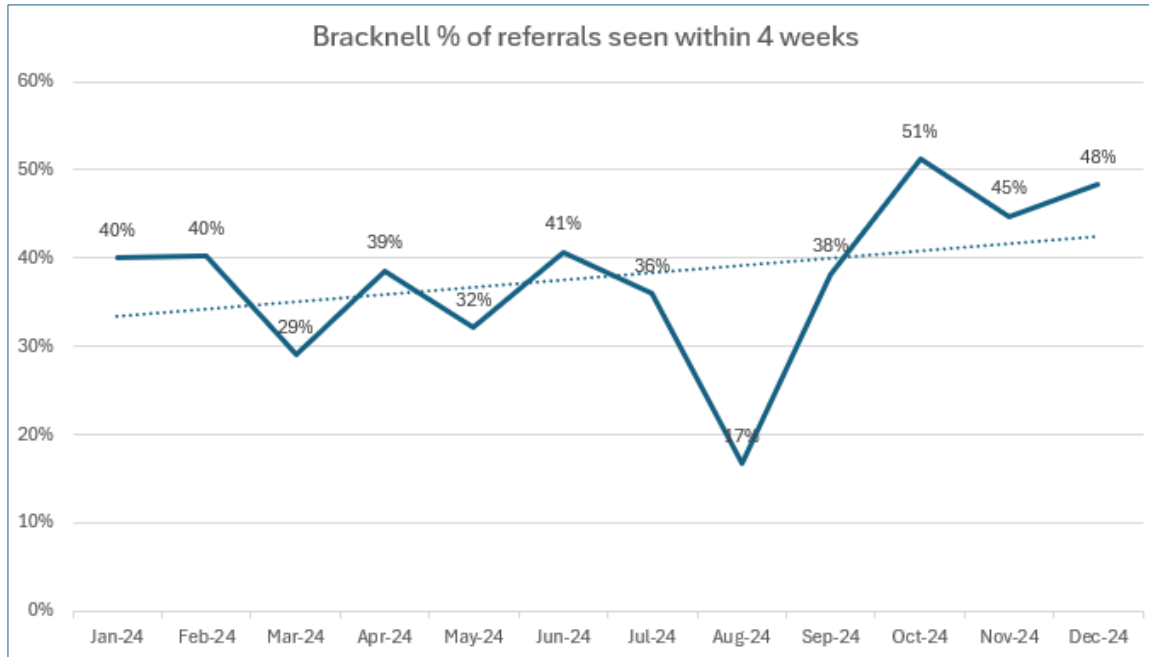




Bracknell Forest – Berkshire Healthcare Child and Adolescent Mental Health Services (CAMHS) update

Quick overview

The graph below shows the % of Bracknell Forest children and young people receiving a clock stop intervention within 4 weeks.



We are showing an improvement trend against this and other waiting time metrics. Quality improvement work is underway in top contributor teams and progress monitored at team, service, division and Trust level.

Note that we are not currently able to record full clock stop activities in all service areas and are waiting development of coding that will enable clock stop following consultation. This impacts significantly on the data for some teams and the true position is expected to be better than shown in the data.

Background

BHFT provides child and adolescent mental health services in all of the needs-led groups of the THRIVE framework across Berkshire. Much work has been undertaken to transform and improve children and young people’s mental health services over the past 10 years, with the development of new services including MHST’s, locality based Getting Help Teams, a dedicated crisis service for CYP, an alternative to inpatient unit and new services targeted to meet the needs of specific population groups. THRIVE provides a set of principles and a common language that aims to enable the creation of coherent, resource-efficient communities of mental health and wellbeing support for children and young people. Our original service model and specification is not based on the THRIVE Framework and feedback from stakeholders, partners and service users has indicated that it is now unclear and confusing. It also makes it difficult to clearly articulate the BHFT CAMHS offer in each of the domains, to articulate/influence the roles/provision of other commissioned providers/partners to ensure efficient and streamlined patient flow between and across agencies and to describe gaps in provision.



CAMH services have historically had long waiting times and our data systems have not enabled sufficient visibility of the whole patient journey. With the publication of a clear definition of ‘meaningful help’ and draft wait metrics by NHSE, we have been working to implement clinical processes and transform our electronic record system (RiO) to enable delivery of required activity and recording of the ‘meaningful help’ clock stop metrics introduced by NHS England this year.

Current situation

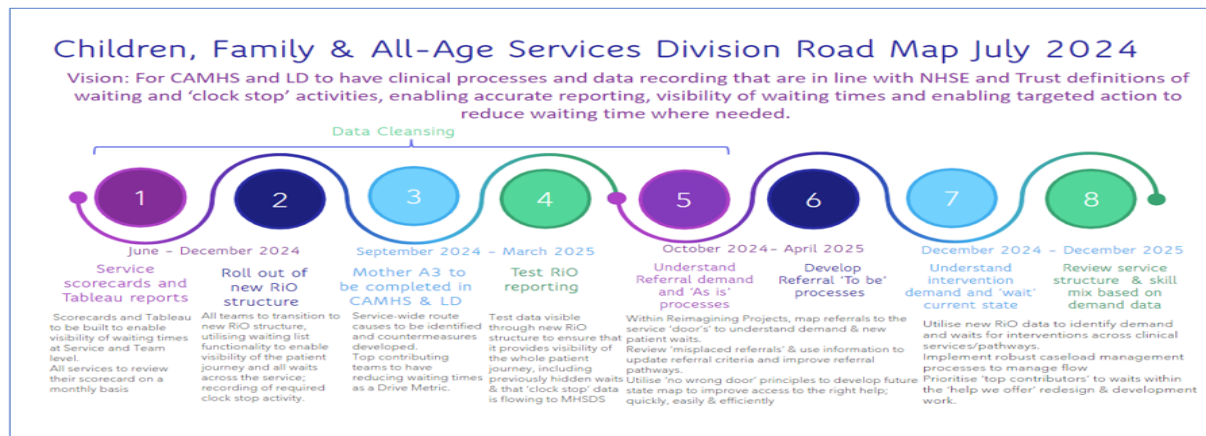
The following new services have gone live over the past year:
 LD CAMH Service (Berkshire Wide)
 Berkshire Link Team (Berkshire-wide) (Berkshire spoke of the Thames Valley Link Service supporting CYP with needs described as complex)
 Berkshire East CAMHS Children in Care Service

We have a new MHST in Bracknell Forest that commenced operations this month.

The principle of redesigning the CAMH service model and service specification in line with THRIVE has been agreed with commissioners East and West. There is an agreement that this provides an opportunity to improve understanding of THRIVE and embed the framework more fully across our local systems, that this would bring us more in line with models in other Places within the ICB’s and that it would enable improvements in patient flow, waiting times and service user experience within our services and across agencies. This principle has been tested out with system partners including local authority leads, young people, parents and carers and the new senior leadership structure implemented in April 2024 has been aligned to the THRIVE domains to enable this transformation.

Much of the required work is already underway within the service and/or through specific projects.

Reducing waiting times is a Trust strategic project and a Driver Metric for CAMHS.



No performance management targets or standards have yet been set by NHSE however we are monitoring the metrics that they have described and are currently reviewing internal targets.

We are working to implement a ‘no wrong door approach across all CAMH services and to ensure that activity and recording at all ‘doors’ is compliant with the current NHSE requirements for ‘clock-stop’ activity.



Future plans

Implementation of the THRIVE Framework

We are working to transform our service structure and engage with system partners to embed the national THRIVE Framework for system change as the way we work. This is an approach that ensures that young people get the emotional wellbeing and mental health support they need when facing difficult situations. The goal is for every young person to thrive, but if they do need extra help, they know where to go to find the right support. Young people will be supported to get the help they need.

Whether they need risk support or advice, the approach emphasises flexibility and a tailored approach to support young people in getting the help they need to thrive.

Principles of the Thrive Framework

1. Enables a common language to talk about mental health and mental health support that everyone understands.
2. Needs-led approach based on meeting need, not diagnosis or severity.
3. Stresses the importance of explicitly engaging children and their families in shared decision-making about the type of help or support they need.
4. Emphasis on proactive prevention and promotion how to help children, young people and communities build on their own strengths
5. Promotes partnership working across health, education, social care and the voluntary sector, with shared responsibility, accountability and mutual respect.
6. Outcome-informed considering the full range of options, including self or community approaches; differentiating between treatment and risk management; measuring progress towards goals, with explicit discussions if goals are not achieved and transparency about the limitations of treatment and ending of interventions.
7. Reducing stigma ensuring mental health is everyone's business; including all target groups.
8. Accessibility advice, help and risk support available in a timely way for the child, young person or family, whether they are and in their community.

We are currently in stage 1 of implementation and will following through to state 3 over the next 18 month to 2 years.

- Stage 1 – Using the THRIVE the framework and principles, we are evaluating what the principles mean for us and how we might need to change our service structure and ways of working in the future to support implementation
- Stage 2 – Phased testing and implementation of the new and improved model – there are differences in the way services are set up between East and West Berkshire that may affect how we can implement changes.
- Stage 3 – Working with the wider system – we will be engaging with our service users, parents, carers, system partners throughout all stages of the project however once we are clear on how our service structure and the way we work might change, we will then move to more focused work with the wider system.

The must do's for our Re-imagined CAMHS



No Wrong Door



A single team ethos



28-day referral to treatment



Named worker



Equity in Access



No unwarranted variations



Clear Endings

Areas of strength

Improving access to CAMHS Getting Help Team – Quality Improvement Project:

In 2019, CAMHS Getting Help Teams were created to provide early help mental health provision for children and young people without a Mental Health Support Team at their school.

However, referrals rates remained lower than anticipated, with other CAMHS teams still receiving a high number of referrals. A QI project was initiated in September 2022 to understand the reason for this. Barriers to accessing the service, impacting being able to provide preventative, early intervention were identified and countermeasures to increase referrals and access to the service for children and young people put in place.

We have collaborated with a group of parents and young people to hear their experience of accessing the service, with many identifying that the process was long winded and unclear.

- *“Had to chase several times when we got 'lost'”*
- *“I felt like I was passed on from here to there. I wasn't aware that the Getting Help Team existed”*

They made suggestions for improvement which we have incorporated into the countermeasures. The team have implemented several process improvements to achieve an increase in referrals to the team, including; Getting Help clinicians triaging patients in CPE, development of ‘trusted assessment’ processes between teams; immediate transfer to Getting Help treatment care pathways; feedback to improve referral processes; amendments to Local Authority Early Help website to ensure families referring were clear this was the route for CAMHS early help support and improvements to LA triage processes.

Use of Quality Improvement tools to make improvements in response to patient and family feedback:

- Bracknell Getting Help and MHSTs started using Lean QI tools as part of the Trust’s Quality Management Improvement System (QMIS) that is adopted across all teams in Berkshire Healthcare. They have in place a weekly ‘Improvement Huddle’. This is protected time for team members to raise ‘improvement tickets’ for the team to work on.
- Tickets will be focussed on implementing ideas that will improve patient experience and safety.
- Improvement tickets can also incorporate improvement suggestions received by CYP and families, either through our patient experience tools (I Want Great Care, and Experience of Service Questionnaire) or through their interactions with patients and families.

Examples of Bracknell GH/MHST Huddle Tickets:

- A ticket was raised after a young person shared concerns about feeling anxious when entering and accessing one of our children’s centres. They suggested having a



photo of the centre and the room they would use for their assessment to help them familiarise themselves beforehand.

Action agreed through the huddle means that photos of each children’s centre and their respective rooms are now available and will be included in assessment information emails sent to young people and families.

- A ticket was raised following feedback from a young person who shared that having access to fidget toys during sessions would help with their focus.

Action agreed through the huddle has led to the purchasing of fidget toys for the teams base at the Rowans. Since implementation, the fidget toys have been widely used, and feedback from young people has been positive.

Building on the benefits for CYP seen through 2 projects piloting a specialist CAMHS Mental Health practitioner alongside social prescriber/care navigator roles in Primary Care Networks we are working up a model to implement this in all PCN’s, pending funding.

Digital Innovations: we are commencing a project to roll out SilverCloud across our Getting Help Service. SilverCloud provides a suite of evidence-based programmes i.e. CBT interventions for low mood/anxiety which are:

- Easily accessible
- Designed to encourage self-help strategies and enable parents to develop skills to support their CYP.

CYP will be able to access support more quickly via the SilverCloud Platform and it will enable more effective and efficient use of our staff which will have a positive impact on waiting times. This meets the Trust’s True North Values of Harm Free Care and efficient use of resources. It also supports the aspirations of the NHS Long term Plan. We are starting with the parent programme which offers support for CYP under 12 years of age. This cohort has been selected due to the fact it represents the highest number of referrals to the Getting Help services and those with the longest waits for intervention.

Trust development of a Patient Portal

CAMHS Getting Help and MHSTs have a centralised training offer (Psychological Perspectives in Education and Primary Care), and a webinar training offer to provide bespoke training for local needs. The service work closely with other health, VCSE and other provider colleagues to develop and deliver training that is holistic, for example working with neurodiversity colleagues to ensure training is adapted and inclusive of CYP with neurodivergent presentations. Experts by experience are also involved in developing and delivering training.

Our Support, Hope and Recovery/Resources Online Network (SHaRON) for professionals supporting young people and for parents and carers of children and young people experiencing low mood and anxiety.

Areas of development

Improving engagement, co-design and coproduction. We are meeting with the parent-carer forums across the Berkshire LA’s to discuss how we can work more effectively with them on



current improvement programmes and how we might develop a structure for ongoing coproduction of the service.

Within the transformation programme of work, we have created a new role **Neurodiversity Lived Experience Project Support Practitioner**. This is a new role that the post holder will help develop, drawing on the postholder's own personal experience to:

- help BHFT CAMHS to better support children and young people with neurodivergence and complex mental health diagnoses and their parents and carers .
- Support BHFT CAMHS to embed a culture where co-production is an integral part of the way we work.
- contribute to the development and implementation of a framework for a Lived Experience workforce across CAMHS
- support the development and transformation of CAMHS in line with the THRIVE framework.

Further progress work with adult mental health services to improve transition experiences for CYP and understand where we need to focus efforts to improve care for young people aged 16-25yr old

Manager Comments, Analysis and Actions

As detailed earlier in the document.

Signed: Louise Noble, Service Director, CAMHS, BEDS and LD Services

Date: 24/01/2025