

**TO: HEALTH AND WELLBEING BOARD  
5 MARCH 2015**

---

**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 HWBB on the progress made with the CAMHS reviews and re-commissioning arrangements from April 2015 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 is a joint report across health and Council services.

**2 RECOMMENDATIONS**

That the Health and Wellbeing Board (HWBB):

- 2.1 Notes the latest national guidance and response to the local review of CAMHS.
- 2.2 Notes the commissioning plans and arrangements for children and young people at each tier.
- 2.3 Endorse the renewed emphasis on early intervention and prevention especially at Tier 2 and the expected impact of this work on higher levels of support.
- 2.4 Notes the changes that are being made to improve provision at Tier 4 in Berkshire.
- 2.5 Endorse the planned review of the workforce training and support needs for improved transition between CAMHS and Adult Mental Health Services.
- 2.6 Endorse the work to review 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 Summer 2015 for all tiers of support.

**3 REASONS FOR RECOMMENDATIONS**

- 3.1 The HWBB is concerned 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 good look like?

- 5.1 This is the text that was included in the April and September HWBB report and it is reproduced here as it is a key focus for the work that we all do. The Joint Commissioning Panel for Mental Health (JCP-MH) ([www.jcpmh.info](http://www.jcpmh.info)) guide published in October 2013 on child and adolescent mental health services focused on good practice and the information in that guide has formed the basis for the planning of future CAMHS provision. We also set out our ambition to be identified as a local area of good practice in relation to CAMHS support by 2016.
- 5.2 This means that in order to be a good service we will provide timely support without the need for long waits for interventions. The support will be effective and meet the needs of children and young people, and be efficient in terms of delivery at the earliest point of intervention. Access will be via clear care pathways which are well signposted and understood. These taken collectively will provide quality outcomes.

### National perspective

- 5.3 CAMHS continues to be an area where there is an increasing national focus. Since the last HWBB report in September there has been further national concern about the provision of mental health services for children and young people. The parliamentary health select committee on CAMHS has met for a third time <http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhealth/342/34202.htm>. The 2015/16 NHS Planning Guidance has an emphasis on achieving parity for mental health including reference to CAMHS provision. <http://www.england.nhs.uk/wp-content/uploads/2014/12/forward-view-plning.pdf>
- 5.4 Across the country there has been an increase in the number of young people seeking support such that the 2015/16 Planning Guidance from the Department for Health expects each CCG's spending on mental health services across all ages to increase in real terms, and to grow by at least as much as each CCG's percentage increase in allocation. In December Deputy Prime Minister, Nick Clegg announced additional financial allocations for CAMHS services treating eating disorders and self-harm.
- 5.5 There is a clear national policy drive to improve emotional health and well-being and CAMHS support for children and young people. The intention is to put mental health on a par with physical health (parity of esteem), 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. Therefore strategies and approaches to better address emotional health and well-being should have benefits for all aspects of young people's lives and have positive impact into adulthood.

An update on each of the four tiers is provided.

#### **TIER 4**

5.6 Tier 4 provision is the highest level of service which is commissioned by NHS England. In the September HWBB report the headlines from the national findings from NHS England on Tier 4 provision were reported which illustrated the key issues nationally and those relevant to Berkshire. These were:

- Every area should have adequate capacity of Tier 4 CAMHS beds.
- Agree national standards for referral, assessment, admission, trial leave and discharge.
- Improve deployment of case managers
- 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.
- The report mapped the location of current provision and in error indicated that the Berkshire Adolescent Unit in Wokingham is a Tier 4 unit.

#### **Progress update on Tier 4**

5.7 As you know from the last report Berkshire does not currently have dedicated Tier 4 CAMHS beds. The nearest provision is in Oxfordshire and that every area should have adequate capacity at Tier 4 is a requirement from the review. Since September longer term plans have been agreed in principle with the CCGs and NHS England to change the Berkshire Adolescent Unit, in Wokingham from a Tier 3 unit (with some Tier 4) into a Tier 4 provision so that it can be open for 7 days, 52 weeks per year. It will eventually be expanded (7 beds currently) to form a larger in-patient residential unit (12-15 beds) as well as catering for day patients. This unit could also provide some crisis intervention beds. There is no timescale set yet for these changes. Under this new proposal a proportion of the funding for running the provision will transfer to NHS England. The remaining Tier 3 resources for the community based Eating Disorders service and Early Intervention in Psychosis will be included within the Tier 3 CAMHS service specification.

#### **Nationally the standards for Tier 4 provision are being reviewed.**

5.8 Commissioning responsibility for the Berkshire Adolescent Unit Tier 4 services will transfer to NHS England with effect from 1 April 2015.

5.9 Each area is to have a case manager and the South East manager is already in post.

5.10 The inter-related nature of each tier is recognised and in relation to Tier 4 provision that was formerly delivered at Tier 3, the intention is that it will be improved to meet the requirements for Tier 4 provision.

## TIER 3

### Tier 3 CCG commissioned provision from Berkshire Healthcare Foundation Trust

- 5.11 In the September report to the HWBB there were a number of issues raised around CAMHS Tier 3 provision. First, 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. The second is the results of the North Ascot and Bracknell CCG engagement survey of CAMHS which also reported in July 2014. This was a significant and important engagement exercise with CAMHS users and parents, CAMHS staff and others with an interest in the services of CAMHS. The main issues identified by these two reports were around timeliness, efficiency and the effectiveness of treatment. In December 2014 the CCG published on their website a report on the improvements they have made to CAMHS. This is set out as a 'You said .... We did' report and is included in full at Appendix 1 for information. A young person friendly version has also been published following engagement with service users. There were ten recommendations from the review and each has been progressed with much further work that is ongoing.
- 5.12 Since then the CCGs applied and were successful in accessing over £400K of additional funding through the winter operational resilience funding from NHS England for 2014-15. The extra funding for the Berkshire East area is being used to:
1. Reduce waiting times, starting with those young people who are assessed as being at most risk. The CCG aim is to reduce the number of young people who reach crisis point. This will impact positively on waiting lists but the CCG advise will not clear the backlog, the majority of which have been identified as not at immediate high risk.
  2. Extend the availability of CAMHS services into evenings and weekends.
  3. Enhance the existing Early Intervention in Psychosis Service for young people.
  4. Reduce admissions to Wexham Park Hospital of young people with mental health issues.
- 5.13 The referral rate into the Common Point of Entry continues to rise but the rate of increase over the past 12 months has slowed. The referral rate into urgent care has continued to increase. It is anticipated that this rate will slow as the winter operational resilience projects embed. All referrals are triaged visually on arrival at the common point of entry. Those identified as 'urgent' or 'soon' are triaged within 24 hours/two weeks.
- 5.14 At the end of Quarter 2, 100% of urgent referrals were seen within 24 hours. 70% of referrals classed as needing to be seen "soon" were seen within 4 weeks. 38% of routine referrals were seen within 7 weeks.
- 5.15 As an interim solution BHFT have provided additional resources to the CAMHS service to address the risk posed by deterioration of the mental health of children and young people waiting to receive treatment. All CAMHS teams and pathways RAG rate referrals according to level and immediacy of clinical risk. RED cases are allocated for immediate risk management.

## Unrestricted

- 5.16 The criteria are:
- Presence of suicide this could be a suicide attempt, persistent suicidal ideation or evidence of a plan or actual intent.
  - Severe or rapid weight loss associated with eating disorder, or Height to Weight percentile < 2<sup>nd</sup> centile.
  - Increased risk of harm to others.
  - Presence of untreated psychotic features or bipolar affective disorder.
  - Severe depression, severe anxiety/obsessive compulsive disorder/post-traumatic stress disorder when cases have been waiting for 6 months or longer with clear indication of a deterioration in their presentation.
  - Presence of more than two of the following: self-harm (e.g. cutting), fleeting suicidal ideation, eating disorders with associated weight loss or physical sequelae, significant biological features of depression or other risk.
  - Mental health issues with severe safeguarding concerns.
  - One or more presentation to Accident and Emergency.
- 5.17 The waiting times for those rated as Amber or Green are variable dependant on the profile of risk. The longest waits are for those young people are on the Autism diagnostic pathway which accounts for more than 50% of current waiting list. Autistic Spectrum Disorder (ASD) is a diagnostic only pathway (at this point). The majority of the cases waiting are not at high clinical risk and are RAG rated as Amber/Green unless there are co-morbidities. This means that the waits in this pathway have not been significantly impacted on as the increased resource is being targeted on red and amber rated cases. This is in no way to underestimate the impact of ASD on family life. There is much that schools, the voluntary sector and Local Authorities offer to support children pre and post diagnosis. The challenge is to do this in an even more coordinated way.
- 5.18 The CCGs are committed to increasing resources into tier 3 CAMHS and are in discussion with the provider around value. Berkshire CCGs are working with the police, ambulance service, Local Authorities, Public Health, hospitals, Drug and Alcohol Teams and Berkshire Healthcare Foundation Trust to develop an action plan as part of the Crisis Care Concordat.
- 5.19 A multiagency Berkshire group led by Public Health has been set up to better understand factors that influence suicide risk & self harm across all age groups with an aim of reducing rates.
- 5.20 A number of pilot projects are underway across Berkshire and learning from these will influence commissioning across Tiers. These pilots include:
- School based management of attention deficit hyperactivity disorder (ADHD).
  - On-line counselling.
  - Identifying and supporting women with perinatal and postnatal mental health issues earlier. Postnatal depression can impact upon the mother's ability to securely bond with her child, which in turn can lead to developmental difficulties in the infant.
  - Use of assessments and training to identify emotional health and wellbeing issues in Looked After Children.

## TIER 2

### **These are targeted services usually provided once a referral is made**

- 5.21 Some targeted services are commissioned by the Council on behalf of schools. As identified in the DfE Guidance *Mental health and behaviour in schools* (June 2014), continued disruptive behaviour may be the consequence of unidentified or un-met mental health needs. As a result there is a high level of investment in behaviour support services which will work with schools to develop a more emotional health promoting context through work on for example behaviour policy as well as targeted support for individual pupils. Another facet of this work is the targeted support to reduce bullying and promote positive relationships in schools. Family and parenting support, educational psychological services and Family Focus provide a range of tier 2 services. Other examples include primary mental health workers, psychologists and counsellors working in GP practices, paediatric clinics, schools and youth services. 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.

### **Early Intervention discussion with partners Common Assessment Framework (CAF)**

- 5.22 What has become clearer since discussing the concerns with CAMHS provision at Tier 3 is that there is currently no common understanding of where services can discuss a case at an early point. The CAMHS common point of entry has the facility for consultation and discussion and the contact details will be re-publicised. However the increase in Tier 3 referral numbers coupled with the complexity of referrals, and more agency staff and staff on short term contracts has made building those partnership linkages more problematic. The CCG are aware of these difficulties and are discussing this as part of the new commissioning arrangements.
- 5.23 The referral pathways work which was developed by Slough Public Health includes a meeting with relevant partners to discuss and agree the support when a case is unlikely to meet the threshold for Tier 3. There are already mechanisms in place in Bracknell Forest for the discussion of cases at an early stage which operate within CYPL with representation from key partners including CAMHS. There is therefore a mechanism for health (CCG/CAMHS) to complete a CAF and request relevant cases to be discussed at this multi-agency forum as this is a possible point of entry to Tier 2 support. In addition CAMHS ideally should have a representative on the multi-agency forum.

### **Online Counselling provision (Tier 1 and 2)**

- 5.24 Following the demise of MindFull and the Beat Bullying Group, Public Health has been exploring other options with a range of providers. Local consensus is clear that commissioning online support is the preferred route. Public Health submitted a business case to the CCG to co-commission an online counselling service, which will provide young people with:
- Information and advice (online self-help tools; peer support Boards; moderated peer discussion groups).
  - Brief counselling interventions (message a counsellor/drop-in chats).
  - Structured counselling sessions.
  - Referrals into local, face-to-face services.
- 5.25 This has been approved by the CCG, the service will provide approximately 220 hours per month of counselling, taking targeted referrals from schools, GP practices

and in some cases acting as a “step down” level of intervention for those completing CAMHS treatment. We will require the service to deliver measurable improvements in the emotional and mental health of young people who access the service, by use of validated tools. We would also expect to see reduced waiting lists and times for more specialist mental health services (CAMHS). There is therefore an additional £120,000 being allocated (£60K from the Council through Public Health and £60K from the CCG) to online counselling services for young people.

### **Named contacts in schools**

- 5.26 The local GPs have asked to have named contacts in each school who they can email or contact to discuss a particular case. This is in the process of being arranged.

### **Publicising the threshold for CAMHS Tier 3**

- 5.27 Most services share and publish the threshold for accessing higher level support. In the case of CAMHS the thresholds, although published on the CAMHS website and Berkshire Healthcare Foundation Trust website, are not currently well known or widely understood. Therefore services earlier in the support process are unable to advise parents that a case will not meet the CAMHS threshold because they do not understand and know what the threshold is for access. The current Common Entry Point used by CAMHS takes a wait period to access and then parents could be advised that their child’s case does not meet the threshold and refer them back to schools, GPs etc. Slough Public Health as the lead borough across Berkshire for mental health have developed detailed care pathways, which will assist in defining thresholds for referral to specialist CAMHS services. Also a new CAMHS website is being developed with service users and will contain more self-help information and contain more detail on the referral criteria.

### **Better Tier 2 screening with CAMHS Tier 3 support**

- 5.28 The proposed plan (which will need to be agreed by the CCG and form part of the new BHFT contract) is to establish a better liaison and screening system at Tier 2, which can be used by Tier 2 providers. The aim being to establish better liaison with CAMHS to discuss Tier 2 cases prior to referral probably being escalated to Tier 3. The current fast track system 24 -48 hours for urgent cases eg overdose/self harm will continue. The new referral discussion will require further training for staff making referrals and a new approach by CAMHS (as is used in Adult Services) where time is allocated to promote and deliver discussion/liaison. This would only be for a small number of cases at Tier 2 which are likely to escalate to Tier 3, with referrers either by secure email or telephone discussing prior to them making a referral. This system will improve service provision and set clearer expectations for parents/carers and young people as to the services available. It is hoped that this will be included in the CCG commissioning specification from April 2015.

### **CAMHS special pathways**

- 5.29 In recognition of the increasing need and in support of early intervention and prevention specialist pathway support is prioritised and provided for Looked After Children by CAMHS Tier 3, both for assessment and also for treatment where there is a complex mental health disorder. For example, for Looked After Children

## TIER 1 AND 2

### Additional funding for emotional health and well-being

- 5.30 The Council has identified £40K of additional resources and match funding of £40K is being sought from the CCG. This gives a potential total of £80k. In early March the emotional health and well-being sub group of the Children and Young People's Partnership will meet to discuss and identify across the partners the proposed commissions for this funding which will be put forward for funding consideration by the CCG. These have not yet been firmed up but suggestions have included CAMHS pathway mapping, a CAMHS Nurse to provide staff training and to be a common point of contact.
- 5.31 Slough Public Health has mapped each of the care pathways and shared these with the Berkshire LA. Stakeholders in Bracknell Forest, via the Emotional Health & Wellbeing Sub-group, will be discussing and planning the piloting of the pathways. This will help ensure that the new pathways work well for Bracknell Forest and that there is the widest possible ownership from key stakeholder groups.
- 5.32 The pathways for common conditions that have been mapped so far 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
- 5.33 Discussions have been held with East Berkshire Directors of Children's Services and there is support for the development of the care pathways and mapping the support at each tier against the pathways. 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. Bracknell Forest has further refined their pathway maps against provision.

### Greater emphasis on self help

- 5.34 In the autumn 2014 meetings were held with the Youth Council who asked to pilot relevant apps and to provide a further impetus and promotion for the work in schools and amongst young people which is being promoted.
- 5.35 BHFT CAMHS are working with service users on the development of their website which it is hoped will go-live in the Spring. Work is also underway to expand the BHFT Children and Young People IT toolkit to encompass emotional wellbeing and mental health resources.
- 5.36 Related to this work is the proposed development of a **CAMHS App** to help people understand where they are in terms of mental wellness. This work is being led by Public Health Slough, and was being financed via a grant from Public Health England. However, work has now stalled and alternative sources of funding are being sought. It was intended that the app would sort users behind the scenes and then recommend ways that they can make positive changes through self-care, online

interventions or service support. Public Health in Bracknell Forest will monitor any future developments and if appropriate this work could be progressed in Bracknell Forest.

- 5.37 Public Health is also commissioning other projects aimed at promoting well-being such as those promoting physical activity and a joint proposal with the CCG to commission an online counselling service for Bracknell Forest

## **Tier 1**

### **Awareness raising**

- 5.38 A central strand of the developing work is raising 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. A wide range of work has been promoted and started 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. 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.
- 5.39 In response to the greater 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.
- 5.40 We have raised awareness of the tiers of support for emotional health and wellbeing and continue promoting the free training material and online support both within our schools, with governors and also across our workforce. From next term, all primary schools will have access to a box of specially selected story books with guidance and training on how to use the texts to explore concerns and promote emotional health and well-being. A refreshed local Healthy School programme will be launched with accreditation criteria which are designed to help schools embed good practice in promoting emotional health and well-being. 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 2014.
- 5.41 BHFT CAMHS will also be starting to roll out PPEPCare (Psychological Perspectives in Primary Care) training as part of a project funded by the Oxford Allied Health Sciences Network over the next 12 months. This training is aimed at raising awareness, enabling earlier identification and management strategies for anxiety and mood disorders for colleagues working in schools and primary care

### **What next for Bracknell Forest?**

- 5.42 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.

### **Action Plan**

- 5.43 Agencies at each tier are working on the national and local findings and it was proposed that a joint action plan is developed to meet the main recommendations at a national and local level and to reflect the changes identified and proposed in this report. This would enable the HWBB to monitor progress and actions over time. However, in late December 2014 the Department for Health published new national guidelines for CAMHS. Therefore the CCG plan to roll over the current contract for the first quarter whilst the new guidance is considered, and as this guidance is for all tiers of services it seems important to fully consider the new guidance in the context of the proposals. At the same time a joint plan would be a positive development so the proposal is to delay the finalisation of a joint plan until the summer 2015, whilst continuing to progress the developments identified in this report. In the meantime, the Emotional Health and Well-Being sub group of the Children and Young People's Partnership will oversee the Action Plan in relation to Tiers 1 and 2.

### **Other areas of concern**

- 5.44 There are two areas where further work is needed. These have both been discussed with Adult Social Care and the CCG.
- 5.45 The first is transition between CAMHS and Adult Mental Health Services and it is recommended that the various services involved review the arrangements to explore any opportunities for improvement. This is not necessarily about additional funding but more about the focus and preparation that our workforce gives through our contact with families and young people to prepare and ease the transition. The services for adults are very different to those for children and thresholds and liaison meetings can help to prepare young people for the transition and the reality that the services available will change when they are 18. A transition CQIN (contractual lever) is in development for the 2015/16 BHFT contract.
- 5.46 A second area identified is support for post natal mental health, particularly for young pregnant women. There are 53 BF young women who are identified by experienced health visitors and health care professionals as needing post natal support. However currently of these very few (8) then went on to receive services. This data was in the April 2014 performance dataset for Bracknell Forest. 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. A project along these lines is due to start in Reading which can provide learning across Berkshire. Also there is an additional focus on perinatal mental health coming from NHS England's strategic clinical network this year. Clearly there is a need to link these strands of work together across adult mental health services.

### **Conclusion**

- 5.47 This report outlines the progress made at each tier. There has been and continues to be a massive amount of work on this area at a national and local level since April 2014 which has informed the commissioning work and the establishment of next

steps. There can be no doubt that the HWBB has raised the profile of emotional health and wellbeing and mental health and helped to spur the sector on to improve existing provision and to develop provision.

## **6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS**

### Borough Treasurer

- 6.1 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.

### Attached Papers

Appendix 1 - 'You said..... we did' - Report on improvements being made to Children's and Adolescent Mental Health Services - December 2014

### Contact for further information

Dr Janette Karklins, Director, Children, Young People & Learning - 01344 354183

[janette.karklins@bracknell-forest.gov.uk](mailto:janette.karklins@bracknell-forest.gov.uk)

Dr William Tong, Chair, Bracknell & Ascot Clinical Commissioning Group

[w.tong@nhs.net](mailto:w.tong@nhs.net)