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HEALTH AND WELLBEING BOARD

10 DECEMBER 2015

SUPPLEMENTARY PAPERS

TO: ALL MEMBERS OF THE HEALTH AND WELLBEING BOARD

The following papers have been added to the agenda for the above meeting.

These were not available for publication with the rest of the agenda.

Alison Sanders
Director of Corporate Services

	Page No
10. CHILDREN AND YOUNG PEOPLE'S MENTAL HEALTH TRANSFORMATION PLANNING UPDATE	3 - 10
To receive an update on the work to transform the Child and Adolescent Mental Health Service	
13. YEAR OF SELF CARE	11 - 14
To consider a report seeking the Board's approval to develop and deliver a "Year of Self Care" programme.	

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BHFT CAMHS Update to Bracknell Forest Health & Wellbeing Board

December 2015

Louise Noble, Interim Head of CAMHS

Setting the Scene: CAMHS Referrals and Activity

Berkshire CAMHS has for some time been experiencing increasing rates of referral and waiting times for treatment in line with the national picture for Tier 3 specialist CAMH services.

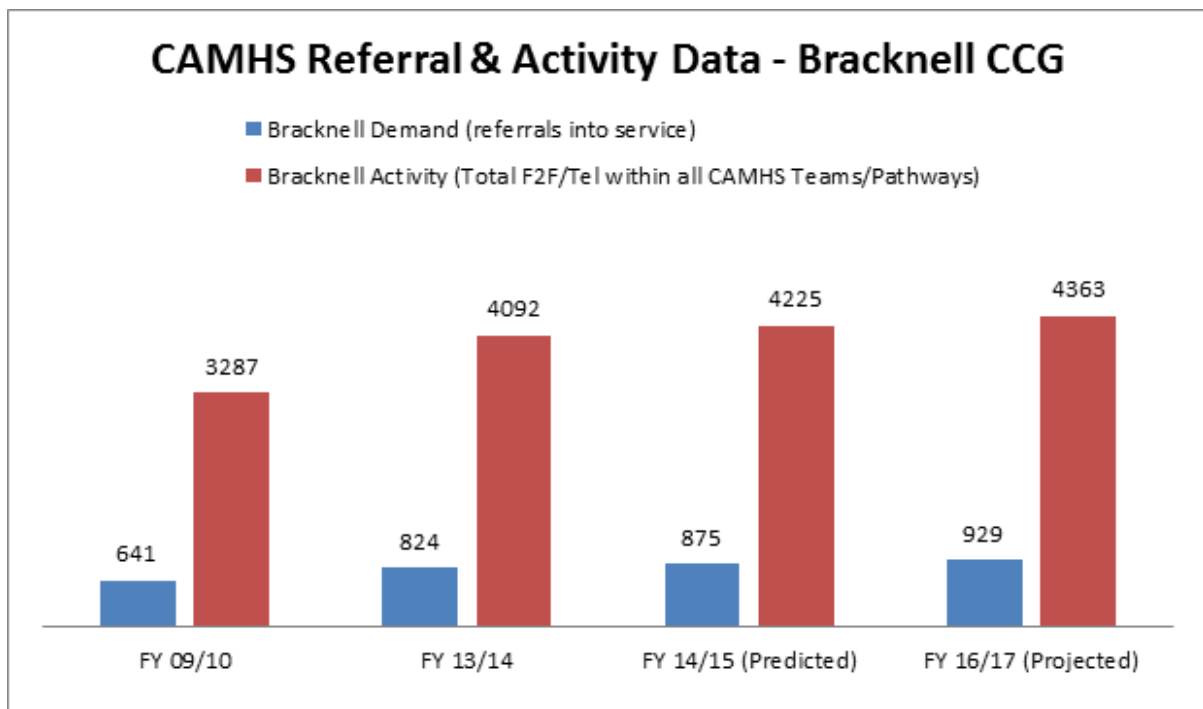
As an interim solution through 2014/15, BHFT, with the CCG's support, provided additional resources to the service to address the risk posed by deterioration of the mental health of children and young people waiting to receive treatment. From 2015/16 the service received additional recurrent funding through the national Parity of Esteem programme to enable recruitment to provide a safe, robust service with acceptable waiting times.

The CAMHS Parity investment was built on a two staged approach to achieve a sustainable, high quality integrated service based on 5 pathways, with increased out of hours provision and maximum waits of 6-12 weeks.

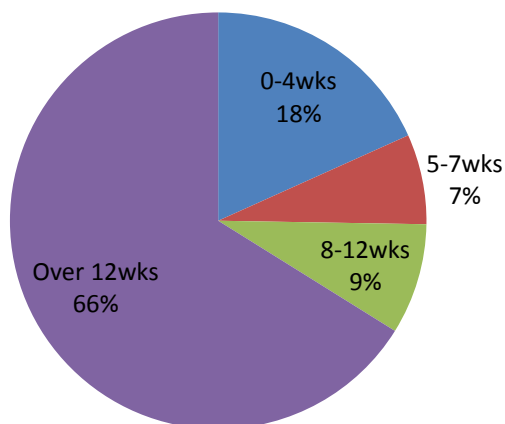
The first stage is to ensure sustained risk mitigation while addressing the priority of reducing waiting lists. The second stage is to implement changes to pathways, and transform both specialist children's pathways and CAMHS pathways to allow for more effective service delivery, integrating where it makes sense to do so.

Recruitment against this investment is underway and the service has retained temporary staff to enable continuation of clinical risk mitigation activity while recruitment is progressed.

The graph below shows the increase in referrals, activity and waiters for Bracknell (& Ascot) CCG (this is historic data and cannot be filtered to show Bracknell Forest Local Authority)



Breakdown of Waiters, by Waitband FY 14/15



Current Referrals and Waiters

Referrals to BHFT CAMHS have continued to increase through 2015/16 with a 5.6% increase in referrals across the East CCGs, and a 6% increase in the those accepted, requiring a service from Tier 3 specialist CAMHS.

Total numbers of young people waiting for the service increased to a peak in July of this year and have been gradually reducing since then.

New permanent staff have been starting with us since October, and following induction and training are now starting to take on a caseload of young people.

The table below shows the current numbers of young people waiting for an initial assessment in Common Point of Entry (CPE), our referral and assessment service, and those waiting for an intervention in all other teams and pathways.

Table 1 Current Waiters, Bracknell Forest Local Authority All Ages

LA_Band	BRACKNELL FOREST BOROUGH COUNCIL	EAST LA's TIER 3			
Count of Clientname	WaitWksBand				
Pathway2	0-4 wks	5-7 wks	8-12 wks	Over 12 wks	Grand Total
CAMHs CPE & Urgent care	132	49	10	2	193
CAMHs A&D Specialist Pathway	9	4	6	46	65
CAMHs ADHD Specialist Pathway	11	5	9	54	79
CAMHs ASD Diagnostic Team	6	2	7	141	156
Specialist Team	15	14	12	45	86
Grand Total	173	74	44	288	579

Please note that this data shows numbers waiting for a first confirmed face to face appointment in the specific team or pathway. Waiting times are given from the date of referral to the service (i.e. CPE) to first outcomed appointment:

- 100% of referrals rated as clinically urgent are triaged within 24 hrs. Those waiting over 6 weeks in CPE are routine referrals. All patients have had contact and are being actively managed to complete triage.
- All young people waiting in other teams and pathways have had an initial triage in CPE.
- All referrals are assessed for clinical risk and RAG rated. All red RAG cases are immediately allocated to a therapist for risk mitigation.
- Approximately 30% of those showing as waiting are receiving treatment within CAMHS. For example, some are being seen in the ADHD pathway or specialist community team but waiting for an Autistic Spectrum Disorder (ASD) assessment. 18% of the over 12 week waiters on the Attention Deficit Hyperactivity Disorder (ADHD) pathway have either not attended appointments or not returned assessment tools, and are being actively managed under the appropriate care protocol.
- Numbers of young people waiting peaked in July this year but have been starting to reduce since then. Additional permanent staff have now commenced work in the Specialist Community Team, Anxiety and Depression (A+D) and ADHD pathways and we anticipate seeing numbers waiting over 12 weeks reduce significantly by the end of the financial year.
- The ASD pathway remains a concern in terms of service capacity, with particular difficulty recruiting short term staff to this pathway. We have now appointed substantive new staff who will be starting in the new-year.

CAMHS Pathway and Customer Care

All young people referred to CPE who are assessed as not requiring an intervention from the specialist CAMHS service are supported through psycho-education, signposting and referral to other appropriate services.

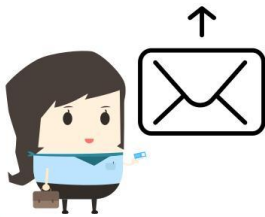
All CAMHS teams and pathways have customer care protocols in place to provide support for children, young people and families while waiting.

Information on current waiting times is provided alongside contact details for the team, information about what to expect from the team, self-help information, signposting and referral to other sources of support.

The pictogram below has been developed with our service users to show the journey through our service.

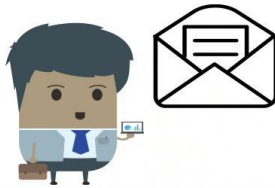
HOW DOES CAMHS WORK?

a typical journey through the service



Referral sent

your GP, school or healthcare professional refers you



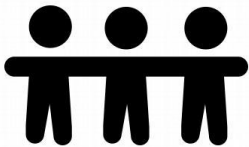
Referral received

all of our external referrals go to our Common Point of Entry (CPE) team



Referral assessed

we look at the best options for you inside and outside our service



CAMHS teams

SCT, A&D, ADHD, ASD - see our leaflets or website for what happens in each team



Outcome

we will agree on a plan together with you. This might involve a referral to one or more of our CAMHS teams or to another, more appropriate service



Initial Assessment

we call or arrange an appointment to discuss your difficulties in more detail



Waiting list

you may be placed on waiting list for a specific assessment, treatment or further review



Specialist Assessment/ Treatment

each team will offer different options for your difficulties



Discharge

we will regularly review your needs and work with you until you reach a safe place to leave our service

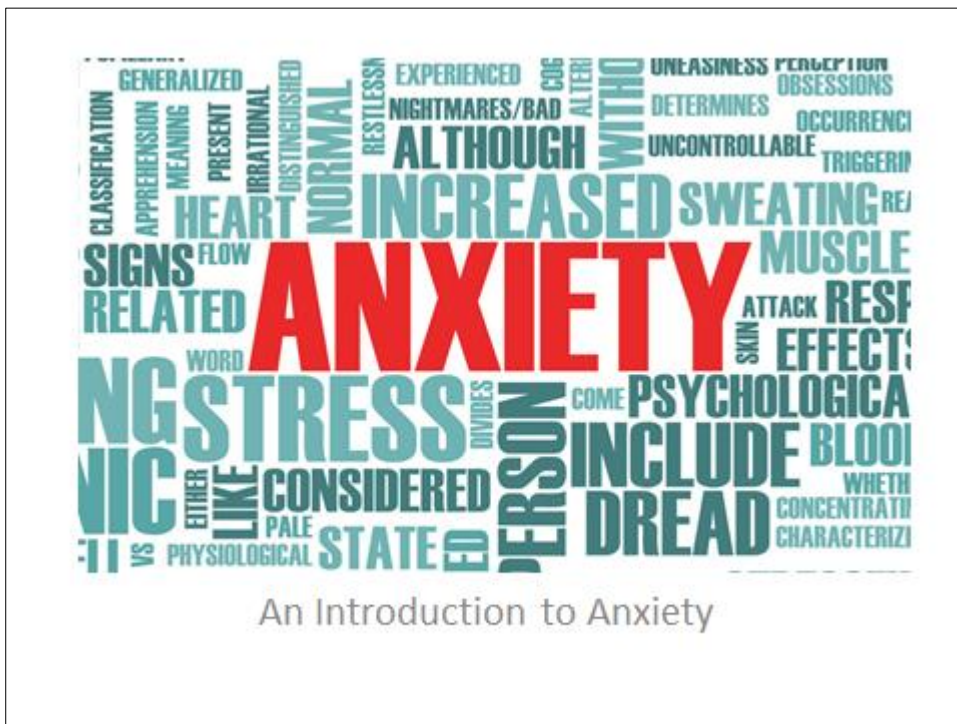


The CAMHS website has been being developed over the past 12 months with significant input from our service users.

Snapshot for information on website:



We hold workshops for service users and families:



We provide leaflets and information about our services and other sources of help.

Kooth engagement and new referral process

The BHFT CAMH service have met with representatives from Kooth on a number of occasions and have been signposting young people to the Kooth on-line service for some time; both as a suitable service for young people who do not require an intervention from Tier 3 specialist CAMHS, and as a source of support to those waiting for an intervention.

During a joint engagement meeting with the Kooth and the Bracknell Forest Public Health teams on 23rd October, it was clarified that the numbers of young people indicating that they had been directed to Kooth by CAMHS were low. It was agreed that the BHFT CAMH service would:

1. Be more directive and refer newly referred young people directly to Kooth, rather than signposting for self-referral
2. Review all those waiting for a CAMH service across all teams and pathways, providing information about the additional support available via Kooth and referring them to the on-line service, where they wished to take up this offer.

Table 2 below shows the numbers of young people aged over 11yrs i.e. suitable for the Kooth on-line service, on our current waiting lists.

Table 2 Current Waiters, Bracknell Forest Local Authority 11yrs and over

Count of Clientname	WaitWksBand				
	0-4 wks	5-7 wks	8-12 wks	Over 12 wks	Grand Total
CAMHs A&D Specialist Pathway	6	4	5	31	46
CAMHs ADHD Specialist Pathway	4	2	1	17	24
CAMHs ASD Diagnostic Team	2			52	54
CAMHs Specialist Community	13	11	9	30	63
CAMHs CPE & Urgent care	26	11	5		42
Grand Total	52	28	20	130	229

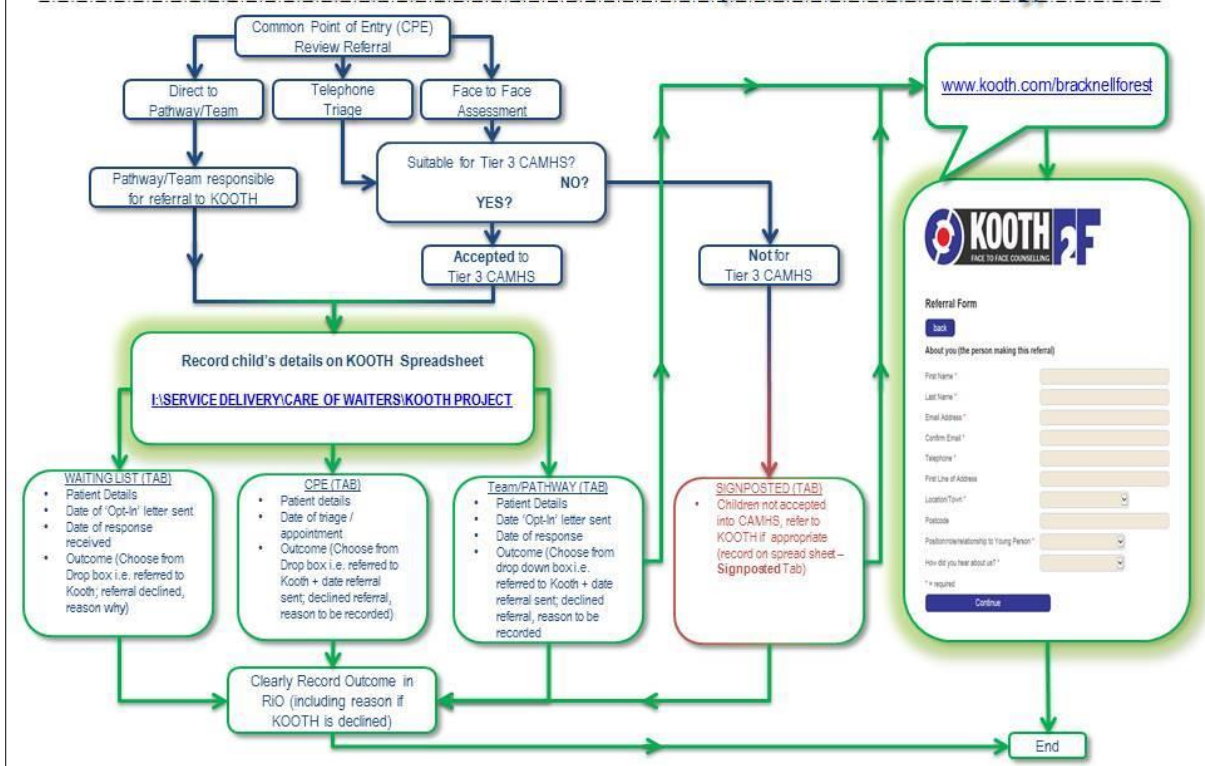
40% of young people currently waiting meet the age criteria for the Kooth service

BHFT CAMH service is now offering Kooth as an option for support to all new referrals. We have also been undertaking a review exercise and contacting those currently waiting. Consultation with our service users found that they wanted the opportunity to 'opt in' to referral while waiting, rather than us referring all.

From November we have implemented the following processes for those young people newly referred to CAMHS:

DRAFT

KOOTH Referral to CAMHS Process Flow (Bracknell Patients Only)



Progress to Date

We had some initial teething problems with the Kooth electronic referral form but have now resolved those with support from Kooth, and are actively making referrals to those young people newly referred to us who are not already accessing Kooth services.

New CAMH referrals directed to Kooth

- 5 young people have been referred directly to Kooth.
- 2 young people have declined the referral but stated that they would self-refer.
- 5 young people declined the referral but were referred to other sources of support while waiting (note that 1 young person declined the referral on the basis of a previous experience).

CAMH waiting list review for referral to Kooth

- Consultation with service users about process for referring to Kooth.
- Waiting list review complete.
- All patients waiting over 12 weeks across all teams and pathways have been sent a letter providing information about Kooth and asking for agreement to refer.
- All patients waiting over 8 weeks will be sent this letter by the end of this week /early next week.
- Kooth has been added to our information resources as a source of support for Bracknell young people

**TO: HEALTH AND WELL BEING BOARD
10th December 2015**

**YEAR OF SELF CARE
Consultant in Public Health
Director of Environment, Culture & Communities**

1 PURPOSE OF REPORT

- 1.1 This paper proposes a “Year of Self Care” programme which is aimed at linking together the wide range of preventative health and well-being work delivered across the borough.

2 RECOMMENDATION(S)

That the Health & Well-Being Board:

- 2.1 AGREE that the Year of Self care be delivered across Bracknell Forest in 2016**
- 2.2 AGREE the allocation of self care themes to specific months as set out below**

3 REASONS FOR RECOMMENDATION(S)

- 5.1 There is an extensive range of programmes aimed at improving residents’ health and well-being in Bracknell Forest. While these are consistently underpinned by collaboration between teams and organisations, this may not always be apparent to residents, to whom our programmes may sometimes appear disparate and unconnected.
- 5.2 There may therefore be value in adopting a common identity for local health and well-being work. As well as uniting existing initiatives under a familiar and positive ‘brand’, this may also attract new contributors and resources to the local health and well-being agenda.

4 ALTERNATIVE OPTIONS CONSIDERED

- 4.1 None

6 SUPPORTING INFORMATION

- 6.1 Bracknell Forest currently plays host to an extensive and successful range of programmes aimed at improving residents’ health and well-being.
- 6.2 These in turn are delivered by a wide range of agencies, often in collaboration with each other. These include teams within The Council (eg: Social Care, Public Health, Leisure Services) as well as partners such as the Clinical Commissioning Group, NHS providers, community groups and the voluntary sector.

Unrestricted

- 6.3 While the diverse range of contributing agencies makes for a rich mix of initiatives, one unintended effect is that the programmes may sometimes be perceived by residents as disparate or unconnected.
- 6.4 Therefore, there may be value in creating a common identity to better represent the level of cooperation and collaboration that underpins our health and well-being work.
- 6.5 If promoted well, this common identity will in time become a familiar and positive 'brand' that not only unites existing work but also attracts new contributors to the local health and well-being agenda (including local businesses).
- 6.6 It is proposed that the new common identity is entitled the "Year of Self Care", incorporating an annual cycle with each month dedicated to a particular element of self care (eg: physical activity, mental well-being) (see Appendix A). This approach has the following advantages:
- 6.7 The "Year of Self Care" is a direct extension of "Self Care Week" and hence utilises ideas, imagery and branding that are already familiar to our residents.
- 6.8 The "Year of Self Care" concept is generic enough to accommodate a wide range of health and well-being initiatives while still having a clear focus on the key message of personal responsibility.
- 6.9 The yearly element of the concept adds sustainability to the self care message, emphasising that health and well-being improvement is something to be sustained throughout the year and incorporated into everyday life.
- 6.10 The dedication of each month to a specific self care element allows each one to be promoted as "another step towards well-being", breaking health improvement down into less daunting, achievable parts.
- 5.6 The "Year of Self Care" represents an asset based approach that will seek to draw together existing resources into one coherent whole. As such, it does not require any additional budget or staffing. In fact, if the programme is successful in its aim of attracting a wider range of agencies and businesses into the health and well-being agenda, then it may actually generate resources via increased volunteering, partnership or sponsorship.
- 5.7 The long term aim is that the "Year of Self Care", as it grows in size and saliency, becomes a central element of the identity and reputation of Bracknell Forest.

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

6.1 None

Borough Treasurer

6.2 None

Equalities Impact Assessment

- 6.3 The programme described in this report connects programmes specifically aimed at reducing health inequalities and expanding access to all groups in society. Each one is subject to its own assessment of impact equality.

Strategic Risk Management Issues

- 6.4 None

7 CONSULTATION

Principal Groups Consulted

- 7.1 The programme described in this report connects programmes that have involved a range of stakeholder groups including health care providers, commissioners and patient or public representatives.

Method of Consultation

- 7.2 Meetings, stakeholder events, consultation surveys.

Representations Received

- 7.3 None

Background Papers

None

Contact for further information

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Appendix A: Year of Self Care



JAN Launch Events	FEB Mental Well-Being	MAR Healthy Ageing	
APR Physical Activity	MAY Eating & Drinking	JUN Carer Well-Being	JUL Learning & Volunteering
AUG Children & Families	SEP Workplace Health	OCT Quit Smoking	NOV Winter Well-Being

A calendar icon is positioned to the left of the month-based activity grid. The grid consists of 12 cells, each representing a month with a specific self-care theme. The months and themes are: JAN (Launch Events), FEB (Mental Well-Being), MAR (Healthy Ageing), APR (Physical Activity), MAY (Eating & Drinking), JUN (Carer Well-Being), JUL (Learning & Volunteering), AUG (Children & Families), SEP (Workplace Health), OCT (Quit Smoking), and NOV (Winter Well-Being).