JOINT REPORT FROM SOUTH READING CLINICAL COMMISSIONING GROUP, NORTH & WEST READING CLINICAL COMMISSIONING GROUP, READING BOROUGH COUNCIL

TO: HEALTH AND WELLBEING BOARD

DATE: 9 OCTOBER 2015 AGENDA ITEM: 7

TITLE: Update status report on comprehensive CAMHs

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PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1 To provide an update on service development and improvement across the comprehensive CAMHs system.

2. RECOMMENDED ACTION

For the Health and Wellbeing Board

- 2.1 To note the progress made in terms of strategic direction and service improvement.
- 2.2 To delegate responsibility for approving the Reading Transformation plan to Director of Children, Education and Early Help Services, RBC, in consultation with lead members of Children's services and Health.
- 2.3 To replace the attached plan to this report with the final Transformation plan for future reporting on service improvements to the Health and Wellbeing board.

3. POLICY CONTEXT

- 3.1 The report of the government's Children and Young People's Mental Health Taskforce, "Future in mind promoting, protecting and improving our children and young people's mental health and wellbeing", was launched on 17 March 2015 by Norman Lamb MP, Minister for Care and Support. It provides a broad set of recommendations across comprehensive CAMHs that, if implemented, would facilitate greater access and standards for CAMHS services, promote positive mental health and wellbeing for children and young people, greater system coordination and a significant improvement in meeting the mental health needs of children and young people from vulnerable backgrounds.
- 3.2 In August 2015, NHS England published guidance on how Local Transformation Plans should be developed, assured and publicised. There is a requirement for

- system wide transformation over 5 years with plans signed off by the local Health and Wellbeing Board before additional recurrent funding is released to CCGs.
- 3.3 At the same time, access and waiting time standards for children and young people with Eating Disorders was published. The emphasis is on treatment in the community. The population size required for the recommended specialist Eating Disorder service is commensurate with the Berkshire population. This element of transformation work therefore needs to be developed with Berkshire East CCGs. Additional recurrent funding for 5 years is attached to the Eating Disorders service transformation and the trajectory for change must be incorporated in the wider CAMHs Transformation Plans. Funding for the Eating Disorders work has already been released to CCGs.

4. PROGRESS TO DATE

- 4.1 The JSNA document which describes Child and Adolescent Mental Health Services (CAMHS) is currently been refreshed. An updated final copy will be available in March 2016 to the Health and Wellbeing board and partners by Public Health.
- 4.2 The action plan in Appendix 2 has been updated from April 2015 with current progress. Noted points of progress are highlighted in points 4.3 to 4.15 below.
- 4.3 June 2015 Tier 3 Waiting times performance across Berkshire West (i.e. Reading, Wokingham and West Berkshire Local Authorities) are;
- 4.4 100% of urgent referrals continue to be assessed by tier 3 CAMHS within 24 hours to manage the immediate risks.
- 4.5 53% of Tier 3 CAMHS patients (excluding ASD) waited less than 6 weeks to start their intervention with the service.
- 4.6 11% of Berkshire West CAMHS ASD patients waited less than 12 weeks to start their assessment towards a diagnosis decision with the service.
- 4.7 Currently the longest waits continue to be in the ASD diagnostic pathway which accounts for more than 50% of current waiting list.
- 4.8 Data from the NHS Benchmarking network suggests that referrals and average waiting times for CAMH services have increased year on year since the report was first published in January 2011. Data from the 2013 survey (latest published) gives the median wait time for urgent access to CAMHS as 3 weeks, with the average wait for routine access at 15 weeks. Recent surveys by the National Autistic Society suggest that average waiting times for an ASD assessment are 3.5 years
- 4.9 West of Berkshire has committed an additional £1m recurrently and an additional £0.5M this financial year to BHFT to mainly address waiting times, in response to the Action plan point 1 & 3. BHFT are currently completing an extensive recruitment drive in response to this Investment.

- 4.10 Clear targets have been agreed between the CCG and BHFT linked to this investment. These targets are set to reduce waiting times to:
 - 95% of young people on all but the ASD pathway will access their service within 6 weeks by March 2016.
 - 95% of young people on the ASD care pathway will access their service within 12 weeks by March 2016.
- 4.11 All partners agree that these service improvements are needed, but there is recognition that these are challenging targets. In particular the radical improvement in wait times for the ASD pathway will be difficult to meet.
- 4.12 In July 2015 a Children's Trust workshop focused on a partnership response to the Future in Mind document. An excellent session brought out some key partnership learning and commitments that are relevant for the coming months. The main points for the partnership are to:
 - Engineer a new model of delivery that tackles access and prevents young people being lost in the system.
 - Invest in our staff and workforce, strengthening the working culture and level of support at all levels of service delivery, but in schools in particular.
 - Build a stronger Early Intervention offer that builds the resilience in children and young people and providing support as early as possible.
 - Include families in the support process as well as include peers and friends in supporting the delivery of services, particularly to help young people feel and think differently about mental health issues, achieving less fear, stigma and discrimination.
- 4.13 Young people and families within Reading continue to play an increasingly active role in developing our service, ensuring their lived experience of their mental health issues, and subsequent experience of CAMHS, plays an influential role within service design, planning and delivery at CAMHS. Our Reading participation groups are consistently well attended by young people, parents/carers and professionals from a variety of voluntary organisations representative of the issues relevant to CAMHS.
- 4.14 Our participation groups and events offer opportunities to develop the ideas put forward by our service users, including work to improve the environment within the CAMHS building, the information available to service users (within leaflets, online, and at CAMHS) and help shape exciting technological advancements to support young people and families (such as our CAMHS App, SHaRON young, and CAMHS Web). Young people and parents also enjoy the opportunity to meet other families experiencing similar difficulties within a supportive environment, as well as unique opportunities for self-development such as our collaborative work with Reading University which enables families to take part in the design and delivery teaching sessions to CAMHS trainees.
- 4.15 Common Point of Entry will be an 8am to 8pm, Monday to Friday service for families from October 2015. Weekend access continues to be through the Royal Berkshire Hospital and the Psychological Medicine service, which is available 24/7.
- 4.16 Berkshire Adolescent Unit is now open as a 7 day, 52 weeks a year unit, supporting a range of very vulnerable young people in the county

5. FUTURE OPPORTUNITIES

- 5.1 With the new national requirement for system wide transformation of emotional and mental health services for children and young people over a 5 year period comes the opportunity to write a local, partnership based long term plan to address and tackle complex and important issues of service improvement in comprehensive CAMHs.
- 5.2 A first draft of the plans must be submitted by 18 September 2015. Following this feedback will be provided by the regional team on the plans so that a final version can be submitted by 16 October 2015.
- Plans must be signed off by the Health and Wellbeing Board as part of the assurance process. The CCG and RBC recommend that the final Transformation plan replaces the short term plan attached to this report for future reporting on service improvements to the Health and Wellbeing board. Once the plan has been assured by the regional team, additional funding will be released to the CCG, which is broken down as follows;
 - North and West Reading £138 460
 - South Reading £151,892
 - Wokingham £188,994
 - Newbury and District £145,265
- Reading Borough Council has the opportunity to commission School Nursing and Health Visiting to support integrated pathways, universal prevention services and early identification for support. This continues to be explored with Public Health colleagues. Berkshire Healthcare Trust are also working to integrate the range of children's services they provide, which offers opportunities to support earlier identification, prevention and intervention support.

NEXT STEPS

- 6.1 To continue implement key areas in the current action.
- 6.2 To complete the Transformation plan and submit this to NHS England
- 6.3 Begin implementation of the new Transformation plan and report back to future Health and Wellbeing board meetings as required.

7. COMMUNITY ENGAGEMENT AND INFORMATION

- 7.1 A significant engagement exercise was undertaken in early 2014. There will be future consultation planned with service users as part of the Transformation plan process.
- 7.2 It is crucial to build on the July 2015 Children's Trust workshop, creating further discussion opportunities with Schools, GPs and voluntary sector partners already working in our communities.

8. BACKGROUND PAPERS

8.1 Future in Mind paper;

https://www.gov.uk/government/publications/improving-mental-health-servicesfor-young-people

8.2 Transformation plan guidance; http://www.england.nhs.uk/wp-content/uploads/2015/07/local-transformation- plans-cyp-mh-guidance.pdf

Appendix 1 - Acronyms used in the report

Acronym	Full description
CAMHs	Child and Adolescent Mental Health Service
CCGs	Clinical Commissioning Group
JSNA	Joint Strategic Needs Assessment
ASD	Autistic Spectrum Disorder
BHFT	Berkshire Healthcare Foundation Trust
CATs	Children's Action Team
CPE	Common Point of Entry for BHFT
EHWB	Emotional Health Wellbeing
LSCB	Local Safeguarding Children's Board
DoH	Department of Health
HV	Health Visitor
YOS	Youth Offending Service
ADHD	Attention Deficit Hyperactivity Disorder
RBH	Royal Berkshire Hospital
ELSA	Emotional Literacy Support Assistants
PMHW	Primary Mental Health Workers

Appendix 2

How emotional health and wellbeing/CAMHs services are commissioned in Berkshire

Tier 4
Highly specialist services,
in patient out of areacommissioned by NHS England

Tier 3 Specialist CAMHs

BHFT multi disciplinary teams.

Commissioned by CCGs

Tier 2 targeted services. Commissioned by a combination of NHS, Local Authority & individual schools.

e.g. Primary Mental Health Workers, Family Nurse Partnership, counselling, parenting support, behaviour support, Looked After Children's teams, Youth Offending Teams

Tier 1 universal services "Everybody's business"

Primary care, teachers, early years settings, children's centres, Health Visitors, school nurses, community leaders, Youth workers, advice lines, websites

A "good" CAMHs service has timely, effective and efficient integrated working across Tiers (and therefore agencies) - reference Joint Commissioning Panel for Mental Health 2013 www.jcpmh.info. This means that children, young people and families should be able to access emotional health and wellbeing support in early year's settings, voluntary sector, schools, the community and primary care before needs escalate to Tiers 3 or 4.

Appendix 3: Comprehensive Mental Health service provision for children and young people in Reading

Tier 1- Universal response "Everybody's business"

Prevention, identification, promoting mental wellbeing, knowing how to access help.

Example- teacher/HV/
Early Years staff/ GP/youth
worker/midwife/
children's centre worker
identifies that parent or
child seems anxious and
not sleeping

Example of approaches

Whole setting anti bullying; pastoral support; ELSAs; open access youth work on self esteem/ positive identity; self help e.g. Young Minds/ MindFull/ Apps; Mental Health First Aid training for settings

Tier 2- Targeted response

Identifying that a Tier 2 or 3 response is required; targeting those at greater risk of developing mental health problems; treatment of milder problems.

Commissioned by LA, schools, CCGs, charities

Example- young person has difficulty controlling their emotions or has experienced a traumatic family break up.

Example of approaches

PMHWs; educational psychologist; school based counsellor; voluntary sector counselling; perinatal mental health services; YOS; family worker;, targeted youth support; Looked After Children's teams; some on line support

Tier 3- Specialist response

Clinical interventions on a multi disciplinary basis in the community or at A and E commissioned by CCGs and provided by BHFT Example- young person is clinically depressed; young person is self harming; young person has an eating disorder

Care pathways-

Anxiety and depression; ASD diagnostic pathway; ADHD; community eating disorders, Early Intervention in Psychosis; urgent care; specialist community

Tier 4- Highly specialist services

Day and in patient services

commissioned by NHS England

Example- young person has an extremely low BMI; young person has suicidal thoughts; young person is often hearing voices

In patient or day patient admission to a hospital outside Berkshire. A few beds in Wokingham.

Appendix 4 - Reading Action plan to improve Comprehensive CAMHs service delivery - Oct 2015 update

NUMBER	RECOMMENDATION	ACTION TO BE TAKEN (SHOULD BE SMART) TO ADDRESS RECOMMENDATION	WHO IS RESPONSIBLE FOR THE ACTION	DATE THE ACTION WILL BE COMPLETED	PROGRESS TOWARDS COMPLETION INCLUDING EVIDENCE OF ACTION TAKEN – OCTOBER 2015
1	Reduce waiting times for help and increase resources to meet the increased demand.	Berkshire West CCGs have secured additional winter resilience funding from NHS England for 2014/15 to provide enhanced CAMHs help that reduces the number of young people whose needs escalate to crisis point.	CCGs	Now complete – will remove from plan	 Winter resilience work completed. Key learning is the need to improve urgent care and crisis response lead to CPE going live in October with 8 to 8 opening hours, Monday to Friday and the Short Term care team in place to tackle urgent care needs of children on the waitlist.
		Redesign the CAMHs care pathway so that more help and advice is available at an earlier stage, meaning that fewer children and young people will a service from specialist CAMHs.	Local Authority (children's services), LA (Public Health), CCGs, BHFT	Dec 2015	 Have reviewed work in Slough and considered use in Reading. Applied, but unsuccessful with bid to DoH for money to improve work with schools. Not enough progress but focus on Transformation Plan has overtaken this action and will a central aspect of the service improvement ahead.
		Consideration of business case to increase investment into Tier 3 CAMHs.	BHFT and CCGs	Now complete – will remove from plan	Business case approved and additional £1m recurrently and £0.5m non-recurrent funding allocated
		Work with schools, children's services voluntary sector and CAMHs to develop a more integrated approach to accessing help when ASD is suspected or diagnosed. Access to help should be based on the child's needs not just the presence/ absence of a diagnosis.	Local Authority (children's services), CCGs, BHFT, schools	March 2016	 Key focus in Transformation Plan has overtaken this action and will a central aspect of the service improvement ahead. Element of initial scoping between BHFT and VCS to look at support to families. Workshops now in place for families referred for assessment Within BHFT initial work has started to integrate physical and mental health pathways for children.
2	Increase Tier 2 provision, to ensure	To discuss how existing and new resources and services at Tier 2 become a shared Early Help	Local Authority (children's	Now complete –	Children Trust workshop help in July 15 on this topic

	timely 'early intervention', reducing escalation of mental health problems and reducing the need for specialist Tier 3 and 4 services.	responsibility across the LSCB partnership.	services)	will remove from plan	Key focus in Transformation Plan has overtaken this action and will a central aspect of the service improvement ahead
		Pilot and research studies are underway to • evaluate online (Young SHaRON/online counselling), telephone and face to face support.	BHFT and CCGs	Now complete – will remove from plan	Young SHARON will be released in Autumn 2015
		 A CAMHs app to be finalised following engagement with service users. 	Local Authority (Public Health)	June 2015	CAMHs App continues to being trailed in 3 Slough and co work with National provider not concluded.
		 Identify and support women with perinatal and postnatal mental health issues earlier. 	LA (Public Health) with CCGs	March 2016	Service mapping complete. Training offer being piloted. Consultation with families started.
		 Develop the workforce, including GPs, Early Years, schools, children's centre staff, school nurses, youth workers 		March 2016	 Training continues from CATs and BHFT has begun roll out of PPEPCare training for GP surgeries (60 participants)
3	Free CAMHS staff to work more collaboratively with partner agencies.	Consideration of business case to increase investment into Tier 3 CAMHs to enable this to happen.	BHFT and CCGs	Now complete – will remove from plan	 Investment agreed, see point 1 above. Recruitment drive underway in BHFT to clear waitlists as this is the first priority. More collaboration will be enabled later.
t4	Improve support in schools.	A pilot project on school based management of ADHD.	BHFT and LA (children's services)	Dec 2015	Pilot paused in single school in Reading and project is being redesigned in light of learning from pilot and is anticipated to restart early in 2016 dependant on staff recruitment.
		Offer schools a package of support, supervision and training to enhance the current Emotional Literacy Support Assistant (ELSA) role in schools.	LA (children's services)	Now complete – will remove from plan	Package of support is on school websites for schools to purchase range of support including formal supervision, training for new and existing ELSAs

5	Provide more detailed information about services and how to access them.	To provide regular training opportunities for school staff in the general field of mental health as well as specific topics such as self-harm or anxiety. Make sure that up to date information is on key websites including the local offer.	LA (children's services) LA (Public Health) BHFT LA (children's services) LA (Public Health) BHFT CCGs	Now complete – will remove from plan	 Training is taking place on an ongoing basis from the CATs Two schools have invested in whole school Emotional First Aid training. More planned. PEPP Care training has been offered to GPs, in July 2015. Reading local offer website has up to date information on community, LA and health Emotional and Mental Health services. BHFT have launched a new CAMHs website and work on the website continues
		Following engagement with service users, BHFT to update information, resources and the website.	BHFT	Now complete – will remove from plan	 Engagement with service users to develop website and resources completed and used in website improvements. Engagement continues that feeds website improvements.
6	Deliver improved communications and administration.	 Engage with service users and their families to find out what they want to know about the service Service leaflet on what to expect from BHFT CAMHs. Review service letters to be clear on wait times and service offer. Improve website, add a section called "Our service". Site to be available as an App for smart phones and tablets Improve information in waiting areas. Text reminder system to be set up. Implement online tool "CAMHs web" which will facilitate shared decision making with young people- they will be able to access their own care plans which they have jointly agreed and developed with their clinician using tablets and smart phones. This will facilitate the self-reporting of outcomes. 	BHFT	All now complete – will remove from plan	 Our service users have helped us to develop a set of seven information sheets about our service. This focuses on pre-referral information sheet, information on what to expect at CAMHS, and information about each pathway Transparent information about our waiting times, the reasons for these, and the steps we are taking to reduce them is now available online. Our administration/reception team have been briefed on the information that service users have informed us is most helpful to them when they make telephone calls to CAMHS. CAMHS web, an online portal for service users, in now being introduced across the service allowing young people to access tools to enhance therapeutic communication, disclosure and collaborative practice. The tools also provide a self-help

					element. We are the first CAMHS service to introduce these tools across the entire service
7	Improve the environment where CYP are seen or are waiting including more privacy for confidential conversations and availability of toys	 Service users suggestions to improve clinical spaces and waiting rooms are Artwork, produced by service users, to be displayed throughout CAMHs buildings. Positive and inspiring messages within CAMHs buildings. Uplifting posters. Access to helpful and reliable information on the issues they are experiencing within the waiting areas. Fidget toys and stress balls as distraction aids. A selection of up-to-date magazines. Annuals and other books to 'dip into' whilst they are waiting for their appointment. Less "gloomy" information and publicity on issues that are not directly related to young people's mental health. 	BHFT	All actions now complete – will remove from plan	 Participation group have generated many pieces of artwork depicting positive and uplifting messages and images that they feel are helpful to other service users. The artwork, which takes the form of painted canvasses, mounted quotes and other decorative features, is now on display at Reading CAMHS. The group have also begun to develop smaller (A5) pieces that will be used to populate an attractive tree stencil which they have selected for the corridor area of Reading CAMHS. We have worked with our service users to decide which information/publicity about other issues and services they find most helpful. Service users have helped us make decisions about the mental health information they would like to see within our waiting areas. There is now a folder of information sheets covering all of the issues that are treated at CAMHS in formats, aimed at both young people and parents, within all of our CAMHS localities.
8	Better post-diagnostic support, particularly for children with Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD).	To discuss how existing and new resources and services that support children with ASD and ADHD can be better coordinated across the LSCB partnership.	Local Authority (children's services) CCG BHFT	March 2016	 CCG have awarded grants to voluntary sector organisations who support young people with ASD namely Berkshire Autistic Society ASD Family Help (predominantly Wokingham families), Children on the Autistic Spectrum, Young People's Project (CATSYPP), Parenting Special Children & Reading Mencap Will be a focus in Transformation Plan has overtaken this action and will a central aspect of the service improvement ahead

	Provide better access to services in a crisis and out of hours.	Secure additional resources to extend the availability of CAMHs help in a crisis into the evening and over weekends and Bank Holidays.	CCGs	March 2016	 CPE from Oct 15 will be operating an 8 to 8 service through the week. Short term care team established to support children on the waitlist that need urgent immediate support, likely to be 3 interventions Evening and weekend access continues to be through the RBH. CAMHs on call consultant available out of hours
		Secure staff to be able to offer this service.	BHFT	March 2016	See above as update the same.
		Evaluate effectiveness of the service with a view to mainstreaming this with recurrent funds.	BHFT and CCG	March 2016	 This needs to be completed now by March 2016 to enable an effective evaluation.
		Enhance the Early Intervention in Psychosis service for young people.	BHFT	Now complete – will remove from plan	Service now in place
		Evaluate the new Psychological Medicines Service for teenagers aged 16+ that has opened at Royal Berkshire Hospital (RBH), providing rapid response mental health assessments for people who are being treated for physical conditions.	BHFT with RBH	March 2016	Still to do.
		CCGs are working with the police, ambulance service, Local Authorities, Public Health, hospitals, Drug and Alcohol Teams and BHFT to develop and implement the action plan as part of the Crisis Care Concordat.	BHFT CCG LA SCAS Police RBH	Now complete – will remove from plan	 Crisis Care Concordat Declaration was signed off Dec 2014 Action plan published and regular review of work begin. Street and ambulance triage service in place. Initial learning is that this work has enabled more rapid assessment when child presenting at A&E that children are being discharged quicker appropriately and improved confidence across RBH staff in mental. See above as same update
10	Provide a local 24/7 inpatient service for those CYP with the	To increase opening hours of the Berkshire Adolescent Unit from 4 nights per week to 7 nights per week	NHS England BHFT	Dec 2015	 Berkshire Adolescent unit is now a 24 hours a day, 7 days a week, for 52 weeks a year service for vulnerable young people from

most complex needs.				the county.
	To increase the number of Tier 4 beds available in	NHS England	March 2017	Still waiting for National review of needs of
	Berkshire	BHFT		beds/ unit is concluded.
				Eating disorder service improvement begun
				across Berkshire to meet time, access and
				waiting time standards for children and
				young people with Eating Disorders. Due to
				size of population affected a specialist
				Eating Disorder service has been
				recommended for the county.