

CYP MH Services

Bracknell Health and Wellbeing Board

Louise Noble, Service Director Children, Families & All-age Services (CAMHS, BEDS & LD)

Berkshire Healthcare





Developing Emotional and Mental Well-Being in a THRIVE Framework

Louise Noble,
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Berkshire Healthcare Foundation Trust

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Principal Child & Educational Psychologist and Strategic Lead for Mental Health & Emotional Well-being
Brighter Futures for Children



What Makes This A Good Time For A Review?



A Working Vision for Berkshire West

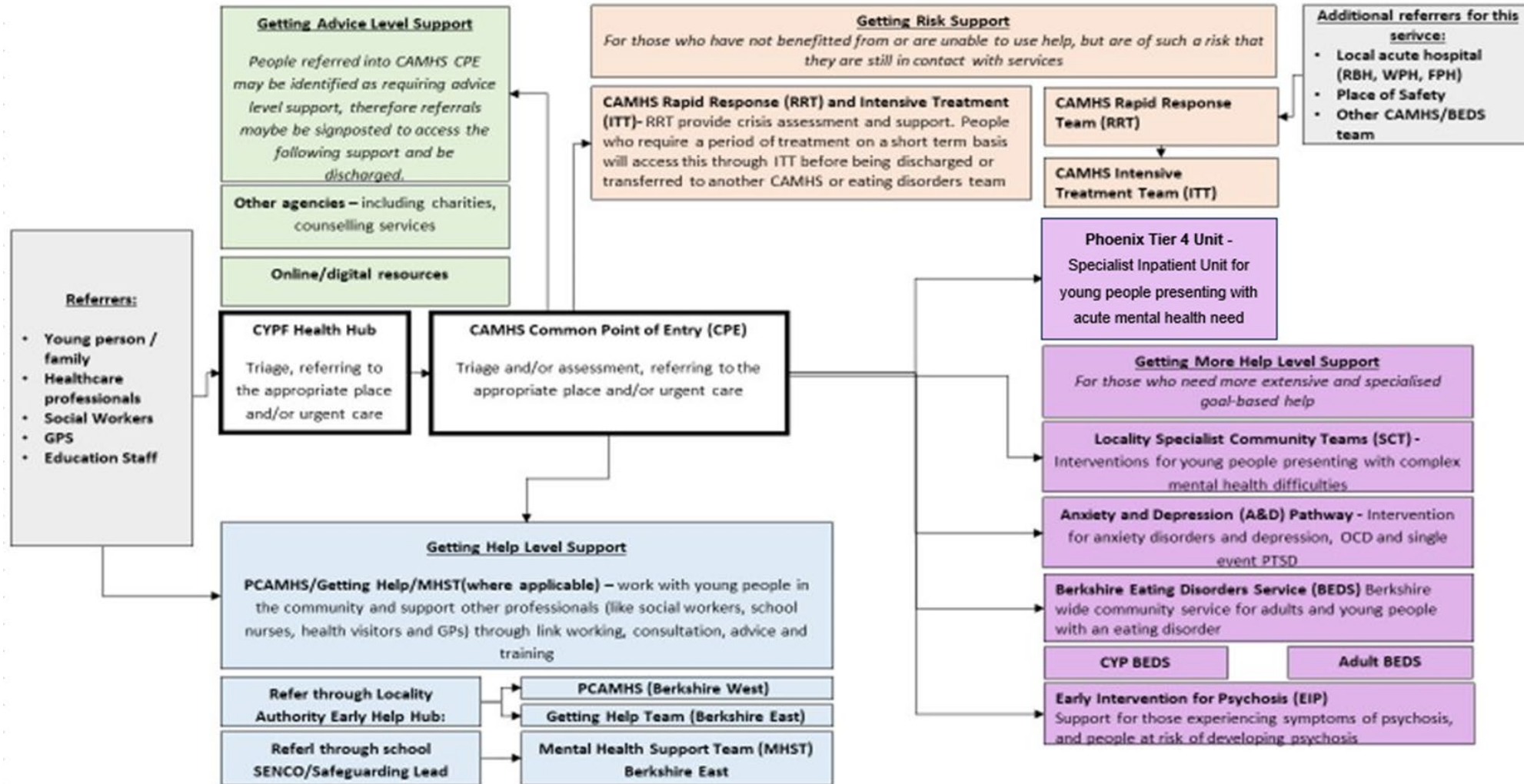
Children, Young People and their families and carers are supported to achieve or maintain good emotional and mental health and wellbeing, at the right time and at the right level, by services which they define alongside professionals, through shared decision making.



Emotional and Mental Well-being is Everyone's Business



CYP MH Service Referral Routes & Access



DRAFT Defining and measuring waiting times

This might be called a 'Clock Stop'



A service receives a referral (including self-referral, GP, Teacher, Social Worker... etc.)



This is what many people in the NHS call a 'Clock start'



A mental health professional talks to a child, young person and/or their parent/carer or another professional involved.

They try to understand the feelings, concerns, and difficulties, what might be causing them and what help might look like.

Help starts when the professional agrees with the child, young person, parent of carer ...

...that advice would help – for example, to understand their feelings and what they can do to manage them - and the professional provides that there and then.

... that another service is better placed to help and supports them to access it, for example education, housing, social care.

... how they can help and what should be in a 'care plan'/'plan of care' and gets started. This might include therapies (such as counselling, or cognitive behavioural therapy, or family therapy) and/or medications. There might be options to choose from.

... that the cause of difficulties, feelings and concerns are unclear and that a process called "formulation" would help by exploring together (including with other professionals) all the things that might make life harder or better and, from this, what might help. This might take several meetings.

..... The child, young person, parent or carer decides they no longer want or need help from the service

In all scenarios the professional should provide information about:

- what might help and different options available
- how long it might take to access different parts of the care
- How they will know if things are getting better (see box below)
- When care will be reviewed and what to do if the child, young person, parent or carer thinks things are getting worse.



This only tells us what and when someone received support, it doesn't tell us if it helped.

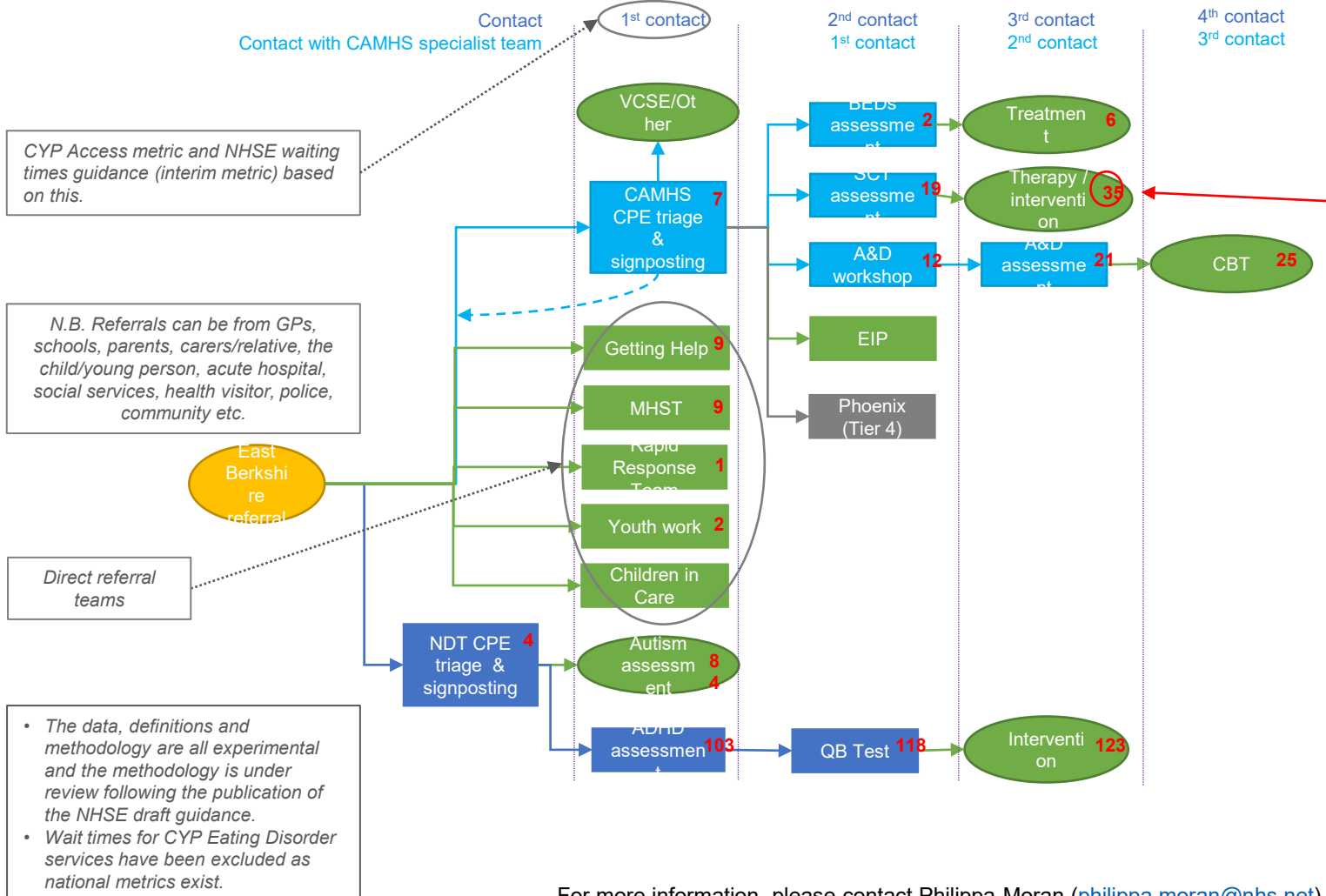
Professionals should use tools called **experience and outcomes measures** to help the child, young person, parent/carer know if things are working. This data is also used nationally to help improve services.

Professionals will describe the different tools available and agree with the child, young person, parent/carer which would be best to use.

East Berkshire CYP Mental Health Pathway at BHFT

Agreed with Louise Noble, BHFT 04/07/2023

Metrics / reporting in *mpm*



CYP Access metric and NHSE waiting times guidance (interim metric) based on this.

N.B. Referrals can be from GPs, schools, parents, carers/relative, the child/young person, acute hospital, social services, health visitor, police, community etc.

East Berkshire referral

Direct referral teams

- The data, definitions and methodology are all experimental and the methodology is under review following the publication of the NHSE draft guidance.
- Wait times for CYP Eating Disorder services have been excluded as national metrics exist.

Average number of weeks waited from referral based on local reporting from MHSDS @ Jun-23 (rolling 12 months)

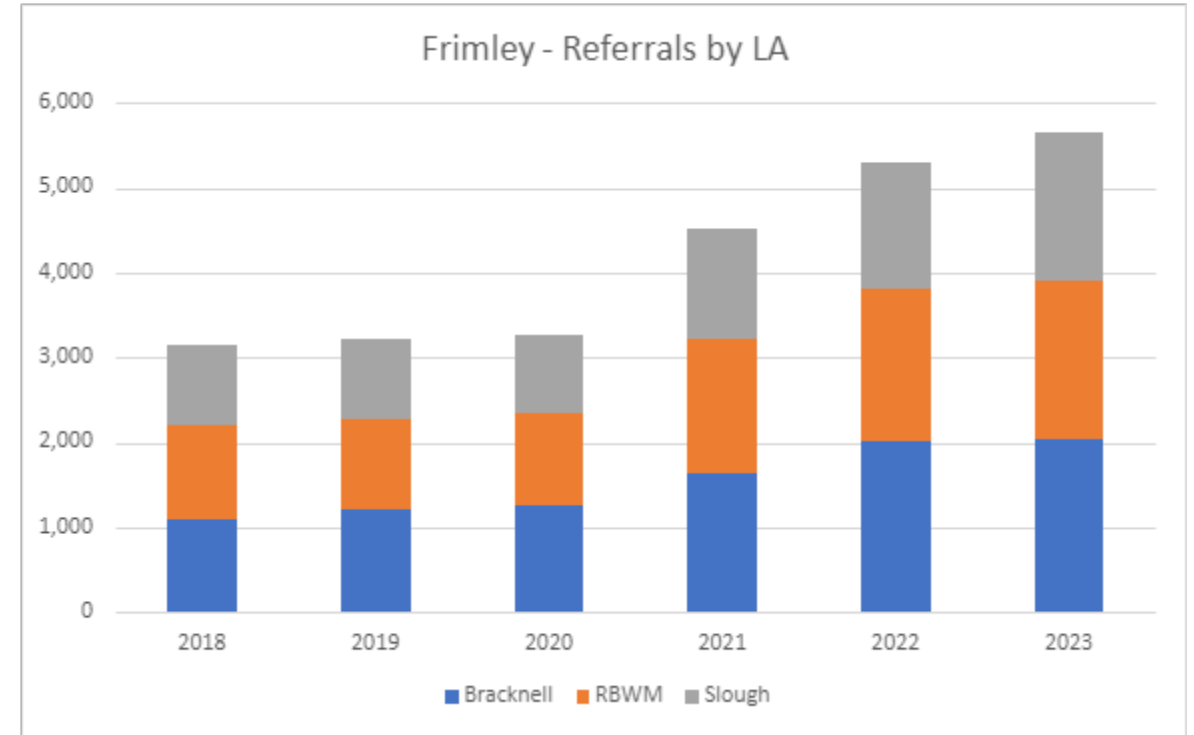
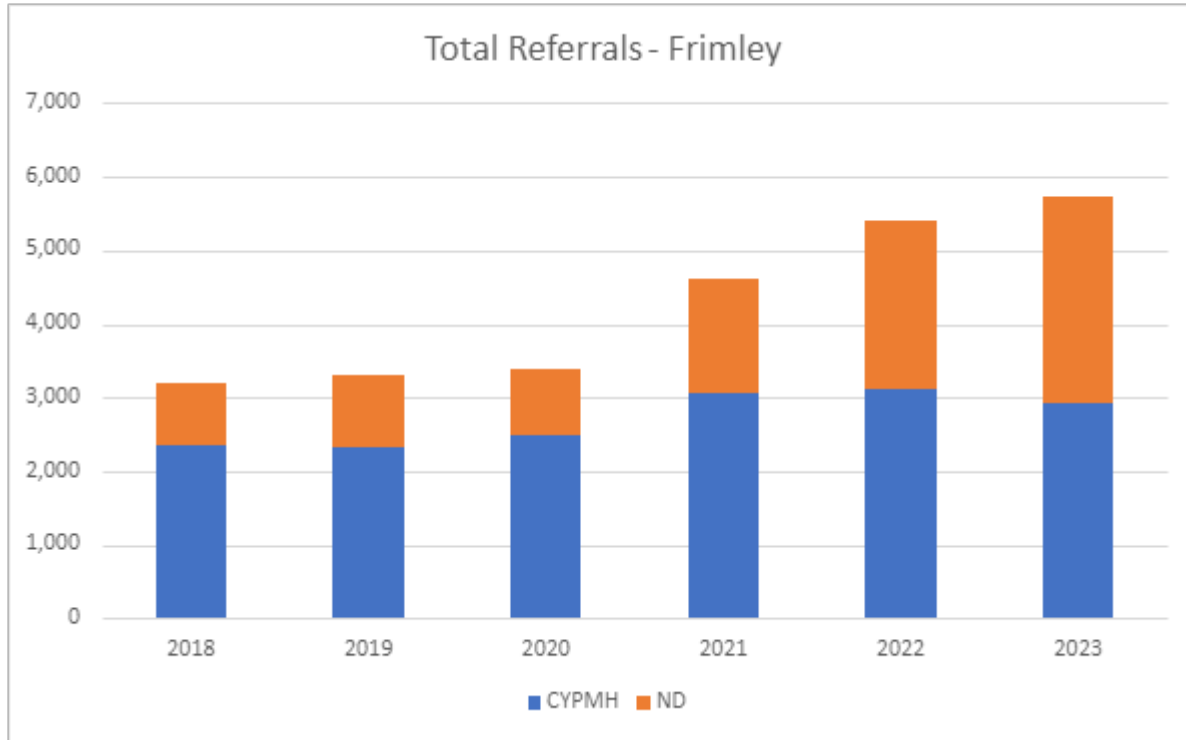
- A&D Anxiety and Depression
- ADHD Attention Deficit Hyperactivity Disorder
- BEDs Berkshire Eating Disorder service
- BHFT Berkshire Healthcare NHS Foundation Trust
- CAMHS Child and Adolescent Mental Health Service
- CBT Cognitive Behavioural Therapy
- CPE Common Point of Entry
- CYP Children and Young People
- EIP Early Intervention in Psychosis
- MH Mental Health
- MHST Mental Health Support Team (in schools)
- NDT Neurodiversity
- Q&R Quantitative Behavioural

- 1st, 2nd & 3rd contact are proxy measures for the levels of intervention. **Some young people will experience a shorter wait**, examples as follows:
 - 1st contact with SCT or A&D may be treatment either because CPE or RRT may have been able to clearly formulate needs, difficulties & identify the primary clinical care pathway, or because GH/MHST (AnDY clinic) are stepping up from within a clinical care pathway. Over the coming months the aim is to eliminate the need for the assessment in SCT & A&D, and the workshop in A&D.
 - Direct referral teams transfer referrals to other teams (including between themselves but not back to CPE) if clinical presentation changes. When that happens, 1st contact with the next team would be treatment rather than assessment.
- 1st contact for direct referral teams will meet the NHSE draft definition of 'help' i.e., assessment, but also intervention.
- BHFT are working on streamlining processes and protocols for CPE with the aim of enabling CPE clinician interventions at 1st contact to meet the NHSE draft definition of 'help'.
- For BEDS, assessment and treatment happen on the same day (two contacts with a clinical discussion in between).
- CAMHS Phoenix/access to Tier 4 is not an ICB commissioned service but is included for completeness.

For more information, please contact Philippa Moran (philippa.moran@nhs.net) and

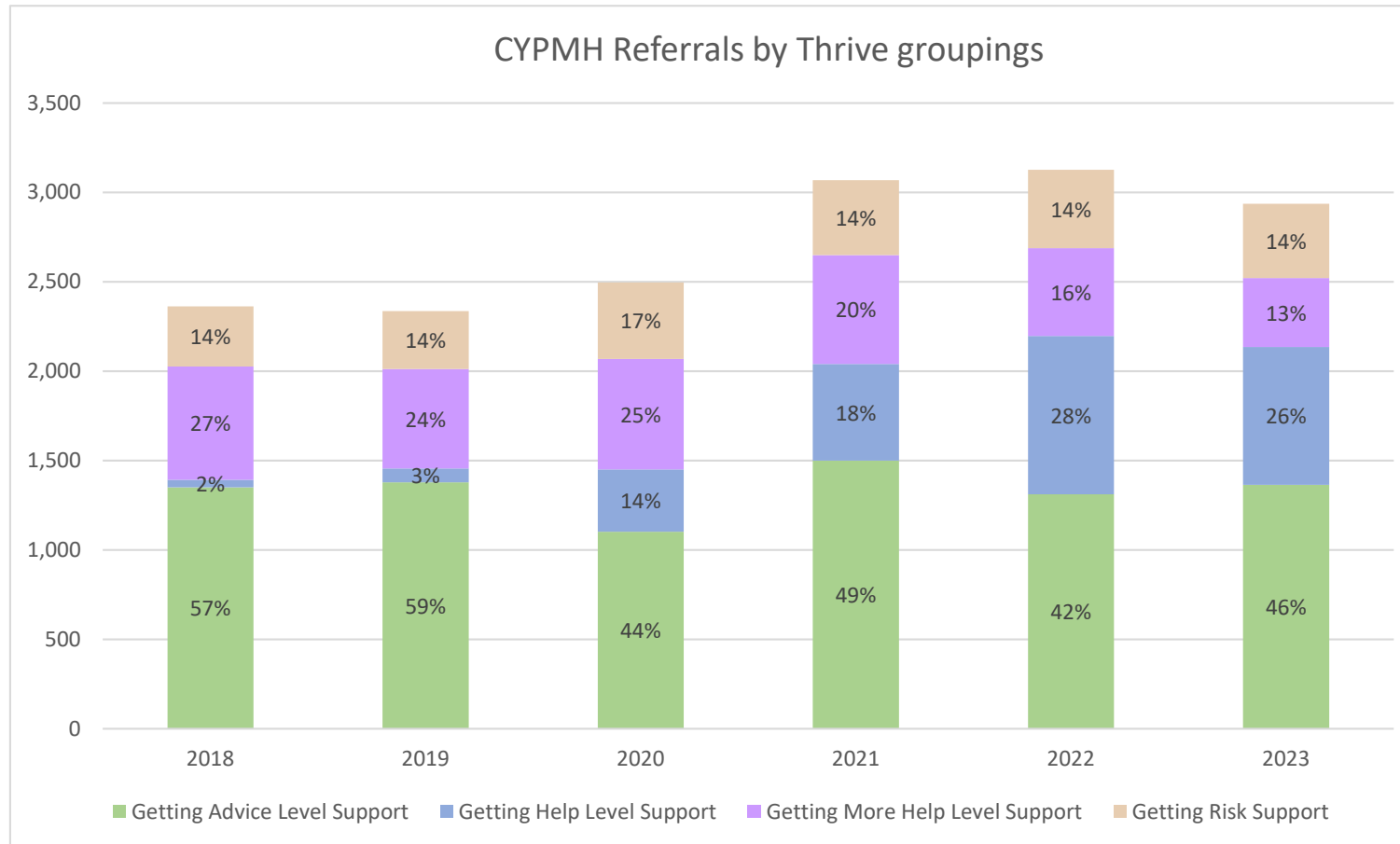


Referrals



The ratio of referrals has changed from 26% ND to 49% ND over the last 6 years.

Referrals by THRIVE groupings



CAMHS wait times overview



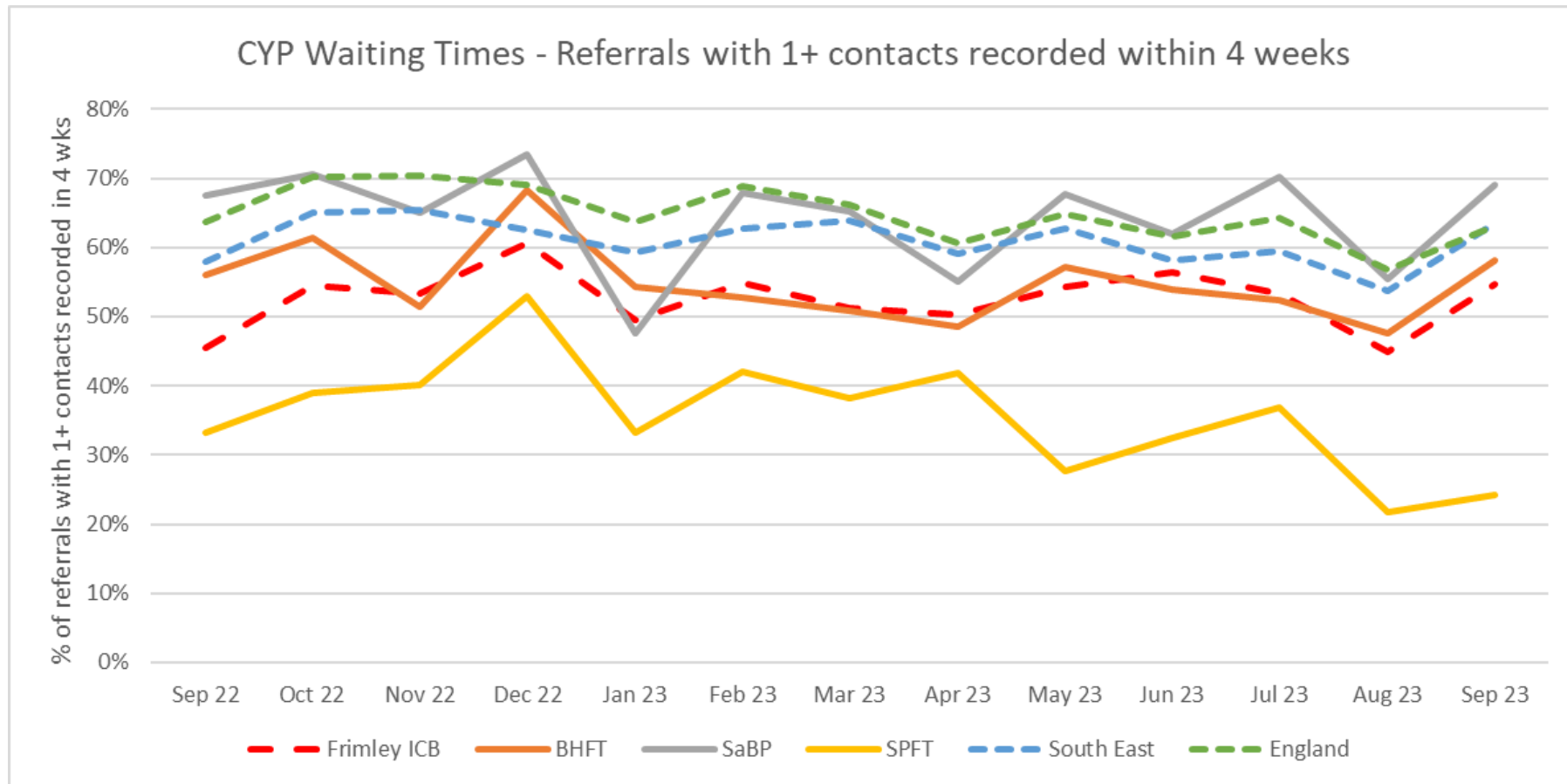
Berkshire Healthcare
NHS Foundation Trust

Latest data to end Sept-23

Frimley ICB CAMHS Waiting Times

(excluding, Autistic spectrum disorder service, and Neurodevelopment service)

Source: [CYPMH Dashboard - Mental Health, Learning Disability and Autism Resource Hub - FutureNHS Collaboration Platform](#)





We provide care and support to children, young people and their families in Berkshire.

I'm looking to...

Get mental health

Referrals

1 Read the information carefully before and after you start a referral to see if it is the right route for you.

2 Check our Support and Advice pages for self-help techniques to help with managing symptoms.

Attention Deficit Hyperactivity Disorder (ADHD)

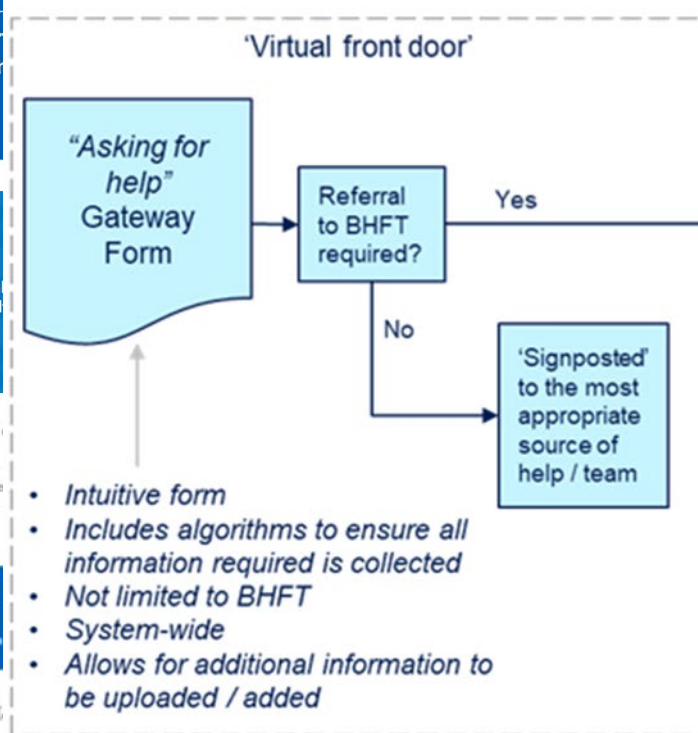
Autism referral

Child and Adolescent Mental Health Service (CAMHS)

Children's Community Nursing

Community Nutrition and Dietetics

Community paediatricians

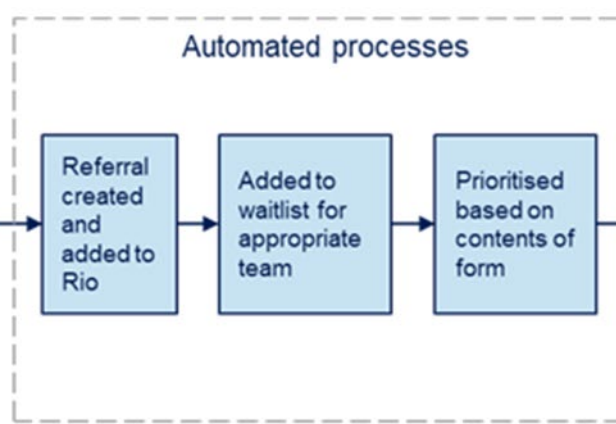


Child and Adolescent Mental Health Service (CAMHS)

For emerging mental health issues

If your child is developing difficulties with their mental health, the first level of help and support we offer is through our Schools Mental Health Support Teams (MHST), or if your child's school does not have an MHST, through our Community Getting Help services.

If you live in the East of Berkshire, these services are provided by Berkshire Healthcare.



Local Authority, rather than Berkshire

contact the school to discuss support.

age.

people such as the Anxiety and Depression Team, are available to provide treatment for

If you need urgent help now

If you are having suicidal thoughts or extreme mental health difficulties and need to talk to someone now, you can contact our mental health support team by calling freephone 0800 129 9999.

If you are currently receiving help from CAMHS and things have become very difficult for you, and you need some extra help, you can call the CAMHS duty worker Mon-Fri 9am-5pm. They will be able to talk to you, and if it's helpful, organise some extra support for you, but this may take a little time to arrange. The number for your duty worker will have been given to you following agreement of your initial treatment plan, but if you can't find it, call us on 0300 365 1234 (calls charged at local rate).

GET HELP

HIDE SITE

GET HELP

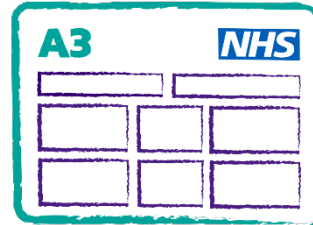
HIDE SITE

Improving Flow & Waiting Times



Improvement Huddles

Individual team driver metrics

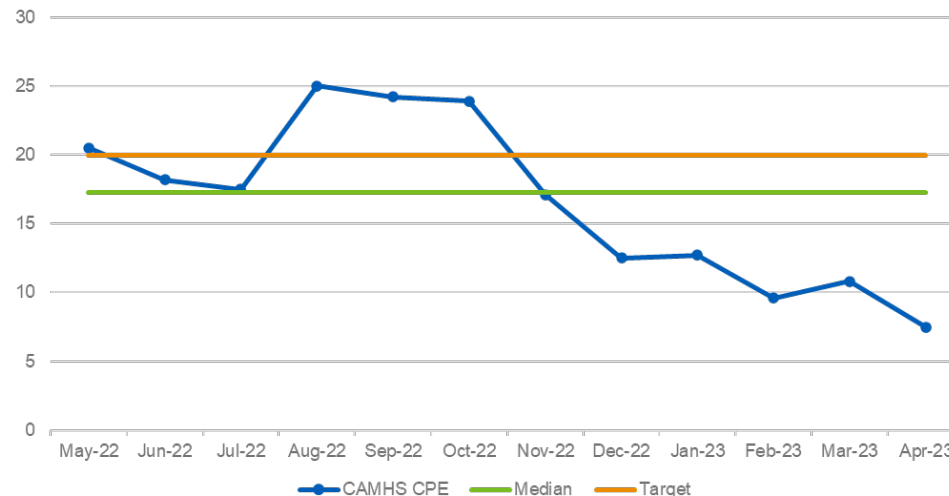


- CPE = Reducing waiting times
- SCTs = maximising clinical activity

- East Getting Help improving referrals process project
- Rapid Response staff retention project – improving staff joy
- Anxiety and Depression Team – flow, value stream mapping
- Yellow Belt projects
 - ROMS
 - iWGC/ESQ
 - addressing inequalities

Improvement Huddle Board			
Huddle Time	3 New Improvement Ideas	2 Work in Progress	Implemented Tickets
1 Standard Work	Team Free Care, Patient Experience, Supporting our Staff, Money Matters	Quick Wins	
		1 2 3	5 Celebrations
Escalated Tickets	4 P-I-C-K Chart	Plan Do Study Act	6 Weekly Recording
1 2 3	P-rioritise, I-ncubate, C-heck, K-ep for later	1 2 3	M T W T F Sa Su

CPE Avg. Weeks to First Appointment (May 22 - Apr 23)



Quality Improvement

Improvement Opportunity

Name: Date:/20....

The problem I would like us to explore is....

This problem relates to: (circle the main one)

Harm Free Care Patient Experience
Supporting our Staff Money Matters

It is happening because....

A potential improvement is.....

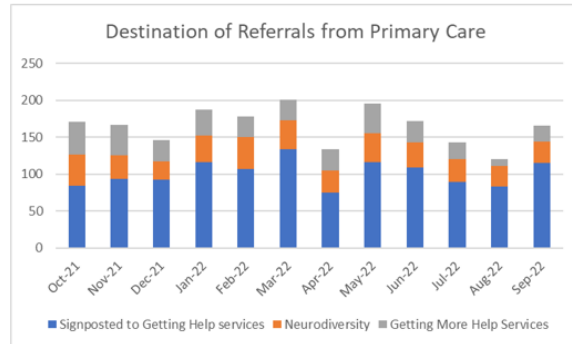
Other projects/developments

- CAMHS Clinical Care Pathways Implementation
- Digital CAMHS Project.
- Pilot projects with VCSE providers
- Schools integration projects
- New service developments

~ 40 days for routine referrals to complete their journey through the CYPF Hub
 ~100 days once signposted to access 'help' from signposted service

Pilot: CYP Mental Health roles in Primary Care

Primary Care continues to be the top route for referrals to Berkshire Healthcare CAMHS – 34% of referrals to CAMHS & CYP ND services.



% Referrals by Destination Service	
Signposted to Getting Help Services	61%
Neurodiversity Assessment	20%
CAMHS Getting More Help Teams	18%
CAMHS Crisis Service	<1%

GP colleagues tell us:

- They don't understand the services available, which is the right service, how to refer to other services, they don't have the time to work or they are often just seeing the parent and not the child
- Berkshire Healthcare referral process is familiar and straightforward
- People think that a GP referral carries more 'clout' and will be responded to more quickly so seek referrals from GP's
- Parents tell the GP that school have asked them to ask the GP to make a referral
- People have confidence in the 'NHS' brand – GP first point of contact; request referral to NHS services

- RBWM Pilot: 60% needed GH/MHST; 30% were helped by assessment, formulation & advice; None needed Getting More Help/Getting Risk Support services
- Some (? many) CYP are not accessing the signposted support



A3

Title of Improvement Project/Problem Solving Item:
 Improving the East Berkshire Getting Help Team Referral Pathway

Project Team Members:
 Vicki Livingstone, Yani Chocalingum, Rhona Edwards, Abigail Taylor, Lucy Jacobs, Mel Jarvis, Robert Williams, Louise Noble, Sophie Widdison

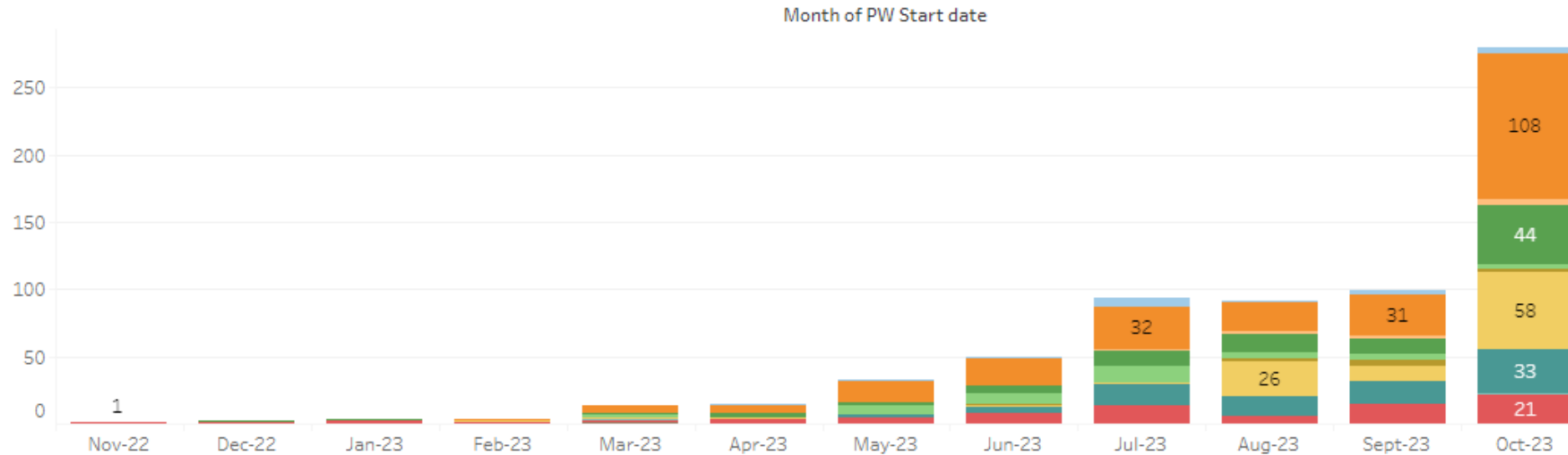
<p>Step 1: Problem Statement: The East Getting Help team referral process is confusing and inconsistent. This impacts the length of time taken for children and young people to access help in the most timely way. This problem links to the harm free care and patient experience areas of True North.</p>	<p>Step 4: Analysis, Issues and Root Causes: Issues:</p> <ul style="list-style-type: none"> • There is some waste in some local processes e.g. length of time of allocations meetings, day of week • High number of referrals signposted away from CPE that do not get referred to Getting Help • High number of referrals for Getting Help level support going to CPE. Top Root Causes for this are: <ul style="list-style-type: none"> • Hard to navigate BHFT website, process of what process should be isn't clearly mapped and communicated • Referrers not clear on eligibility criteria for GHTs—why? Internally we aren't either • LA MASH form not fit for purpose 	<p>Step 6: PDSA Cycles:</p>																																																																													
<p>Step 2: Current Situation:</p>	<p>Step 5: Countermeasures:</p> <table border="1"> <thead> <tr> <th>Countermeasure</th> <th>Owner</th> <th>Start Date</th> <th>End Date</th> <th>Status</th> </tr> </thead> <tbody> <tr> <td>1. Referrals coming to CPE that are for Getting Help level support</td> <td>Lack of understanding of eligibility criteria for Getting Help</td> <td>WAM pilot - build upon. Get clinical expertise to support mapping in CPE/green cases</td> <td>Rhona/Rubert</td> <td></td> <td></td> </tr> <tr> <td>2. Referrals coming to CPE that are for Getting Help level support</td> <td>Diff T website referral pathway is not clear</td> <td>Website working group</td> <td>TEC</td> <td></td> <td></td> </tr> <tr> <td>3. Referrals coming to CPE that are for Getting Help level support</td> <td>MASH form is not user friendly</td> <td>Meet with LA leads, presenting facts and getting feedback from with Forestry transformation leads</td> <td>Louise/Gemma</td> <td></td> <td></td> </tr> <tr> <td>4. High length of time taken between referral and appointment letters being sent out in CPE</td> <td>ICU to be completed</td> <td></td> <td>Mel/Rubert/Thudja</td> <td></td> <td></td> </tr> <tr> <td>5. Excess processing in WAM and Slough meetings</td> <td>Was needed at the time, hasn't been reviewed recently</td> <td>1. Move allocations meeting to Weds (same day as EHC) 2. Review frequency to fortnightly if suitable</td> <td>Rhona/Gemma</td> <td>Completed</td> <td>FAO3</td> </tr> <tr> <td>Excess processing in Blackrock meetings</td> <td>Was needed at the time, hasn't been reviewed recently</td> <td>To discontinue EHC consultation meeting</td> <td>Yani</td> <td></td> <td></td> </tr> <tr> <td>Slough - wasted time between Weds and Mon</td> <td></td> <td>Increase EHC referrals MCT on Monday morning</td> <td></td> <td></td> <td></td> </tr> <tr> <td>High numbers of referrals coming to CPE that are for Getting Help level support</td> <td>Lack of understanding of eligibility criteria</td> <td>Review to MCT and discuss to action GHT allocation meeting day change</td> <td>Avonita</td> <td></td> <td></td> </tr> <tr> <td>Low Getting Help team referrals from GP and high numbers to CPE</td> <td></td> <td>Getting Help team drop to consultation 'only' use of Slough</td> <td>Project group to oversee</td> <td></td> <td></td> </tr> <tr> <td>CYPF website</td> <td>Was not been updated/reviewed</td> <td>Review in project group meeting</td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td>Limited time, forms are not reviewed timely, lack of understanding of CAMHS services</td> <td>CYP AHMS role development work</td> <td>Avonita</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Use of AI as part of CYPF website project</td> <td>Mel</td> <td></td> <td></td> </tr> </tbody> </table>	Countermeasure	Owner	Start Date	End Date	Status	1. Referrals coming to CPE that are for Getting Help level support	Lack of understanding of eligibility criteria for Getting Help	WAM pilot - build upon. Get clinical expertise to support mapping in CPE/green cases	Rhona/Rubert			2. Referrals coming to CPE that are for Getting Help level support	Diff T website referral pathway is not clear	Website working group	TEC			3. Referrals coming to CPE that are for Getting Help level support	MASH form is not user friendly	Meet with LA leads, presenting facts and getting feedback from with Forestry transformation leads	Louise/Gemma			4. High length of time taken between referral and appointment letters being sent out in CPE	ICU to be completed		Mel/Rubert/Thudja			5. Excess processing in WAM and Slough meetings	Was needed at the time, hasn't been reviewed recently	1. Move allocations meeting to Weds (same day as EHC) 2. Review frequency to fortnightly if suitable	Rhona/Gemma	Completed	FAO3	Excess processing in Blackrock meetings	Was needed at the time, hasn't been reviewed recently	To discontinue EHC consultation meeting	Yani			Slough - wasted time between Weds and Mon		Increase EHC referrals MCT on Monday morning				High numbers of referrals coming to CPE that are for Getting Help level support	Lack of understanding of eligibility criteria	Review to MCT and discuss to action GHT allocation meeting day change	Avonita			Low Getting Help team referrals from GP and high numbers to CPE		Getting Help team drop to consultation 'only' use of Slough	Project group to oversee			CYPF website	Was not been updated/reviewed	Review in project group meeting					Limited time, forms are not reviewed timely, lack of understanding of CAMHS services	CYP AHMS role development work	Avonita					Use of AI as part of CYPF website project	Mel			<p>Step 7: Outcomes:</p>
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<p>Step 3: Vision/Goals: Vision:</p> <ul style="list-style-type: none"> ⇒ One referral form for all referrals ⇒ 100% of young people to get to the right place/team ⇒ Fewer people lost in the system ⇒ Clear plan that is communicated well ⇒ Clear pathway of services available to all, and how to access those services <p>Goals:</p> <ol style="list-style-type: none"> 1. Decrease in % of referrals signposted from CPE from East Beks. 2. Decrease in waiting time waste in pathway: 3. Time from referral to Getting Help 4. Decrease in time between CPE and Getting Help 5. Decrease in time between MASH form and first appointment 6. Improved refer and staff feedback 7. Increased referrals to Getting Help Team 8. Increased accepted % 	<p>Step 8: Insights:</p>																																																																														

Clinical Care Pathways

Pathways Started



Pathways Started Bar Graph



Getting Risk Support

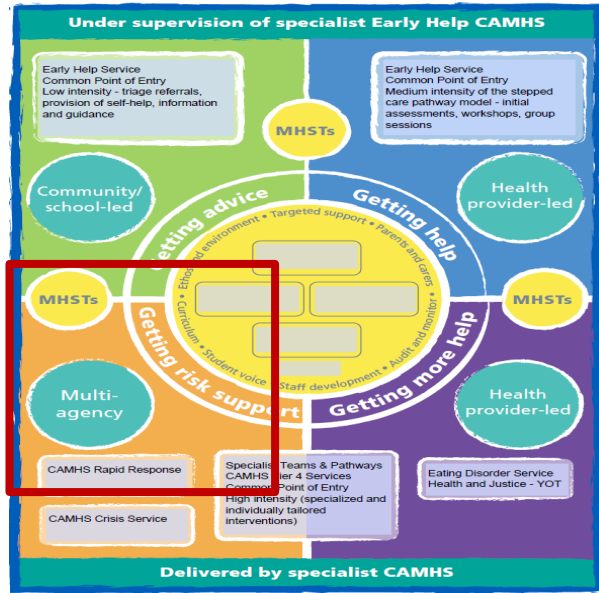
Berkshire wide crisis service consisting of two teams

RRT Assessment team

RRT Intensive Treatment Team (from Sept 2022)



Berkshire Healthcare
NHS Foundation Trust



Extension of Service to 24/7

Pilot from Jan 2023: Staff member based at RBH responding to crisis calls through NHS111/CRHTT and crisis presentations to A&E.

75% able to be discharged/presentation to acute service avoided.

Funding confirmed to continue & extend to WPH, expected to commence Sept 2023

Acute Liaison Post

Estates Project: Assessment Suite



Deep dive audit – work in progress:

- 75% of crisis presentations are the CYP first presentation to CAMH services
- 5% waiting mental health assessment
- 5% waiting mental health treatment
- 21% had a diagnosis or were waiting an autism assessment
- 16% had a diagnosis or were waiting an ADHD assessment
- 40% A&E presentations do not require emergency medical attention
- Issues related to school & relationships top contributors to crisis

Following crisis presentation, approx 35% are referred to Getting Help level services, 10% for an ND assessment, 10% to CIC and 5% to a Getting More Help CAMHS team.



CAMHS Children in Care Service
Berkshire Link Team
CYP MH LD Service
DSR & Keyworking Service



These are our children

A review by Dame Christine Lenehan
Director, Council for Disabled Children

Commissioned by the Department of Health

TRAUMA RECOVERY MODEL

