People's Services (C4EO).has credited the MindFull model as an example of best practice in early intervention and improving emotional resilience.

9.16 MindFull describe their service as Tier 2 Counselling and Psychotherapy, providing intensive and extended professional counselling and targeted support for young people with a range of mental health needs, including those with a diagnosis of a mental health condition and young people from groups with a high risk of developing a mental health problem. The service provides evidence based treatments in line with NICE guidance for working with adolescents and vulnerable adults.

9.17 For the purposes of the pilot, two secondary schools have been identified in consultation with the Chief Officer Learning & Achievement. These are Easthampstead Park and The Brakenhale Schools. It is proposed that the Public Health team will manage a 6-month pilot project which will involve the provision of MindFull online counselling services to any young person aged 11 - 17 years, primarily in the two targeted schools. Young people from other schools will be allowed to access the service although it will only be directly promoted in the two target schools.

9.18 For the purposes of the pilot, an initial 250 hours of counselling will be commissioned per school. In addition to the counselling hours, a number of other service elements will be commissioned so as to produce a rounded package of intervention. This will include a) emotional health and wellbeing awareness sessions for pupils; b) briefings to parents; c) staff training using MindEd resources; and d) professional advice to schools on policy and procedures related to mental health.

[1] Review of quantitative research into online outcomes and alliances within text-based therapy (Hanley T, D'Arcy J and Reynolds Jr, 2009)

9.19 During the pilot, Public Health will be working with particular groups of vulnerable young people (for example young carers, Lesbian, Gay and Bisexual Teenagers, Black Minority Ethnic groups and those with disabilities) in order to assess the extent to which the MindFull service and resources meet their particular needs.

9.20 It is intended that the results of the pilot should be used to establish the value and feasibility of a joint commissioning approach to the longer term provision of the Mindfull Service as part of the emerging approach to CAMHS.

Children, Young People and Learning

TIER 1

Awareness raising

9.21 Mental illness will touch everyone in the school community in some way and there is a strong research base on the impact of environment on mental health. This year's work will aim to support schools to develop and embed an emotional health-promoting culture across the school community by raising awareness of how environmental factors can influence emotional health and well being and emphasising that being a valued member of a community and a strong sense of belonging are key protective factors. The second aim is to promote self- care, awareness that one can take steps to promote ones own emotional health and well being.

9.22 A central strand of the work is on raising greater awareness with schools and relevant CYPL services of the importance of emotional health and well-being, and better equipping schools and services to deal with lower level issues. These are the main priorities for the new provision. This includes training and professional development for staff on dealing with issues around emotional health and well-being and most importantly raising awareness amongst young people of how to keep emotionally healthy, and where to go for help and support.

9.23 A wide range of work is scheduled to start from September 2014 across all Bracknell Forest schools which include relevant assemblies every 4-6 weeks, personal, social and health education lessons and workforce development. The work is underpinned by Department for Education guidance, and other national developments.

9.24 Materials will be made available to schools to use in assemblies and PSHE lessons to promote discussion and understanding. This programme will be launched in November through a joint project on self care with Adult Social Care, who are leading on a poster competition in schools. The work will also encourage schools to implement Wellness Town, a model being developed through the corporate team to improve health across Bracknell Forest.

9.25 **In June 2014 the Department for Education launched new guidance, 'Mental Health and Behaviour in Schools'**, to help teachers to better identify underlying mental health problems in young people. The guidance is designed to ensure teachers are confident in finding help for at-risk pupils. This means that problems can be dealt with before they become more serious. The guidance outlines what schools can do to provide a stable environment for their pupils. This includes: clear bullying and behaviour policies; working with parents and carers as well as pupils; introducing peer mentoring systems; and discussing mental health as part of the wider curriculum. The new guidance will be used to inform the awareness raising sessions.

9.26 In response to the great need for understanding, identification and help for young people **MindEd was launched nationally in April 2014. It is an online**

educational resource built by a Consortium of organisations with money from the Department of Health. The material is written and edited by leading experts from the UK and around the world. MindEd provides free, completely open access, online education to help adults to support wellbeing and identify, understand and support children and young people with mental health issues. In addition MindEd also provides a state of the art evidence based review of e-therapies. It is aimed at anyone and everyone working regularly with children and young people, 0-19 years of age. There are a range of materials extending from the general level to more specialised levels.

9.27 CYPL are raising awareness of the tiers of support for emotional health and wellbeing and promoting the free training material and online support both within our schools, with governors and also across our workforce. This will help to increase the confidence of frontline staff in dealing with early problems and help to prevent escalation. This work started in the summer.

9.28 We are all working alongside the Slough PH Lead and colleagues across Berkshire on the development of the pathway model. Additionally work is on-going with service users and participation workers to develop the local CAMHS website to provide clearer information on local services, and easier access to locally developed self-help guidance.

TIER 2

These are targeted services usually provided once a referral is made by schools

9.29 Some targeted services are commissioned by the Council on behalf of schools such as behaviour support, family and parenting support, educational psychological services, anti bullying work, and Family Focus. Other examples include primary mental health workers, Youth Counselling services provided by the voluntary sector and some more specialist health practitioners such as Looked After Children's nurses, Family Nurse Partnership practitioners and Youth Offending teams also provide Tier 2 support.

9.30 There is undoubtedly a higher risk of mental health problems for those young people who have experienced considerable emotional stress during childhood. The Thames Valley report indicates that there is a staggering increased incidence of mental health issues in young people who have experienced more than four adverse childhood events. Risk factors include: witnessing their parents separate, those living in a step family, children of single parent families are twice as likely to have a mental health problem as children of two parent families (16% as opposed to 8%). Those who have experienced physical violence, sexual abuse or neglect, children in larger families and from poorly educated parents are all at greater risk. This makes ensuring that all staff who are dealing with children and young people on a day to day basis are aware of both the risk and protective factors and are able to make appropriate referrals if they need to for specialist support. The table in Appendix 2 sets out the tiers of support for each of the pathways being developed by Public Health. This is a draft document which will be further refined as commissioning priorities are determined.

TIER 2/3

These are cases where provision has been made at Tier 2 but the situation has continued to escalate and is now at the cusp of Tier 3 support.

9.31 It is essential that there is clear integration between Tiers 2 and 3 with provision for specialist advice and consultation from skilled CAMHS clinicians to colleagues working at Tier 2. The increases in numbers and complexity of referrals to Tier 3 CAMHS has adversely impacted the Tier 3 current capacity to provide advice and consultation, as priority has to be given to providing treatment for complex and high risk young people.

9.32 What has become clear from the reviews undertaken is that without this capacity, service providers can make inappropriate referrals up the tiers. This means that parents/carers and young people get a referral which results in a CAMHS assessment and signposting to other services where available, but no further action by CAMHS as they do not meet the criteria. Referrals come mainly from GPs and schools to CAMHS Tier 3 services.

Screening Tool/CAMHS support

9.33 The proposed plan is to establish a Screening Tool at Tier 2/3 interface which can be used by all providers and to establish better liaison with CAMHS to discuss cases prior to referral being escalated to Tier 3. The current fast track system 24 -48 hours for urgent cases eg overdose/self harm will continue. The proposed new referral pathway will need to be determined and will undoubtedly require further training for staff making referrals. It is anticipated that a new system will set clearer expectations for parents/carers and young people as to the services available.

9.34 We have visited Portsmouth LA who successfully use a screening tool as described above with Tier 3 CAMHS support and oversight. It is desirable that further work is done with the CCG and CAMHS to establish, pilot and trial such a tool and then to seek to embed this within the commissioning model from April 2015.

Benefits System

9.35 Headteachers and GPs have told us of the enormous pressure that they can be put under from parents/carers to refer their child on to CAMHS. The current benefit system can mean that the family are eligible for additional care benefits. Whilst for the majority of cases this is undoubtedly of no account there are cases where parents/carers have appeared to go to exceptional lengths to pressurise schools and GPs to make a referral to CAMHS. Staff will need to have support and an established mechanism for seeking further clarification in such cases.

CAMHS special pathways and outreach support

9.36 In recognition of the increasing need and in support of early intervention and prevention specialist pathway support is planned by CAMHS for the more vulnerable, such as Looked After Children. Also a helpline for Tier 2 providers to discuss cases which they have concerns about and to provide expert input to case discussions at an early stage. This will be included in the commissioning specification from April 2015 and to ensure smooth transition will be piloted in the autumn/spring.

TIER 3 – CAMHS

These are specialist services for children and young people with more severe, complex and persistent disorders, provided by multidisciplinary teams of trained CAMHS professionals including child and adolescent psychiatrists, clinical psychologists, community psychiatric nurses, child psychotherapists, family & systemic therapists, occupational therapists, art therapists etc.

9.38 Tier 3 specialist CAMHS services are commissioned pan Berkshire and provided by Berkshire Healthcare Foundation Trust (BHFT). Current service provision includes:

Common Point of Entry: accepts all referrals and will triage (either via a telephone call or face to face assessment) into the most appropriate treatment pathway or signpost to most appropriate partner agency.

Anxiety and Depression Pathway: rooted in the CYP IAPT programme and works collaboratively with the University of Reading to provide NICE-complaint, evidence based interventions to young people with anxiety, depression, OCD or single episode PTSD.

ADHD Pathway streamlines the assessment of young people with ADHD and initiates pharmacological treatment where appropriate.

ASD Diagnostic Pathway assesses for autism and is NICE compliant. It does not provide post diagnostic interventions however those young people with a comorbid mental health disorder will be seen within the specialist community team.

Specialist Community Teams provide the bulk of support and interventions to children and young people and is designed to provide a range of interventions to those young people who present with multiple difficulties, significant risk, complex multiagency involvement or challenging family situations.

9.40 The service is actively involved in research and the development of innovative treatments: One of the CAMHS consultants leads the Academic Health Science Network Early Interventions in Mental Health Clinical Network; the CAMHS service is involved with research at the University of Reading; and a CAMHS consultant is an Honorary Senior Lecturer, Imperial College London.

9.41 The Service are actively involved in quality improvement initiatives and the service is a member of the Oxfordshire and Berkshire Children and Young People Improving Access to Psychological Therapies (IAPT) collaborative, the principles of which have informed the Anxiety and Depression Pathway and are now being rolled out across the service.

9.42 The Anxiety & Depression Pathway is co-located with the University of Reading child anxiety research centre and is involved in the development and implementation of research into both anxiety and depression in children and adolescents. Staff working within the Pathway are also involved in joint research on Obsessive Compulsive Disorder (OCD) with the Maudsley National OCD Service.

9.43 As already stated, Berkshire Healthcare Trust receives a higher number of referrals and has a higher conversion rate than Buckinghamshire or Oxfordshire, alongside an increase in case complexity. Referral numbers are within the top quartile nationally while funding and staffing for the service are in the lowest quartile. The service is focused on increasing productivity, efficiency and innovation however it has reached the limits of its ability to manage the continued increase in demand with the current level of resource.

9.44 BHFT have been actively working with colleagues in the local authorities & CCG's across Berkshire to support the development of the pathways model and find new ways of meeting the growing demand.

9.45 A "CAMHS in Berkshire East Moving Forward workshop" led by the CCG leads with support from the Commissioning Support Unit and Public Health took place on 31 July 2014. This tested the perceptions of the Local Authorities and CCGs as to their priorities and aspirations for future CAMHS service developments across all Tiers. This was linked to the care pathways work.

9.46 Berkshire East CCGs are now undertaking some internal work to refine local priorities and identify service configuration options to meet the local identified needs. This will report in the Autumn 2014.

9.47 When accessing Tier 3 provision it should be noted that once cases are accepted at Tier 3, treatment is offered in accordance with NICE guidance.

TIER 4

NHS England provides specialist hospital services for CAMHS

9.48 There are plans in place to improve future outcomes. The challenge and ambition is:

- To ensure that a "pathway" model of service commissioning enables each tier to deliver the required response times, avoiding unnecessary escalation to higher tiers. This is about having a strong preventative aspect to all service delivery and provision and very clear referral routes to higher levels of services.
- To confirm an evidence-based trajectory at each tier which will inform levels of investment in services. For example, young people's needs being met in a timely manner at the least restrictive level, and them making a sustained recovery and/or reducing days missed from school due to ill health.

9.49 At a national level the outcomes from the Health Select Committee Inquiry into children and adolescent mental health and CAMHS will further inform and direct service provision.

10 What next for Bracknell Forest?

10.1 All the service providers are planning for re-commissioning from April 2015. In the meantime pilot programmes and improvements have been made to existing service provision and progress will be monitored.

Action Plan

10.2 Agencies at each tier are working on the national and local findings and it is proposed that a joint action plan is developed to meet the main recommendations at a local level and to reflect the changes identified and proposed in this report. This will enable actions to be monitored over time. The new commissioning models will be in place from April 2015 although there is already considerable working towards the planned changes. It is therefore intended to develop a joint action plan from April 2015 which will link all four tiers of support.

11 Other areas of concern

11.1 In preparing this report there are some areas which have been identified from the local reviews where further work is needed. The transition between CAMHS and

Adult Mental Health Services at the higher tiers of support is one area where it is recommended that a review of the workforce training and support needs for improved transition be undertaken.

11.2 A second area identified is support for post natal mental health, particularly for young pregnant women. It is therefore recommended that a review of the workforce training and development needs is carried out for better identification of post natal mental health issues, to receive swift and early help, and to better understand the reasons why women do not take up the provision of Adult Mental Health Services for pregnant women and for the first year after birth.

11.3 There is thought to be a link between adults who are parents who have mental health issues and their children who can be more vulnerable and subsequently may go on to develop their own mental health issues. Likewise the impact of a young person with mental health issues on the rest of the family. There should be better education, treatment and support of the family group to meet the needs of both the parent/s, siblings and the young person. This could mean more family based mental health assessments and plans. Further work is needed on the family aspect of provision.

12 Conclusion

12.1 This report outlines the progress made at each tier. Since April 2014 there has been a report on CAMHS by NHS England, two local report one for the Thames Valley the other for the CCG on the detailed survey of CAMHS users and referrers views. All of these have informed the direction of travel. There is also a national background of concern over the lack of investment in mental health compared with physical health.

12.2 New commissioning will take place from April 2015 and will be moving towards better meeting the needs and priorities of CAMHS users. It will also be about amending and improving support at the interface, where possible, before cases get to higher tiers. The improvements and ambition to improve CAMHS services across all the tiers is an ongoing major piece of work.

ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

No further advice has been sought from Officers however the Borough Treasurers comment for the April HWBB report is included for information.

Borough Treasurer

The financial impact of any recommissioned services will need to be established and implications agreed with the responsible funding body prior to effecting any changes.

Contact for further information
Dr Janette Karklins, Director, Children, Young People & Learning - 01344 354183
janette.karklins@bracknell-forest.gov.uk

Dr William Tong, Chair, Bracknell & Ascot Clinical Commissioning Group
w.tong@nhs.net

Appendix 1

NHS England
Child and Adolescent Mental Health Services (CAMHS)
Tier 4 Report

The following recommendations were made in the NHS England CAMHS Tier 4 Report of July 2014 (note: the page references refer to the full NHS England report)

The interaction of geography, sub-speciality and age as determining factors for admissions

Recommendation 1
Specialised commissioners should develop a framework, in conjunction with clinicians, to identify factors for consideration when placing a child or young person in an in-patient service. The factors described on page 74 through joint work between the Royal College of Psychiatrists and the Youth Justice Board provide a starting point for such a framework.

Recommendation 2
Every Area should have adequate capacity of CAMHS Tier 4 general adolescent beds.

- Specialised commissioners should review un-commissioned beds identified by existing providers to check whether the environment is suitable, there are any quality or safety concerns and the beds can be staffed.
- Subject to the outcome of that review, consideration should be given to procurement of additional general adolescent beds to deliver more uniform coverage across the country. This would be on a short term basis allowing short term capacity from 'new market entrants', pending a more comprehensive procurement.
- When each Area has sufficient general adolescent beds, consideration could be given to whether general adolescent services continue to meet the criteria of specialised services. Such discussion must include securing continued equitable access to general beds and clear pathways to sub specialty Tier 4 services.

Recommendation 3
Further work needs to be undertaken to determine which sub specialties can co-exist in CAMHS Tier 4 General Adolescent units, through the adoption of different models of care, and which are required to be in designated sub specialty units. Consideration needs to be given to whether from those 'co-existing' care groups there are any particular factors that would lead to onward referral to a designated sub specialty unit.
This will need to be completed in the short term, in order to inform a comprehensive procurement for all CAMHS Tier 4 to align contract currencies and prices.

Contracting issues

Sharing emerging best practice
Recommendation 4
Review examples provided by area teams to consider which should be adopted nationally and included in the Mental Health Standard Operating Manual.

Referral, assessment and approval arrangements
Recommendation 5
Specialised commissioners should:

- Identify access assessors agree standardised referral and assessment procedures that involve case managers, with clear approval mechanisms for 'any out of hours' emergency admissions which are monitored for compliance
- Comply with agreed specialised commissioning placement notification processes
- Outline clear expectations for the involvement of young people and their families/carers

Delayed discharges
Recommendation 6

- Standardised and proactive monitoring of delays in transfers of care should be put in place nationally to ensure that delays are identified and addressed promptly thus creating capacity for those requiring admission.
- Develop mechanisms to monitor waiting times for admission which should be reported nationally.
- Regular national reporting of delays in transfers of care should be considered.

Case management
Recommendation 7
Sustainable case management arrangements should be established.

Bed management
Recommendation 8
Consideration should be given to a standardised system for live reporting of bed availability based upon the geographic footprint of the 10 specialised commissioning areas, and which allows inter-area communication if demand for beds cannot be contained within area. It is understood that previous procurement exercises built in 'live' bed reporting so this could be explored further.

Access to patient information
Recommendation 9
Specialist Commissioning Oversight Group (SCOG) is requested to press the case for speedy change in legislation to allow commissioners necessary access to information so that they can fulfil their responsibilities***.***

Recommendation 10
Case managers should have access to robust information systems to support effective care pathway management.

Standards

Recommendation 11
The following proposed standards should be consulted upon more widely:

- access assessment
- best practice for trial or home leave
- best practice for discharge thresholds and discharge
- planning
- managing suicidal ideation.

The Quality Network for Inpatient CAMHS (QNIC) network should be used for engagement with providers, with additional involvement of CAMHS Tier 3 providers and NHS commissioners. Consideration should be given to how children/young people and their families/carers and other providers and commissioners of children's services can comment and provide feedback.

Following this, early implementation to support standard practice across the country is recommended.

Recommendation 12
Specialised commissioners should further consider including additional standards beyond current Care Quality Commission (CQC) requirements in contracts. These should include the specific QNIC access, assessment and discharge standards proposed by the Clinical Reference Groups (CRG) in section 2.22 and further engagement on which of the QNIC environment and facilities standards should become a contractual requirement, alongside consideration of the appropriate pace of change.

Procurement

Recommendation 13
Commissioners should first verify bed numbers and types, then explore the extent of available capacity within the existing CAMHS estate and whether this is available and fit for purpose to be commissioned in the short term to address capacity issues.

Recommendation 14
A short-term procurement of additional capacity for those areas of the system most acutely affected by current inaccessibility of beds should be undertaken following consideration to recommendation 13. This should not be taken as a permanent change in provider capacity and should be subject to a longer term commissioning plan, following implementation of the other recommendations from this report.

Recommendation 15
A consistent process should be established by NHS England to notify CAMHS case managers when a young person from their area is admitted to an adult ward. All children and young people should have access to age-appropriate services

Further recommendations for consideration by commissioners working with the wider system

Provider networks
Recommendation 16
CAMHS Clinical (provider) networks should be established based on the 10 specialised commissioning footprints; consideration needs to be given to how 'supra regional' providers are involved with their relevant 'catchment' networks as well as providers across all Tiers of provision.

Such networks should involve clinicians from all providers of CAMHS care (both NHS and independent). Strategic Clinical Networks and Academic Health Science Networks may have a role to support the development of such networks and their input should be sought.

Commissioning across the whole pathway
Recommendation 17
Collaborative commissioning models should be explored which acknowledge that accountability rests with different statutory bodies whilst minimising perverse incentives. This should include care delivered at Tiers 3 and 4. Consideration needs to be given to how best local authority services can be involved in the model.

Recommendation 18
As an extension to recommendation 7, specialised commissioners may consider the outcome of the Pathfinder Project and different commissioning models e.g. commissioning through Alliance contracts.

Specialised commissioners would need to have discussions with other CAMHS commissioners to develop whole system commissioning, using existing legislative freedoms (eg to pool funding, or other mechanisms designed with the same objective).

Pilot schemes could be invited where there is a shared appetite by specialised and CCG commissioners, and other partner agencies.

Recommendation 19
Further work should be done to develop models of care across the whole care pathway for children and young people

- with an eating disorder
- with a learning disability
- services providing alternatives to admission.

Following models of care development specialised commissioners in conjunction with other agencies should consider the appropriate pattern of distribution for learning disability beds.

CAMHS staffing
Recommendation 20
NHS England should pursue with Health Education England a wider system discussion regarding the need to develop an adequate CAMHS workforce.

Appendix 2

Recommendations from the 'Summary Report of Child and Adolescent Mental Health Services (CAMHS) for Thames Valley' by the Thames Valley Children and Maternity Strategic Clinical Network which reported in July 2014

1. There is abundant evidence that early treatment and prevention services work and are cost effective. All commissioners are encouraged to adopt invest to save strategies with a particular focus on Tiers 1 and 2.

2. We encourage local authorities to refresh their JSNA's for CYP mental health and Health and Wellbeing Boards to recognise the economic case and prioritise early intervention. They will wish to consider the poor mental health in Looked After Children and ensure access to early help.

3. We urge that schools, local authorities and health settings advertise and encourage staff to use the free training materials available at MindEd and that local training initiatives such as Psychological Perspectives in education and Primary Care (PPEPCare) are supported. Such initiatives will increase the confidence of front line staff in dealing with early problems and prevent escalation.

4. There is a clear need for investment in the provision of children and young people in crisis. There should be liaison psychiatry services available to all acute paediatric units. The first priority must be to establish a robust clinical emergency service with weekend and bank holiday capability in all areas. (Where the first port of call out of house is adult services then there should be access to assessment by a CAMHS professional the following day including weekends and bank holidays). It is unacceptable that children are staying in hospital for lack of appropriate assessment and alternative provision.

5. The difference in demand for CAMHS between the three counties is interesting and should be investigated further. It is acknowledged that the Berkshire CAMHS Strategic Commissioning Group has recognised there is a problem and is working very hard to improve CAMHS and bring all key stakeholders together to do this led by the Children and Mental health GP leads from Berkshire East and West.

6. It is clear that there is a difference in provision of CAMHS between Berkshire, Oxfordshire and Buckinghamshire. We should like to support a more joined up approach to commissioning across agencies and integrated provision in all areas.

7. The problems for Berkshire have clearly been exacerbated by the difficulty in accessing Tier 4 beds when needed. Following publication of the Tier 4 review Wessex Specialist Commissioner should: provide equitable access to Tier 4 beds for Berkshire within 50 miles/60 minutes access; use predominantly only 1 and 2 inpatient providers so that solid working relationships between Tier 3 and 4 can be maintained.

8. Successful strategies should be shared. We should like to see a Thames Valley wide forum of local authorities, schools, commissioners and providers established to share initiatives and best practise.

9. It has been exceedingly difficult to establish what is available, where and for whom across Thames Valley. It must be very difficult for GPs and other professionals to identify where to find the best help for an individual family. We urge local authorities to provide maps of provision for professionals working in their area.

Appendix 3 **FIRST DRAFT**

Emotional Health and Wellbeing Tiers 1 and 2

What is available to BFC children, young people and schools?

Area of Need	Tier 1	Tier 2
Emotional disorders (e.g. phobia's, anxiety, depression)	1. BST provides training to school staff and TA's using evidenced based programmes to build resilience and reduce anxiety. 2. Youth Support Service deliver support for young people through its contract with Youth Line Counselling Service and through the work of the Sexual Health Team and Alcohol and Substance Misuse Team. 3. Childcare inclusion service – offers support and guidance to mainstream home and group based childcare providers.	1. Behaviour Support Team (BST) • Work with individual pupils for a time limited period. • Develop and provide training for nurture groups. • Transition programme for those vulnerable children moving from primary to secondary. 2. Inclusion Support Officer • Provides systemic family therapy sessions. • Exploration of relational issues and their impact • Development of individual resilience and family strengths 4. Access to Play Scheme – referrals made via a broad range of professionals working with vulnerable young people age 4-11 who meet set criteria. 5.Childcare inclusion service Offers support and guidance to families who access childcare services and require additional support to do so. 6. Fusion project – offers opportunities in the community to support emotional vulnerabilities during transition between primary and secondary school. 7.Family Intervention Team work with complex families where children/young people have arrange of emotional disorder

Conduct disorders (e.g. severe defiance, physical and verbal aggression and persistent vandalism) Attention deficit hyperactivity disorder	1. BFC School improvement team provide support for schools with behaviour policies. 2. BST offer Team Teach accredited training to school staff 3. Behaviour Support Team (BST) • Work with individual pupils for a time limited period. • Develop and provide training for nurture groups. • Transition programme for those vulnerable children moving from primary to secondary 4. Consultations offered by EPS. 5. YOS prevention offer training to schools. 6. Adviza – work with KS4 to focus on transition. 7. EYFS support – advisory teacher. Advice given to school staff to support children with behavioural difficulties within a mainstream classroom	1. Pupil Referral Service (PRS) offers one to one sessions for children 11+. 2. YOS provide one to one sessions with young people. 3. BST support those through transition form primary to year 8, offering one to one sessions with children and advice and training to staff. 4. Inclusion support officer provides • Systemic family therapy sessions. • Exploration of relational issues and their impact • Development of individual resilience and family strengths 5. Parenting programmes • STOP – parents of teenage children • Webster Stratton 6. Targeted Youth Support does work one to one with young people and does work on behaviour and consequences with schools and individuals to enable young people to recognise behaviours and the work is additionally accredited under ASDAN for those who wish it. 7. Access to Play Scheme – referrals made via a broad range of professionals working with vulnerable young people age 4-11 who meet set criteria. 8. Childcare inclusion service – offers support and guidance to mainstream home and group based childcare providers and families who access the service and require additional support to do so.

		9. Fusion project – offers opportunities in the community to support emotional vulnerabilities during transition between primary and secondary school. 10. Family Intervention Team work with complex families where children/young people have arrange of emotional disorder.
Obsessive compulsive disorder		1. Family Intervention Team work with complex families where children/young people have OCD
Tics disorders and Tourettes syndrome	1. The Targeted Youth Support work at NRG after school club has young people with Tourette's and tics attending the session and are supported to become part of their community and make friends.	1. Family Intervention Team work with complex families where children/young people have arrange of emotional disorder
Autism Spectrum disorders	1. Training to schools offered by ASSC 2. Inclusion Officer support and training in early years settings/schools 3. Childcare inclusion service – offers support and guidance to mainstream home and group based childcare providers	1. Support and intervention offered to schools by ASSC for one to one sessions with children and young people. 2. BAS contract until March 2015, post diagnosis service. • Training for children and parents diagnosed post 9yrs. 3. YOS Prevention service works with young people whose ASD related behaviour has resulted in them being at risk of entering the criminal justice system

		4. EYFSIS Home learning team one to one sessions in the home and early years setting 5. Family Intervention Team work with complex families where children/young people have arrange of emotional disorders. 6. Under 5 diagnosis support and training for families at MWF(EarlyBird) 7. Access to Play Scheme – referrals made via a broad range of professionals working with vulnerable young people age 4-11 who meet set criteria. 8. Fusion project – offers opportunities in the community to support emotional vulnerabilities during transition between primary and secondary school. 9. EY home learning team support children under 5 within the home
Substance Misuse problems	1. Training offered to all professionals via the DAAT 2. Targeted Youth Support can also train staff in schools and other settings in a number of areas to support them in dealing with issues of alcohol and substance misuse.	1. Support and education provided in schools via targeted youth services 2. YOS Prevention service works with young people whose risk of offending is related to substance misuse 3. Targeted Youth Support additionally supports young people referred who have more complex issues and can work with more challenging young people in conjunction with the DAAT.

		4. Targeted Youth Support triages the referrals for DAAT from schools and undertakes one to one work with young people who have basic issues with substance misuse 5. Family Intervention Team work with complex families where children/young people have substance misuse themselves or their parents
Eating disorders	1. Specialist advice to schools from the GP, school nurse as each situation will be unique. 2. Family Intervention Team work with complex families where children/young people have eating disorders themselves or their parents	
Post traumatic stress disorder	1. Educational Psychology offer schools/young people support following a traumatic incident eg death or serious injury of a pupil. 2. Youth Line has counsellors who are trained in a range of disorders and issues and have some trained for emergency issues counselling	1. YOS seconded CAMHS worker works with young persons who have been traumatised by witnessing Domestic Abuse. YOS restorative justice co coordinator works with young person who have been traumatise by being victims of crime
Psychological effects of abuse and neglect	1. Youth line counselling service 2. The Family Support Adviser in schools would offer the young person some support and practical interventions.	1. Positive Intervention for Children Affected by Domestic Abuse (PICADA). Group or individual based programme offered by BST or Family Intervention Team. 2. YOS prevention service works with young people, where effects of abuse / neglect is a contributory factor in risk of offending 3. Family Intervention Team work with complex families where children/young people have substance misuse themselves or their parents

Attachment Disorders	1. Education psychology consultation service available to schools.	
Psychological effects of living with a chronic illness	1. Specialist advice to schools/early years from the GP, school nurse, specialist nurse, health visitor as each situation will be unique. 2. Disabled Children's Team will offer support where the chronic condition meets disabilities criteria.	
Psychosis or emerging borderline personality disorder	1. YOS prevention service works with young person whose behaviour is concerning but these diagnoses are not usually given to this age group.	

THE NEW REFERRAL PATHWAY FOR CAMHS TIER 3

The CCG are not yet at a stage to populate the Tier 3 referral pathway as it is still in development and the CCGs have not yet agreed their commissioning intentions at Tier 3.