

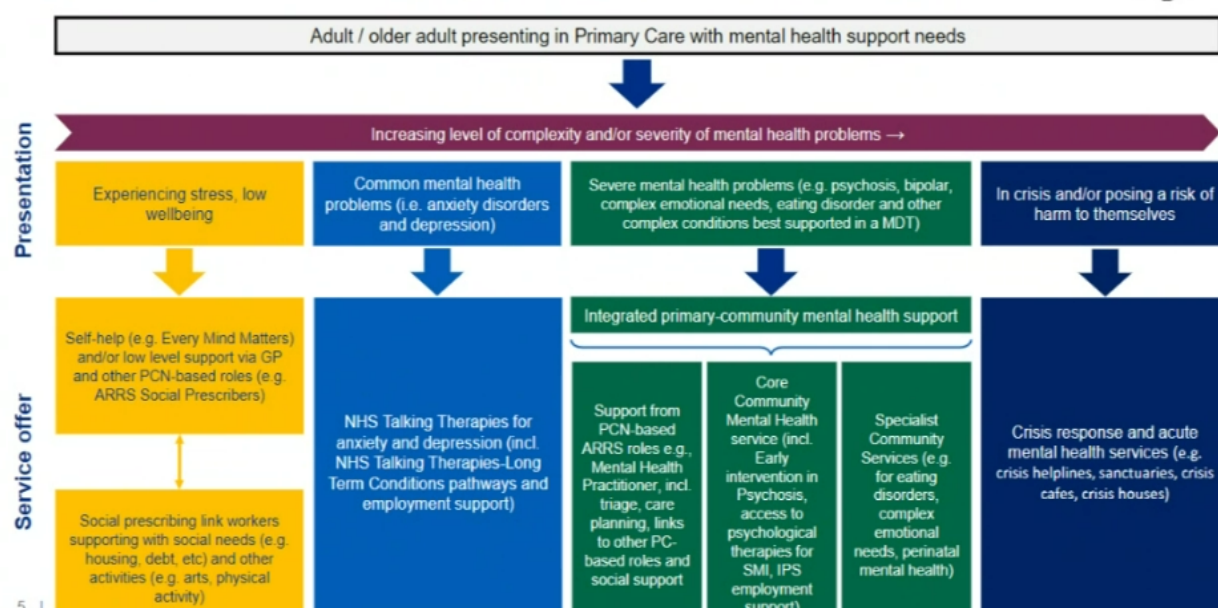


Title	Berkshire Healthcare NHS Foundation Trust Mental Health & Neurodiversity Provision, Waiting Times and Trends in Reading
Report authors	Kishan Waas, Louise Noble and Mary Jane Stroud

Berkshire Healthcare NHS Foundation Trust provide mental health and neurodiversity services to people of all ages across the 6 local authority areas in Berkshire. This paper provides information on service provision, waiting times and trends across three specific areas of provision: working age adult services, children and young people's mental health and neurodiversity and is therefore written and presented in three parts.

Working Age Adult Services - Kishan Waas

Provision of a spectrum of support for people with mental health problems presenting to primary care services



Summary of Service

ARRS

Berkshire Healthcare in collaboration with PCNs have recruited specialist primary care mental health practitioners under the additional roles reimbursement scheme (ARRS). These practitioners work within GP surgeries and offer triage, assessment, and signposting to primary care patients who present with a mental health need.

Let's Connect

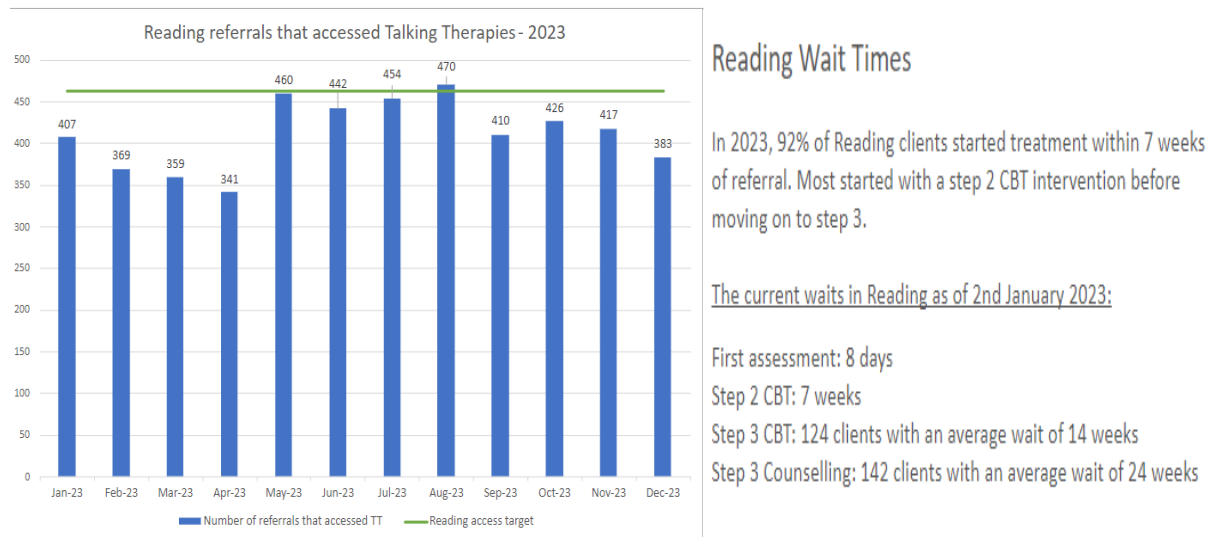
Let's Connect is a social network to support the wellbeing of citizens over the age of 18 by connecting with each other, with organisations and services and with the many opportunities in our community. Those who join the network will bring their own strengths as well as gaining from the support of others, based on their own personal choices.

[Let's Connect Community Wellbeing Network | Berkshire Healthcare NHS Foundation Trust](#)

IAPT

The NHS Talking Therapies, for anxiety and depression programme (formerly known as Improving Access to Psychological Therapies, IAPT) aims to improve the delivery of, and access to, evidence-based, NICE recommended, psychological therapies for depression and anxiety disorders within the NHS.

Referral and Waiting Times -



[NHS Berkshire Talking Therapies, for anxiety and depression \(berkshirehealthcare.nhs.uk\)](https://berkshirehealthcare.nhs.uk)

[NHS England » NHS Talking Therapies, for anxiety and depression](#)

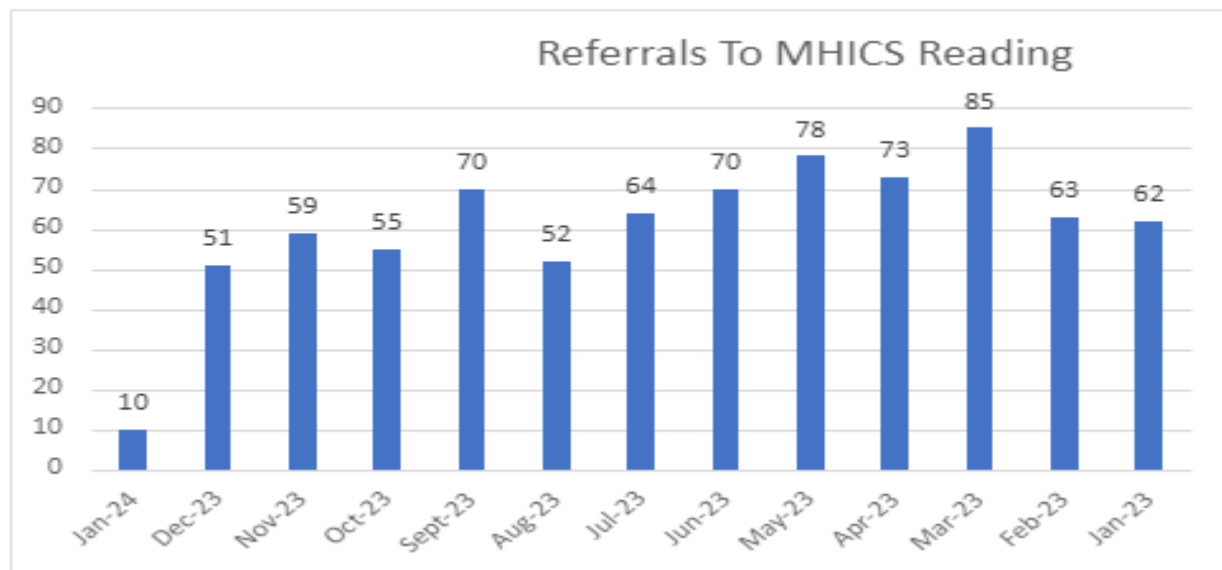
Mental Health Integrated Community Service (MHICS)

The central remit of MHICS is to offer a service to patients in primary care with significant mental health difficulties, who previously would have fallen in the gap between primary and secondary care. Flow into the MHICS service is through primary care, and referral from secondary care (stepdown), with an emphasis on an 'easy in, easy out', no wrong door approach to patient care, underpinned by a 'One Team' approach which includes close partnership working with local VCSEs. MHICS teams MDT include psychiatrists, pharmacists, psychologists, Mental Health Practitioners, Community Connectors (employed through the charity MIND), and Lived Experience Practitioners.

This is a New and integrated model of primary and community mental health care to support adults and with severe mental illness. The place-based offer will include access to psychological therapies, improved physical health and social care, employment support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance use. MHICS offers brief assessment, formulation and interventions. A holistic (biopsychosocial) approach is taken to facilitate understanding and support management of presenting difficulties, and where helpful, support access to and engagement with other supporting agencies, including bridging patients to other mental health services and community assets when appropriate.

Referral and Waiting Times – average 2 weeks

Currently has an active caseload of 257patients



[Mental Health Integrated Community Service \(MHICS\) | Berkshire Healthcare NHS Foundation Trust](#)

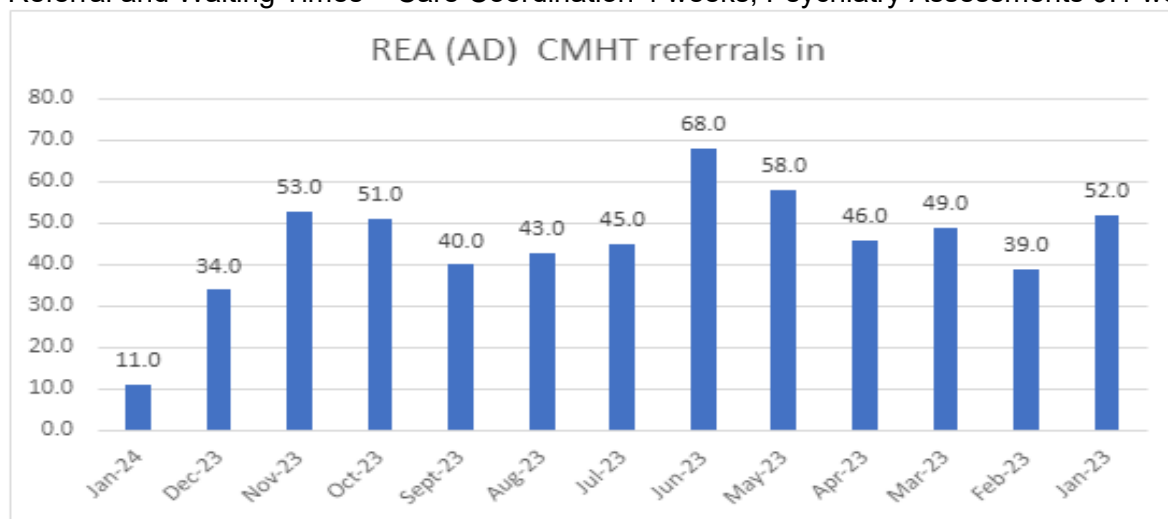
Community Mental Health Teams (CMHT)

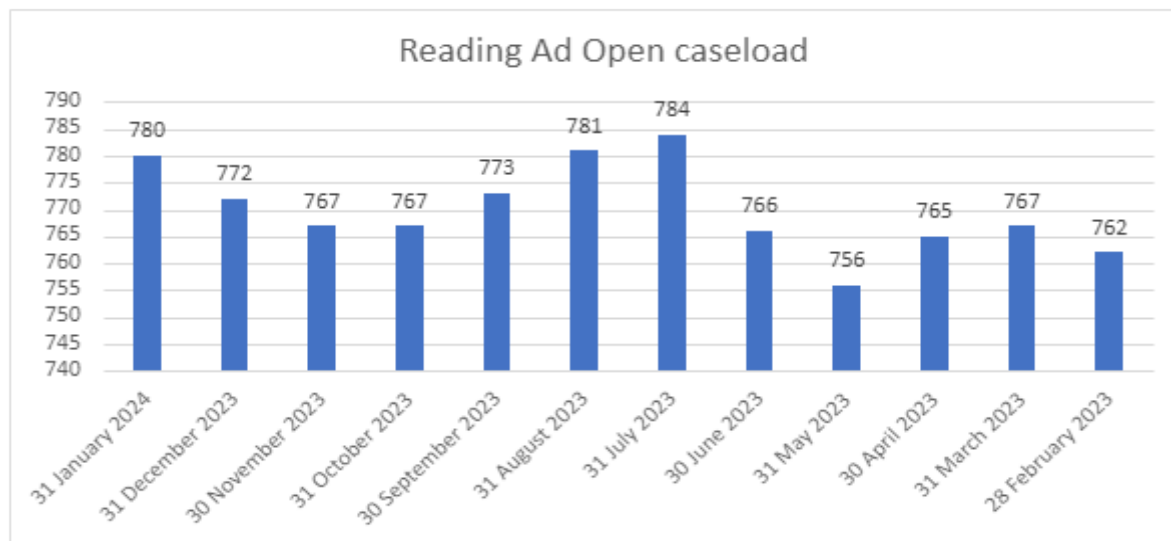
Reading CMHT is a non-integrated service. The service provides care and treatment for people with serious mental health difficulties, including but not limited to psychotic illnesses, mood and personality disorders, and other disorders.

Referrals to the CMHT should be made via the CPE/Gateway. Patients are allocated to a community mental health team based on where their GP practice is, or if they don't have a GP, we will use their address. The service is a multi-disciplinary health service with range of professionals including nurses, doctors, psychologists, occupational therapists, and specialist workers providing employment support, benefits advice and social inclusion.

It provides a broad range of medical and psychological treatments and interventions, and works closely with acute and crisis services, and mental health services in primary care to ensure that service users receive the right care at the right time.

Referral and Waiting Times – Care Coordination 4 weeks; Psychiatry Assessments 9.1 weeks





IPT (Psychology waiting times)

Reading Locality Dec-23	
Longest overall wait [awaiting assess+treat]	Feb'23
Awaiting Group	15
Total number waiting for groups	
Awaiting Individual	5
Total waiting for individual	
Totals	
Total awaiting treatment	20
Total waiting for Assessment	10

[Access mental health support | Berkshire Healthcare NHS Foundation Trust](#)

[Community Mental Health Team \(CMHT\) | Berkshire Healthcare NHS Foundation Trust](#)

Individual Placement & Support Employment Service (IPS)

IPS is an employment support service integrated within CMHTs, MHICS, and EIP for people who experience severe mental health conditions. It is an evidence-based service that aims to help people find and retain employment.

The service will assist people find a paid job as close to their work preferences as possible and work closely with our health teams and employer to support the individual throughout their journey into work.

The service can also support individuals if in work, such as help to maintain their current role if they're struggling due to their mental health.

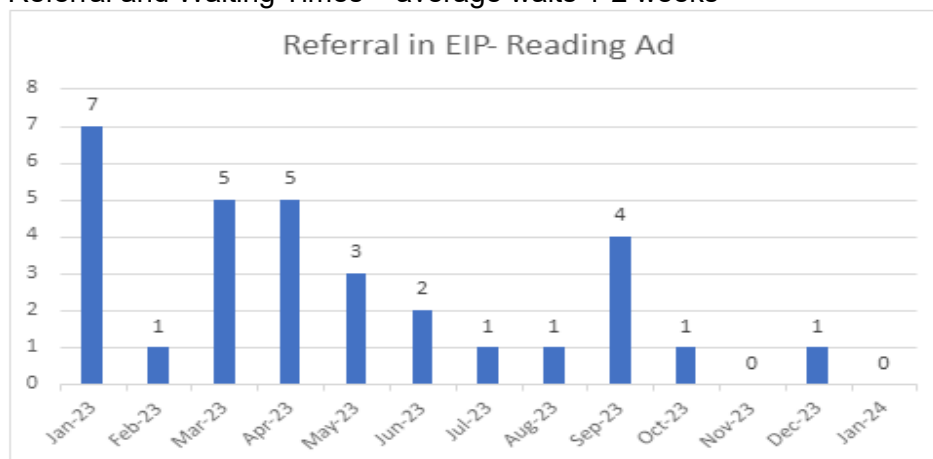
[Individual Placement and Support \(IPS\) | Berkshire Healthcare NHS Foundation Trust](#)

Early Intervention in Psychosis (EIP)

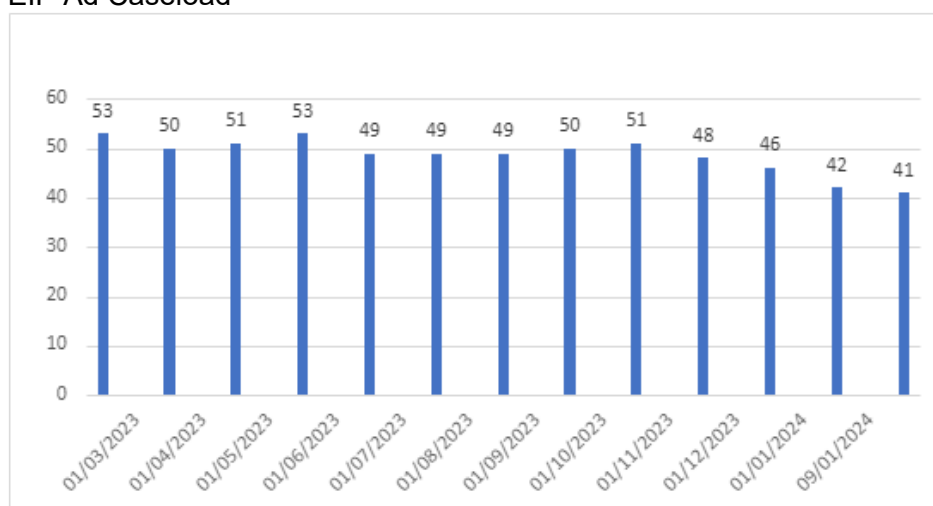
EIP team provide specialist treatment and care for people aged between 14 and 65 who have signs of psychosis. The service works with people who are experiencing a first episode of psychosis.

The service is made up of a team of professionals (including nurses, psychologists, psychiatrists, occupational therapists, and social workers employed as care co-ordinators) who have lots of experience in working with people with psychosis.

Referral and Waiting Times – average waits 1-2 weeks



EIP Ad Caseload



[Early Intervention in Psychosis | Berkshire Healthcare NHS Foundation Trust](#)

Crisis Resolution Home Treatment Teams (CRHTT)

CRHTT provides intensive support for patients experiencing an acute or 'crisis' episode during their mental illness. The service is available 24 hours a day, 365 days a year. CRHTT teams are made up of psychiatrists, clinical psychologists, nurses, occupational therapists, and support workers. The service operates as the gatekeeper for hospital admission.

Once a patient starts to feel better, no longer needing the support of our Crisis Resolution Home Treatment teams but still requiring ongoing support, they'll be referred back to their local Community Mental Health Team.

Referral and Waiting Times – Crisis - daily stat example 28/12/23

R.A.G	READING
REFERRALS IN	8
RED	4
AMBER	10
GREEN	14
7 DAY F/U	1
LEAVE SUPPORT	0
Chiron Care	0
TOTAL	37

[Crisis Resolution and Home Treatment Team \(CRHTT\) | Berkshire Healthcare NHS Foundation Trust](#)

Intensive Management of Personality Disorders and Clinical Therapies (IMPACTT)

The service helps patients better understand personality disorders and support with developing coping strategies to help manage the difficulties with both emotions, and interpersonal issues. The service provides specialist assessment to identify type of personality disorder and provide information on one of two psychological treatments available. One is Mentalization Based Treatment (MBT) and other is Dialectical Behaviour Therapy (DBT). Both treatments focus on understanding and learning how to manage emotions and relationships.

The length of both treatments depends on many different things, but they are both long term approaches.

Referral and Waiting Times -

Waiting times for assessments – 4 patients (average wait 4-8 weeks)

Waits for Treatment –

MBT – 3 patients (average wait 3-4 months)

DBT – 8 patients (average waits 4-5months)

[Managing Personality Disorders | Berkshire Healthcare NHS Foundation Trust](#)

Liaison and Diversion

L&D services identify people who have mental health, learning disability, substance misuse or other vulnerabilities when they first come into contact with the criminal justice system as suspects, defendants or offenders.

The service can then support people through the early stages of criminal system pathway, refer them for appropriate health or social care or enable them to be diverted away from the criminal justice system into a more appropriate setting, if required.

L&D services aim to improve overall health outcomes for people and to support people in the reduction of re-offending. It also aims to identify vulnerabilities in people earlier on which reduces the likelihood that people will reach a crisis-point and helps to ensure the right support can be put in place from the start.

[Liaison and Diversion Service | Berkshire Healthcare NHS Foundation Trust](#)

Reconnect

Reconnect is a care after custody service for adults, that seeks to improve the continuity of care of people leaving prison or an immigration removal centre (IRC) with an identified health need. Its aims:

- Increase access to and uptake up of healthcare or relevant support services for individuals who have identified health needs upon release from prison or IRCs who would otherwise struggle to engage.
- Ensure that the health needs of individuals who are leaving prison or IRCs are met.
- Ensure a safe transition from prison or IRC to community-based healthcare and support services in England.
- Provide follow-up to ensure engagement is maintained.

[RECONNECT | Berkshire Healthcare NHS Foundation Trust](#)

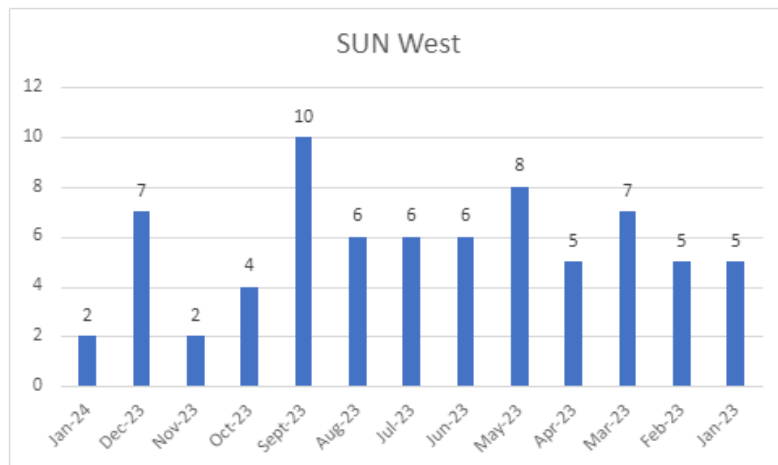
SUN

The SUN user network offers support through peer groups, which means people helping others by using their own experiences as a guide for others. The service can help those living with an individual who has emotionally unstable personality disorder.

The aim is to support people in the community and reduce the need for further intervention from crisis services.

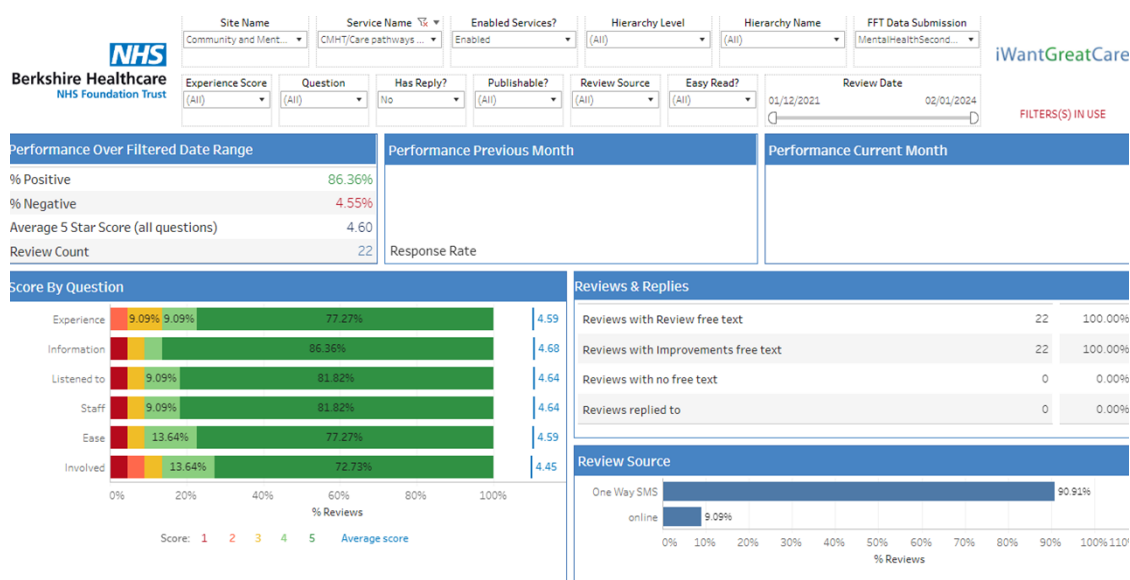
Referral and Waiting Times -

40 self-referrals during 2023



[Service User Network \(SUN\) service | Berkshire Healthcare NHS Foundation Trust](#)

Patient Experience of Community Mental Health Services



Improving Flow & Waiting Times - New Service Developments

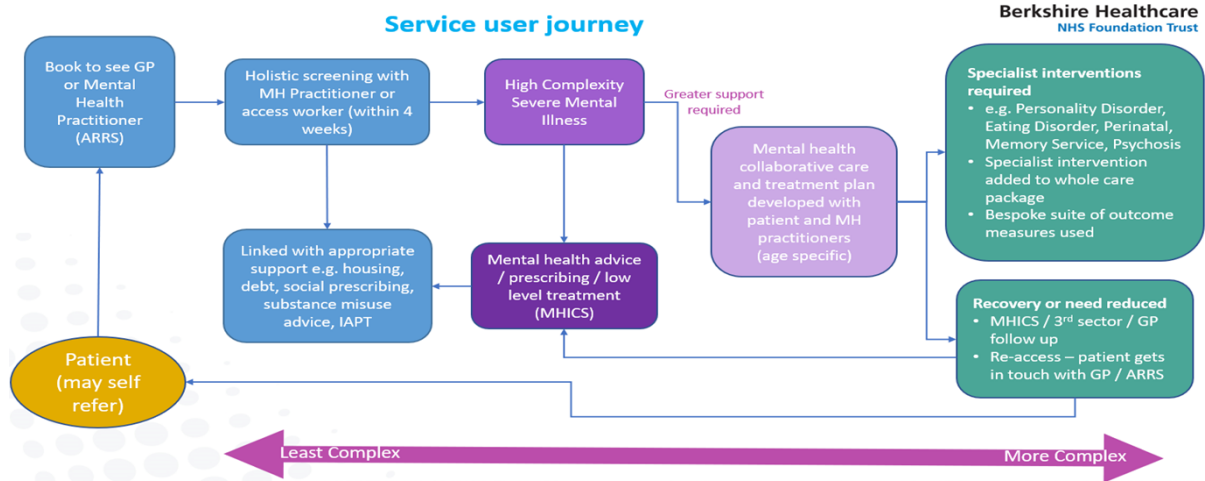
ONE Team Aims

Develop a Berkshire-wide specialist CMH offer that provides specialist, step-up interventions and develop processes to enable step up/step down and easy in/easy out approach to care.

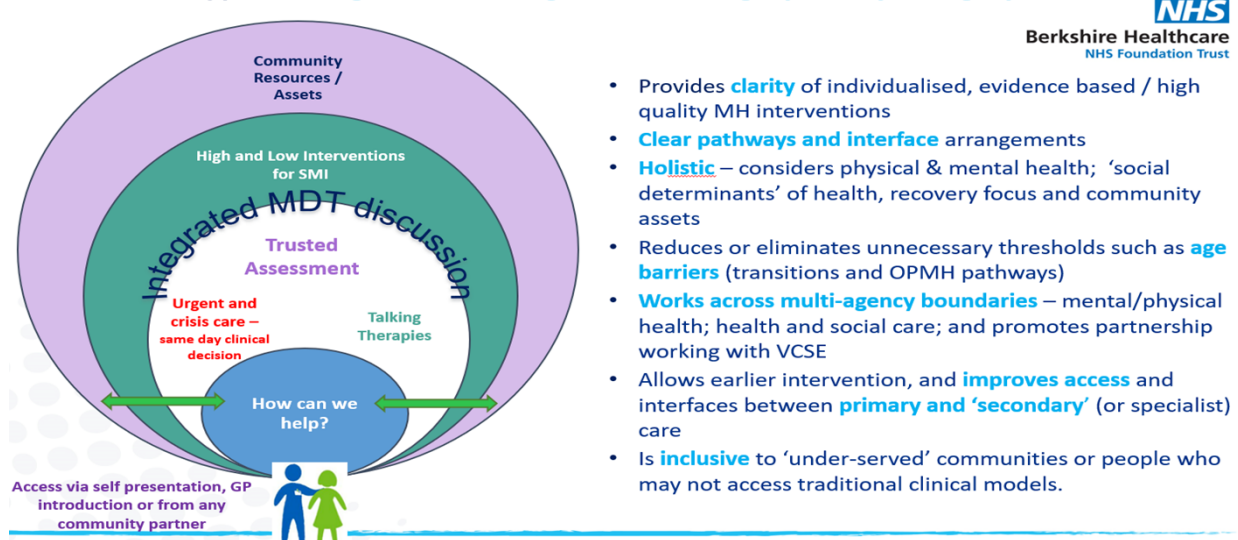
Main aims:

- Improve access and flow between CMH services.
- Reduce boundaries and barriers between primary/secondary care/VCSE, as well as those between existing secondary care services.
- Reduce unwarranted variation across the six CMHTs and OPMHs within BHFT.
- Improve patient and staff experience of using and delivering services.
- Support delivery of the alternative to CPA project
- Consistent access to specialist evidence-based interventions across all 6 localities
- Support outcome measure CQUIN
- Share good practice and roll out across all six localities following PLACE based discussions.

The vision for our patients



The One Team approach – right care at the right time in the right place, by the right professional



Children and Young People Mental Health Services – Louise Noble

Summary of Service

Berkshire Healthcare are commissioned to provide evidence-based mental health services for children and adolescents across the West of Berkshire. The services we provide would have been described as tier 3 and tier 4 level services under the tier model of provision. Under the Thrive framework, the majority of services we provide in Reading are within the Getting More Help and Getting Risk Support needs-based groupings.

The THRIVE framework conceptualises five needs-based groupings for young people with mental health issues and their families. The image on the left describes the input that is offered for each group; that on the right describes the state of being of people in the that group – using language informed by consultation with young people and parents with experience of service use.

Each of the five groupings is distinct in terms of the:

- Needs and/or choices of the individuals within each group ⁶
- Skill mix required to meet these needs
- Dominant metaphor used to describe needs (wellbeing, ill health, support)
- Resources required to meet the needs and/or choices of people in that group.

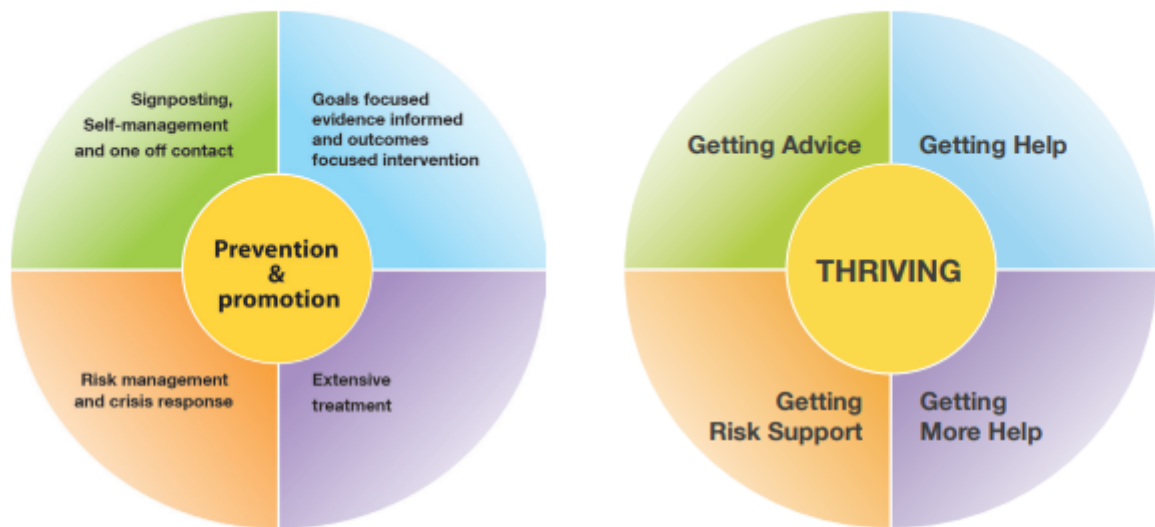


Figure 2:
THRIVE framework

⁶ Need is taken to refer to “the minimum resource required to exhaust capacity to benefit”. Choice is taken to refer to the shared decision making between a young person or family member and those providing help and support.

Getting Advice: Within this grouping would be children, young people and families adjusting to life circumstances, with mild or temporary difficulties, where the best intention is within the community with the possible addition of self-support. This group may also include, however, those with chronic, fluctuating or ongoing severe difficulties, for which they are choosing to manage their own health and/or are on the road to recovery.

The THRIVE model of provision would suggest that wherever possible, this provision should be provided within education or community settings, with education often (though not always) the lead provider and educational language (a language of wellness) as the key language used. Health input in this group should involve some of our most experienced workforce to provide experienced decision making about how best to help people in this group and to help determine whose needs can be met by this approach.

Getting Help: This grouping comprises those children, young people and families who would benefit from focused, evidence-based treatment, with clear aims, and criteria for assessing whether aims have been achieved. This grouping would include children and young people with difficulties that fell within the remit of NICE guidance and where there are interventions that might help. For example CYP presenting with an anxiety or mood disorder.

The THRIVE model of provision would suggest that, wherever provision for this group should be provided with health as the lead provider and using a health language (a language of treatment and health outcomes) with a greater emphasis on ending an intervention if it was felt to be not

working or of it was felt gains no longer outweighed costs or potential harms. Health input in this group might draw on specialised technicians in different treatments, possibly allowing less specialist professionals to provide more procedurally defined interventions.

Treatment would involve explicit agreement at the outset as to what a successful outcome would look like and how likely this was to occur by a specific date, and what would happen if this was not achieved in a reasonable timeframe.

Getting More Help: This grouping comprises those young people and families who would benefit from extensive long-term treatment which may include inpatient care but may also include extensive outpatient provision. CYPF would have difficulties that indicate likelihood of need for substantive resource use such as eating disorders, psychotic symptoms, or multiple severe problems.

Provision for this group should be provided with health as the lead provider and using a health language (that is a language of treatment and health outcomes).

The THRIVE framework proposes that there may be some people currently allocated to this grouping who are not benefitting from intervention and are being held in services solely because of concerns about risk or safeguarding (hypothesised to be around 50%, who might appropriately be reallocated to getting risk support).

On this basis, 10% of the episodes of care were considered to be potentially appropriate to include in this grouping. Of these, around a quarter would potentially benefit from interventions described in one of the 3 NICE guidelines in this grouping, while the other $\frac{3}{4}$ belong to the non-NICE specified 'difficulties of severe impact'.

Hypothetical average no. of sessions: 30

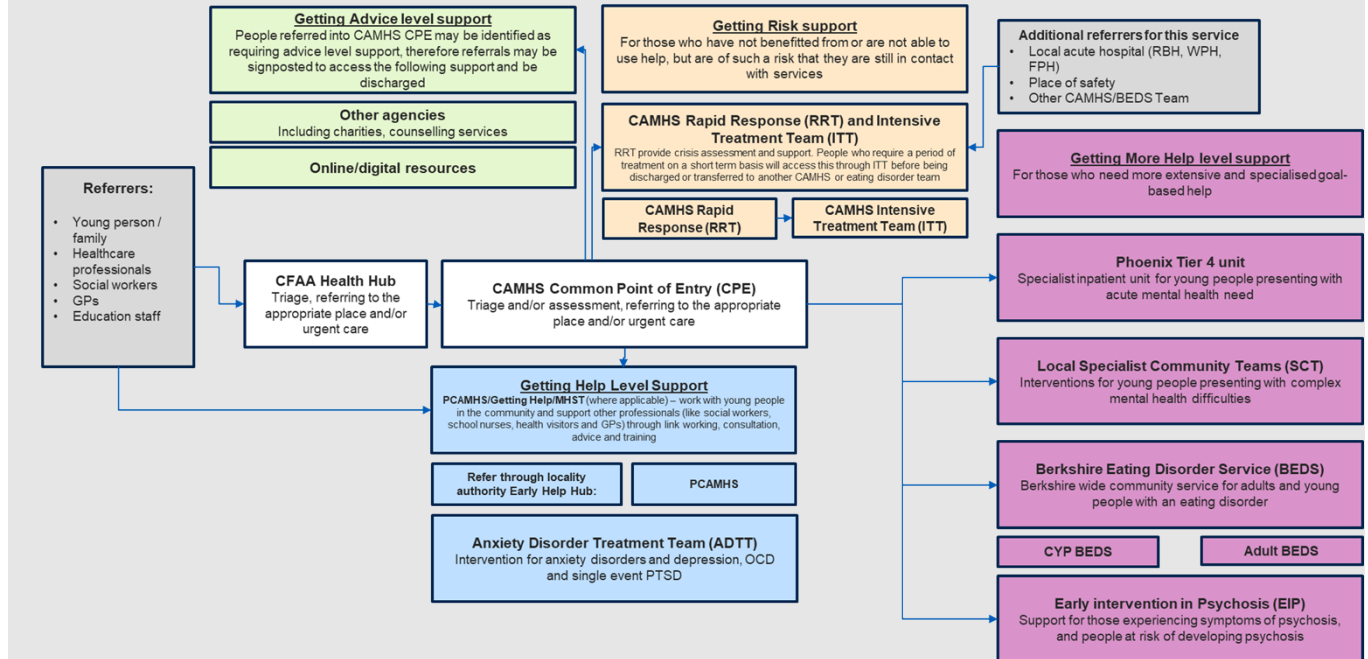
Getting Risk Support: This grouping comprises those children, young people and families who are currently unable to benefit from evidence-based treatment but remain a significant concern and risk. This group might include children, young people who routinely go into crisis but are not able to make use of help offered, or where help offered has not been able to make a difference, who self-harm or who have emerging personality disorders or ongoing issues that have not yet responded to treatment.

It is important to note that there are likely to be risk management aspects in **all** groupings, however, in the context of high concerns but lack of therapeutic progress for this in this group, risk management is the sole focus.

The THRIVE model of provision would suggest that, for this group, there needs to be close interagency collaboration and clarity as to who is leading. Social care may often be the lead agency and the language of social care (risk and support) is likely to be dominant. Health input should be from staff trained to work with this group and skilled in thinking with colleagues in social care, but with explicit understanding that it is not a health treatment that is being offered.

The pictogram below gives an overview of the service based on the 5 needs-based domains of Thrive and shows access points to services.

CYP MH Service Referral Routes & Access

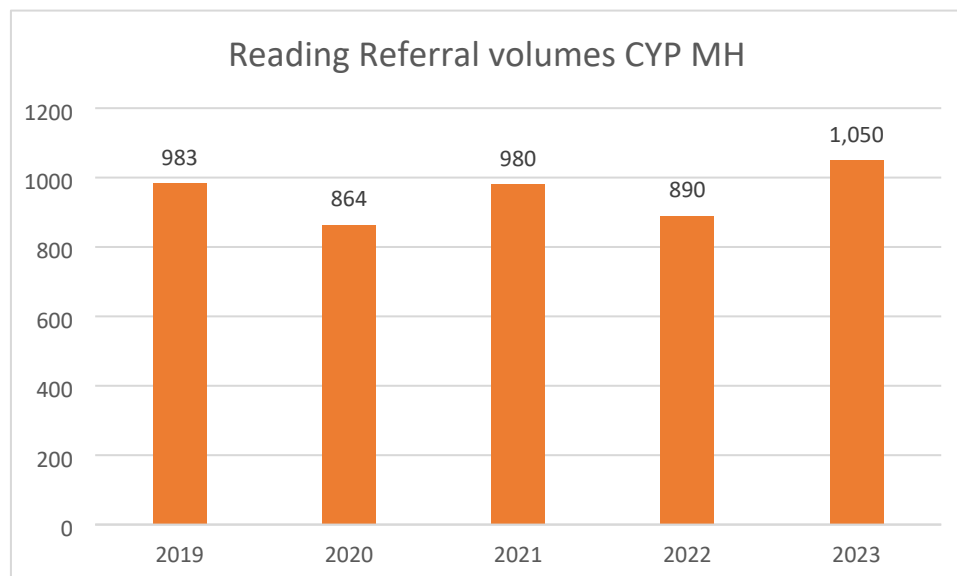


Berkshire Healthcare do not provide schools based mental health service or primary mental health services in Reading, (which would be part of the provision of Getting Advice/Support and Getting Help) however we are commissioned to provide specialist mental health expertise as part of the mental health in schools service and work closely with those teams in Brighter Futures For Children.

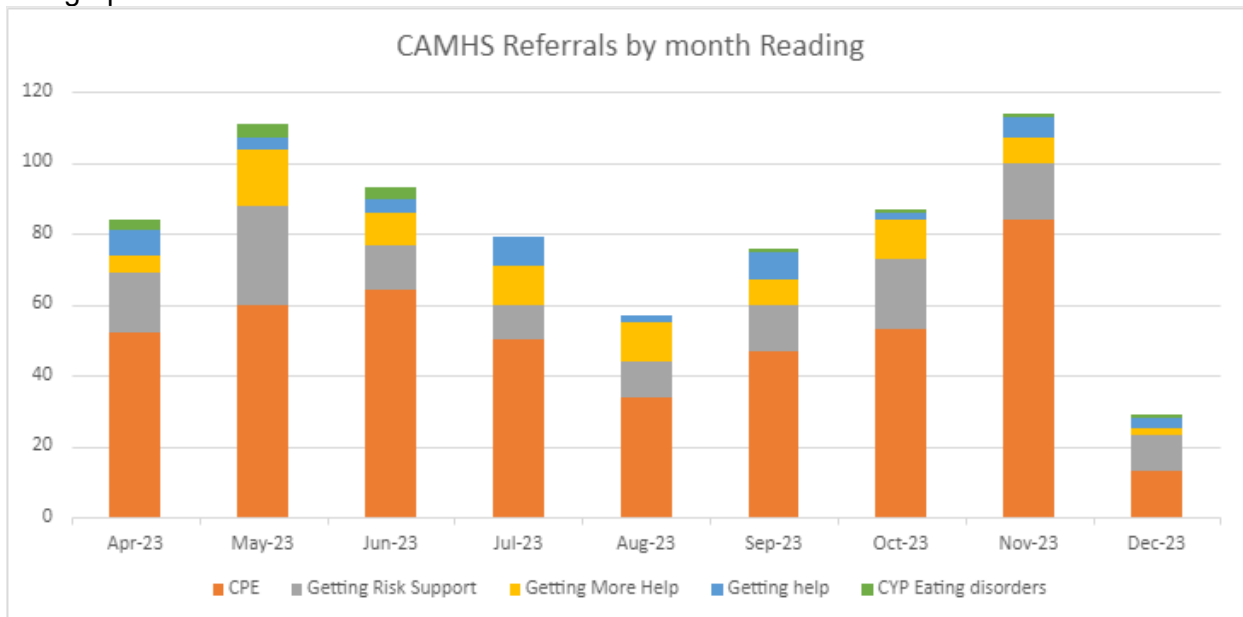
Capacity and Demand

The total number of referrals to the service from the Reading locality has increased by approximately 7% since 2019 (pre-pandemic). This is similar to the national picture and to other areas of Berkshire where we provide the same portfolio of services. .

Referrals



The graph below shows the breakdown of referrals.



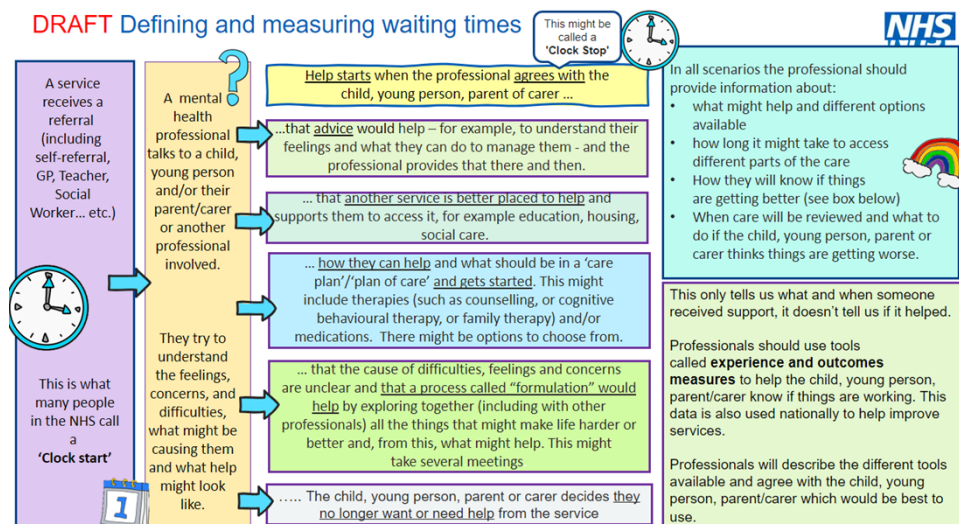
Approximately 12% of the service caseload are Reading children and young people. This appears low given the population however we provide schools based and primary mental health services in the 3 Berkshire East localities and primary mental health services in Wokingham so provide a wider range of services in those localities.

All CAMH services are delivered by multidisciplinary teams including child and adolescent psychiatrists, clinical psychologists, psychological therapists, family and systemic psychotherapists, nurses, allied health professionals including occupational therapists, dietitians and support workers

Waiting Times

There are currently no national access and waiting time standards for general CAMH services. Nationally, CAMH services have had long waiting times. Prior to the pandemic, NHSE had been undertaking a number of national pilots to determine how best to set and achieve such targets. Their first step has been to introduce national guidance to provide a standard definition of waiting. The guidance (given below) has been introduced this year.

NHSE Defining and measuring waiting times



Berkshire Healthcare CAMHS benchmark at the mean for waiting time to first and second appointment, which are used as proxy measures for assessment and treatment. In 2023 mean waiting times were 10 weeks and 21 weeks respectively for routine referrals.

However this hides significant variation in waiting times across services.

There are two areas of community service where there are national access and waiting time targets (NAWT). Those are children and young people’s eating disorders services (ED) and early intervention in psychosis (EIP) services.

For ED, NAWT are 7 days for urgent and 28 days for routine referrals and for EIP, 14 days.

Tracker 1 Metrics



Berkshire Healthcare
Children, Young People and
Families services

CYP referred for an assessment or treatment of an ED will access NICE treatment <1 week (urgents) %

Stop the Clock Activity By Month of Stop the Clock (STC) Activity Appointment Date													
Urgency	Achieved / Breached	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23
Urgent (MH)	Achieved	62.5% 5	100.0% 6	66.7% 4	50.0% 2	42.9% 3	83.3% 5	75.0% 6	100.0% 5	75.0% 3	100.0% 3	100.0% 5	100.0% 7

CYP referred for an assessment or treatment of an ED will access NICE treatment <4 weeks (routine) %

Stop the Clock Activity By Month of Stop the Clock (STC) Activity Appointment Date													
Urgency	Achieved / Breached	Dec 22	Jan 23	Feb 23	Mar 23	Apr 23	May 23	Jun 23	Jul 23	Aug 23	Sept 23	Oct 23	Nov 23
Routine (MH)	Achieved	71.4% 5	100.0% 4	78.6% 11	75.0% 3	83.3% 5	75.0% 9	85.7% 6	60.0% 6	100.0% 3	100.0% 5	100.0% 8	100.0% 8
	Breached	28.6% 5	0.0% 0	21.4% 11	25.0% 3	16.7% 5	25.0% 9	14.3% 6	40.0% 6	0.0% 3	0.0% 5	0.0% 8	0.0% 8

EIP 2 week wait

Tracker is green for current reporting period No action required

True North Area	Driver	Target	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23
Patient experience	EIP 2 week wait	95.0%	100%					100%	100%		100%	100%		100%	100%	

Tracker is green for current reporting period No action required

Berkshire Healthcare services are meeting those targets. Monthly referrals to those services are small so data is county-wide.

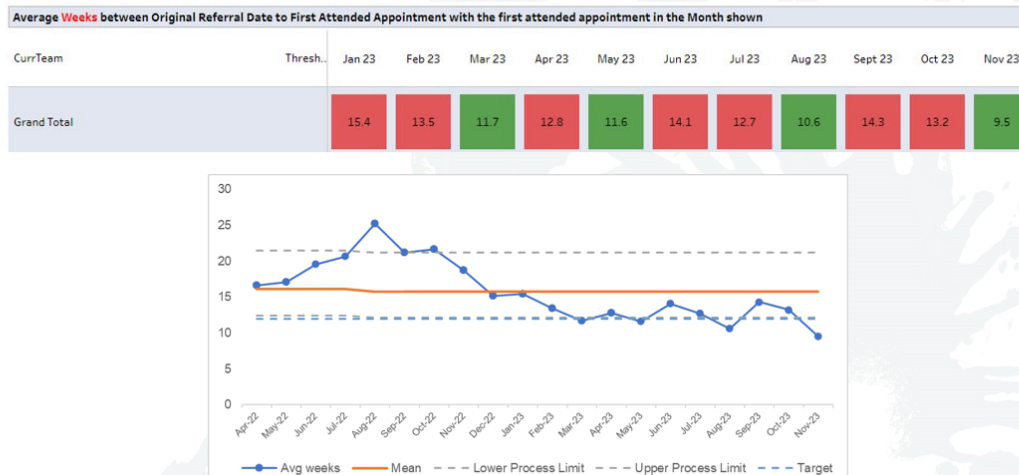
Average waiting times to the locality based specialist community teams are longer and the focus of quality improvement work in those teams.

Driver Metrics



Berkshire Healthcare
Children, Young People and
Families services

Average time from referral to help (first appt) – Getting More Help Teams (Anxiety, SCTs)



To support planning for the development of national access and waiting time targets, NHS introduced a number of new metrics – the proportion of referrals waiting 4 weeks or less for first contact, the median time waited and the maximum time waited among the highest 10% of waiters, in the latter part of 2023/24. That data is given below for Berkshire.

New NHSE waiting times metrics



Berkshire Healthcare
Children, Young People and
Families services

Proportion waiting 4 weeks or less, median wait, 90th percentile wait

Based on first attended appointments in November 23 Dash 5c



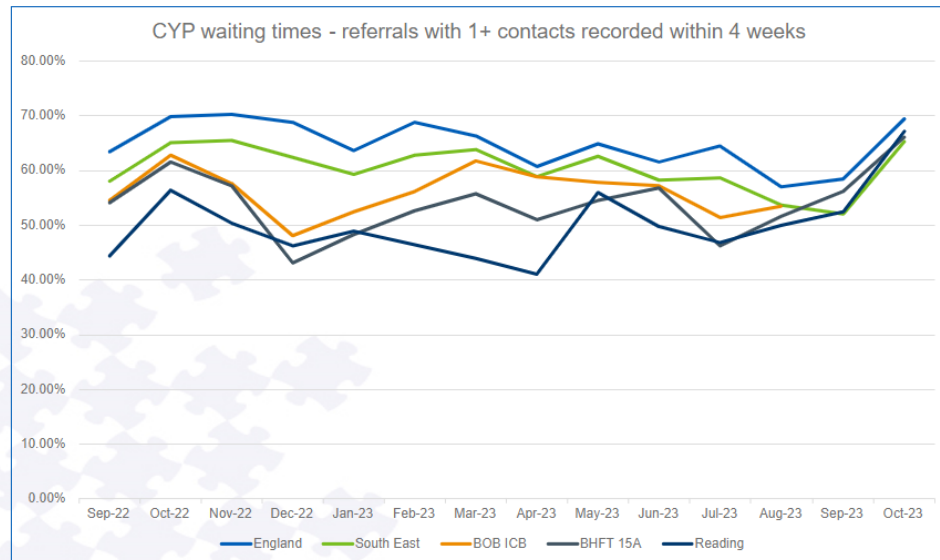
The graph below shows the latest data on proportion of CYP waiting for weeks or less published via the MHSDS. The graph shows data for all England, the South East Region, BOB ICB, Berkshire Healthcare and Reading specifically. We have been tracking slightly below the rest of the BOB and the South East region but are on an improvement trajectory, with rates exceeding partners since August 2023.

Latest data to end Oct-23

BOB ICB CAMHS Waiting Times

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

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



Improving Flow & Waiting Times

The Trust have been working to improve waiting times for CAMH services for many years. There is no single solution to this challenge, which was exacerbated by the increase in demand and acuity seen through the pandemic and is not unique to Berkshire.

There are a number of service transformation, service development and quality improvement projects underway that form a programme of work to address these issues and contribute to reduce waiting times.

- CAMHS Clinical Care Pathways Programme – implementation phase
- Workforce development. Service-wide Deep Dive with dedicated QI projects focused on specific areas (top contributors) to improve recruitment & retention to key clinical posts.
- Referrals: QI Project to improve referral management systems and improve data & efficiency through automation where possible.
- Data Quality Improvement & implementation of new NHSE waiting time definition, which includes guidance and SNOMED codes for direct and non-direct activity.
- Digital Projects including a pilot digital service offer initially for children and young people waiting for an intervention for anxiety or a mood disorder at Getting More Help level, alongside development of the online resource, RiO transformation work and other digital opportunities.
- QI work in specific teams aimed at increasing clinical activity, throughput and flow.
- Pilot projects with VCSE providers aimed at improving throughput and flow

Transformation/Improvement/Development



Improvement Huddles



Weekly on Wednesdays for West SCT, focussing on implementing improvement opportunities suggested by staff and from feedback from YP and families

CAMHS Driver Metrics (improvement priorities)

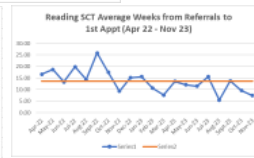
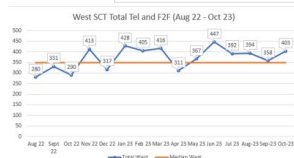
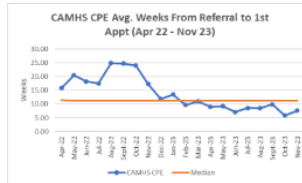
- Overall service:
 - To reduce waiting times to first appointment for Getting More Help Teams
 - To increase response numbers to our patient experience tool
- Team: CPE = Reducing waiting times
- Team: West SCT = increase clinical activity to increase caseload flow



- QI project on improving risk documentation in West SCT led by team psychiatrist
- Rapid Response staff retention project– improving staff joy
- Anxiety Team– reducing waiting times and improving access
 - ROMS
 - iWGC/ESQ
 - addressing inequalities

Other projects/developments

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



In addition to the focus on quality improvement, the service are also active in research. The picture below gives a snapshot of the research we have been engaged in over the past 12 months.

Research



Study Name	Summary	Status
Interventions to Improve Patient Safety for CAMHS treated Adolescents	The study is looking to develop an app for mobile phones that adolescents could use if they were having thoughts of self-harm.	Feasibility – we are going through local processes to ensure we are able to support the study locally
Dissociative Experiences in Adolescents	This study aims to investigate the role of specific details of traumatic events in the subsequent development of posttraumatic dissociation.	In Set Up – we have gone through the feasibility process and we are now completing relevant checks before issuing confirmation to open the study
IVY	The overarching aim of this research is to establish the effectiveness and cost-effectiveness of Intensive Community Care Services compared with Usual Inpatient Care, Treatment As Usual (TAU) in young people with severe psychiatric disorders	Open and recruiting patients
TOGETHER	The aim of the proposed study is to conduct a feasibility randomised controlled trial of the Groups 4 Health (G4H) intervention, delivered to young service-users who are currently experiencing mental health difficulties	Open and recruiting staff
iPOF	To develop a programme theory to understand the underlying mechanisms by which online mental health communities impact on people's mental health and wellbeing. To use this programme theory to develop best practice tools to improve uptake, safety and usefulness of online communities.	Open and recruiting staff and patients via the SHARON platform
STADIA	The aim is to evaluate the clinical and cost-effectiveness of the DAWBA SDA tool, as an adjunct to usual clinical care for CYP presenting with emotional difficulties referred to CAMHS.	In Follow Up – the research team are completing data collection for recruited participants

New Service Development

There have been a number of service developments in line with priorities mandated in the NHS Long Term plan and local priorities identified as part of the CYP MH local transformation programme.

CAMHS Crisis Service

The CAMHS Rapid Response service was formally implemented in 2017/18 following a successful pilot in Berkshire West using winter pressure funding. The service expanded to enable access via NHS111 in 2021/22, developed a crisis response intensive treatment function that went live in September 2022 and extended operating hours to 24/7 in 2023.

The service is now compliant with the NHS long term plan targets for CYP MH crisis services.

A deep dive audit into 200 cases undertaken earlier in 2023 identified the following:

47% of referrals to CAMHS RRT are from Berkshire West, with 38% from Berkshire East, 10% from Buckinghamshire who present to Wexham Park Hospital & the remainder are other OOA presenting to our local acute Trusts. This is no change from 2021.

- 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 were the top contributors to crisis

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

We are using this data collaboratively with partners to support work to improve understanding of crisis, self-harm and to improve prevention and early response, particularly in relation to children and young people with SEND.

CAMHS Children in Care Service

This new service formally launched across the 3 Berkshire West localities in 2023. The service is a Berkshire-west place-wide team, enabling the right mix of skilled clinicians however staff work as integrated members of the Children in Care team in each of the local authorities.

Interventions are based on the:

- Trauma recovery model
- Mentalisation based approaches
- Whole system approaches

CAMHS Learning Disability Team

This has been a longstanding gap in service provision, identified as a priority in the Berkshire West local transformation plan process. A dedicated new service has now been commissioned and goes live in January 2024. The small team will work to deliver improved outcomes for CYP (and their families) with a moderate/severe learning disability and a mental health condition.

While not a CAMH service, Berkshire Healthcare are the providers of the Dynamic Support Register and Keyworking service for Berkshire West. This is a national initiative to improve support for children and young people with a learning disability and/or autism, who are at risk of admission to a mental health unit/hospital. The team support and guide children, young people and their families through the health, education and social care system. The new CAMHS LD service will work closely with this team, which will be extending the age range up to 25, and is co-located with the adult LD service to enable development of streamlined pathways of care.

Thames Valley Link Programme

The Thames Valley Link Programme is a vanguard pilot, implementing a new programme of support for children and young people aged 0-18 years who meet the broad complex needs criteria outlined in the 'Framework for Integrated Care,' namely their difficulties are:

- Multiple (i.e. not just in one domain, such as mental and physical health)
- Persistent (i.e. long term rather than transient, including learning disability, autism or both)
- Severe (i.e. not responding to standard 'clinical' interventions)
- Framed by family and social contexts (such as: early family disruption, loss, inequality, prevalence of Adverse Childhood Experiences)
- Where there are significant concerns about ongoing emotional, mental health or neurodevelopmental difficulties which cannot/are not being addressed by existing provision – not meeting 'threshold' for such provision but risks are present

These young people often present with challenging and high-risk behaviour, poor mental wellbeing, inability to regulate emotions etc. but don't meet diagnostic criteria for mental illness/they aren't ready/able to undertake therapy

In addition there may be:

- Lack of a clear formulation of the young person's situation, needs and difficulties
- Systemic blockage or failure of a plan to progress because of cross-agency disagreement.

The programme has national funding via NHSE Health & Justice until 2027/28 and is delivered via a hub and spoke model, with the hub led by Oxford Health, and in partnership with a VCSE provider (RAW). The Berkshire Link team (spoke) will go live in January 2024

Using the complex need definition of the framework, there were four overlapping groups of children and young people identified in the Thames Valley:

1. Those with challenging behaviours/presentations who may be **'bounced around' between health, social care and other agencies**, because their presentations don't 'fit' existing services or because their presentation changes;
2. Those with whom services **cannot/find it difficult to engage** or those who cannot maintain progress within existing services and who cannot be referred further on to other services;
3. Those **known to social care, police and other agencies**, for whom there is lack of security of family/ safe home and who are more vulnerable to exploitation; and
4. Those **who are out of school** (whether elective by parents/family, whether emotional-school avoidance, whether at risk of being or having been permanently excluded).

The service will work through offering:

- Initial consultation – signposting/advice as required
- Ongoing therapeutic consultation to the system around a young person
- Direct assessment and short-term specialist interventions where necessary
- Youth work & psychosocial support via VCSE partners.

Interventions are based on the:

- Trauma recovery model
- Mentalisation based approaches
- Whole system approaches
- Training to teams

Referrals will be through a request for consultation initially, similar to the model employed for the Children in Care, Health & Justice & Forensic CAMHS services.

CYP MH in Primary Care

Currently c. 35% of CAMHS referrals come from Primary Care. Demand through this route is continuing to increase however our data shows that around two thirds of referrals through this route are for children and young people whose needs would be better met by other, locality-based advice, support and getting help services including schools-based mental health support teams, primary CAMH services and neurodiversity support services. CAMHS CPE provide advice, signposting and where possible, support families to access the right service following assessment but there is a delay to the young person receiving help that would have been avoided.

With the expansion of the additional roles reimbursement scheme in primary care to include CYP MH roles, we are piloting new roles in primary care, including one pilot in Reading, with the University Medical Centre Primary Care Network.

A specialist CYP MH practitioner based in the medical centre will provide triage, assessment and mental health advice to children and young people presenting for help to the GP surgeries in the University Medical Centre PCN. They will be able to then refer young people to the most appropriate service to meet their needs, whether that is a Berkshire Healthcare service or an alternative service.

We anticipate that the benefits from these pilots will be:

- Reduced inappropriate referrals to CAMHS CPE from piloted PCNS
- Increased referrals to appropriate Early help services or self-management
- Quicker access to help and support for CYP and families
- Reduced demand on GP's, enabling them to focus on other clinical work

In Reading, the CYP MH worker will be linked closely with colleagues in the Schools Mental Health Support Teams and the Primary CAMHS service in Brighter Futures for Children. We are undertaking other pilots in the East of Berkshire where we provide the MHST and Primary CAMH services and will use the learning from both pilots to inform the model moving forwards.

Evidence of Impact

The service uses a wide range of measures covering symptoms, functioning, bespoke goals, and service/session feedback, collecting information from different perspectives, i.e. children and their parents or carers.

Improving outcome measures recording and positive experience of care are Driver Metrics for the service.

Outcome measures are included within all clinical pathways and have been built into the RiO electronic record system to enable data to flow to the MHSDS.

National CQUIN for services to achieve 10-40% paired ROMS based on all cases open to the service and/or discharged from the service with a minimum of 2 contacts.

Internal Service Target – 20% Achieved in Feb 2023. Current month 36%

We are also members of the Child Outcomes Research Consortium which enables us to benchmark against other NHS mental health providers. Our last report indicated measureable improvement through the use of GBO, CORS, RCADS in line with the rest of CORC

Experience of Service we use the Experience of Service Questionnaire (ESQ) at the end of an intervention and the Trust have introduced a new tool I Want Great Care, which is offered routinely and available to young people, parents and carers at any point in their treatment journey.

ESQ – used at the end of an episode of care. Data flows to CORC so enables national comparison. Links to NHSE definitions of Waiting time for help’
iWGC – feedback can be given at any point in a YP’s journey, provides immediate information, enables Trust service comparison.

Service user feedback via these tools and also through compliments, complaints and any incidents, is monitored via the service leadership team through our Patient, Safety and Quality meetings. All teams have monthly data on service user feedback. Any compliments are celebrated at team Quality Improvement huddles. Any concerns are taken to the huddle as opportunities for improvement (tickets).

Neurodiversity Services – Mary Jane Stroud

Context

Referrals for autism and ADHD services have long outstripped the service capacity and this has resulted in large numbers waiting and long waits. This is a national picture with services across the country facing similar pressures.

There continues to be a high and growing demand for our service, with a huge increase in the numbers of referrals for autism and ADHD assessment year on year. This has combined with additional pressures from Covid-19 and the national shortage of qualified staff. Services are also experiencing more complex presentations for both adults and children/young people. In addition the ADHD service is a ‘balloon service’ as the number of referrals outweighs the number appropriate to discharge and the team caseload continues to grow. The recent global shortage of ADHD medication has also placed additional pressures on the services. The service understands how difficult waits can be for adults, children, young people and their families and reducing the waiting time remains a top priority.

Current position

Adult – Berkshire wide	Autism	ADHD
Number waiting	1203	2083*
Average wait in weeks for those waiting	81	68
Average wait in weeks for those who attended appts in December 23	154	72
% waiting more than 2 years	29%	15%**

**this refers to waits for all types of appts, i.e. assessment. medication initiation, medication review*

***this refers specifically to those waiting for ADHD assessment*

Referral patterns generally show a 60% West and 40% East pattern. Assessments completed this financial year indicated that 48% waited up to 2 years and 52% waited 3-4+ years.

Children and Young People – Berkshire wide (Reading in brackets)	Autism	ADHD
Number waiting	4261 (902)	3940 (683)
Average wait in weeks for those waiting	56 (59)	56 (56)
Average wait in weeks for those who attended appts in December 23	92 (97)	94 (107)
% waiting more than 2 years	2% (2%)	10% (8%)

In Reading, West Berkshire and Wokingham, autism referrals are higher as the service also hosts the Under 5 autism assessment service (this is not the case in East Berkshire). ADHD referrals for Reading also tend to be higher and we currently have less psychiatry time for complex assessments.

Wait times for those who attend appointments in the month will go up and down depending on how many of those booked in that month are long waiters and how many have been prioritised (meaning a shorter wait).

Actions and support available

Across the services

Services offer a holistic assessment, which includes consideration of differential and/or co-occurring conditions. Assessment report focuses on support (regardless of a diagnosis is made) with recommendations for identified challenges and needs along with any signposting, resources or onward referral required. Assessment includes psychoeducation component where diagnosis is made.

- At referral and if concerns increase, we consider whether prioritisation is appropriate. For example in the CYP service automatic prioritisation includes children/young people who are in care, on a child protection plan, involved in Criminal Justice System, unable to access education/when educational placement requires formal diagnosis or present with high levels of risk that an assessment may help to reduce.
- An ongoing programme of quality improvement service transformation is underway. One of the priority areas is to identify any further opportunities to create additional efficiencies, release capacity and to improve experience, including using digital solutions and automation of some tasks.

Children and Young People's Autism and ADHD

- **Increasing capacity:** Despite the national shortage of qualified staff, the service has been able to recruit to a number of new posts. We have also offered a number of weekend clinics. The service is also working in partnership with external providers in order to increase the number of appointments we can offer and reduce the wait. As a result, we have seen the number of appointments the service can offer significantly increase. However, referrals have also increased.
- **Quality Improvement and continuous improvement:** Current projects include improvements to the referral process, reducing DNAs, concluding assessments in as few appointments as possible, ongoing review of processes to identify and implement ways to further increase productivity (while providing good clinical quality and family experience, automating tasks to release more clinical and administrative capacity; ongoing review of skill mix required for tasks to reduce the impact of the national shortage of qualified professionals.
- **Early needs led support:** In terms of the support on offer to the family, we are fortunate that in Berkshire much of the same support and advice that is available after a diagnosis is also available before an assessment. (Please see appendix for further information) This includes services commissioned by the NHS and delivered in partnership with local charities, with an emphasis on support being needs-led rather than diagnosis dependent. In the west of Berkshire, the NHS commissioned autism and ADHD support service is delivered by Autism Berkshire and Parenting Special Children and provides a wide range of support including advice, workshops and courses which are all available to families at any point. Further information is available on their website: <https://www.autismberkshire.org.uk/berkshire-west-autism-adhd-support-service/> We also emphasise the need for system partners to provide support as early as possible as the young person's needs will be the same the day after an assessment as the day before. This includes free [PPEPcare](#) training to empower settings to understand and meet needs. [Neurodiversity newsletters](#) provide updates to families and other stakeholders.
- **Collaboration and shared learning:** The service has also been collaborating with other service providers across the region to share learning and innovation to respond to the

challenges that are being faced by all services. This includes the role of Artificial Intelligence in supporting assessments and a pilot of Spencer3D in schools (digital tool to profile and support identified needs in school settings).

Adult autism and ADHD service

- **Referral and triage process:** The Adult ADHD and Autism triage process ensures that clients referred to the service are provided with avenues for support (Autism Berkshire, and signposting for ADHD strategies/support) as well as links to support with mental health to all clients referred to the service.
- **Reducing wait for annual ADHD medication review:** additional short term funding has been provided to reduce the wait for an annual medication review.
- **Autism assessment process:** A pilot is underway to reduce the time required to reach diagnostic decision by enhanced information gathering prior to assessment.
- **ADHD post diagnostic Support Options:** The Adult ADHD service has increased patient choice in considering treatment options post diagnosis with enhanced guidance and support to clients to choose behavioural, psychological and environmental strategies. This includes a range of [online support guides](#) (including education, work, sleep, managing mood, relationships etc) and on demand webinar. All of these resources are available at any point (including prior to assessment or without a referral).
- **Quality improvement projects:** current projects include updating dashboards and improving the transition for CYP (to reduce waits to be seen after transfer to the adult service and improve support and experience)

Appendix

Berkshire Healthcare
Children, Young People and
Families services

CYP: Support available at any point

Care of people waiting (needs-led support/early help)

There is a wide range of support available, and we work hard to make sure families know how to access this. There is a **strong focus on needs led (rather than diagnosis dependent) support** for families wherever they are on their journey and much of the same support available after an autism or ADHD diagnosis is also available before an assessment. We provide information on our website and at the point of referral so we can connect families to services that will help. At triage (and again if families/professional contact us with concerns while waiting), we look at what else might be needed as well as an autism/ADHD assessment. Children are often known to and supported by other services according to their presenting needs. Anyone can contact the service and share new/increasing concerns and we will respond to these. We let families know this at the point of referral. Should additional needs be identified at referral or while waiting there is a range of support available from Berkshire Healthcare and across the system.

Support available from the Neurodiversity Service:

- **SHaRON (Support, Hope and Resources Online) digital support network** - parents and carers have access from the point of referral to an online support network moderated by AAT/ADHD clinicians and autism and ADHD professionals across Berkshire. This connects individual to each other as well as to the service, offering peer to peer support as well as prompt access to professionals and a comprehensive library of self-help resources. Available 24/7 365 days a year

*I would like to say that SHaRON
Jupiter has been a life saver to me
over the last couple of weeks (Parent)*

*Everyone on here is so supportive. I
don't know where I'd be if it wasn't for
the amazing people on this site*

- **A Qualified Children's Wellbeing Practitioner (CWP) and trainee CWPs** provide brief evidence-based interventions (for anxiety, low mood and emotional dysregulation) for children, young people and their parents (available according to need pre or post assessment).
- **Helpline/Care of People Waiting service:** Should there be new/increasing concerns after referral then families, referrers or other professional can contact the service. Helpline/COPW clinician will provide advice, support, signpost, make onward referrals and consider if the assessment now needs to be prioritised.
- **Referral packs give information** on all sources of family support to ensure families access this as soon as possible. This includes information on **ICB commissioned support service for autism/ADHD** (which is available at any stage pre and post assessment) [East](#) and [WEST](#)
They also provide access to our [Comprehensive online resource](#) with help and advice on a wide range of developmental, emotional/mental health etc concerns as well as our [autism and ADHD advice and guidance](#)
- Referral pack also contains a **letter for school to emphasise the need for needs-led support**.

Support within the wider children and young people's services

- Support is provided according to presenting need by: Children and Young People's Integrated Therapies (CYPIT), CAMHS (including Mental Health Support and Getting Help Teams), Health Visiting and School Nursing
- For more urgent mental health needs, families can access support as needed from Specialist CAMHS Duty Worker, CAMHS NHS 111 and the Rapid Response Team (who can usually provide a same day response to a mental health crisis).



What support is available now?

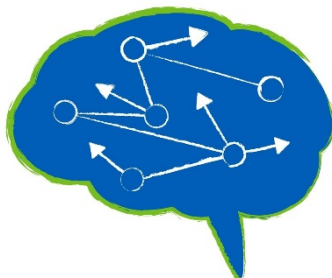
There is often a misunderstanding that a diagnosis is needed to access help for autism or ADHD. This is not the case.

It is very important that support is provided based on the child or young person's needs and that everyone understands that it is not necessary to wait for an autism/ADHD assessment to take place first. A child's needs will be the same on the day after the assessment as they were the day before the assessment.

When a diagnosis is not made, it is also very likely there will still be needs which require support. Fortunately, much of the same support available after diagnosis is also available to families at any point.

Download the PDFs below to find out about all the support, which is available before, during and after an assessment:

- [ADHD](#) (opens PDF)
- [Autism](#) (opens PDF)



Local support

Before, during or after an assessment, families can access support from their locally commissioned NHS service which supports families who have a child with autism and/or ADHD or who are waiting for either/both assessments. The services provide a range of support including workshops to support with anger, emotional regulation and sleep difficulties.

No referral is needed.

- Visit [Autism Berkshire](#) if you live or have a GP in Berkshire west (Newbury, Reading or Wokingham)

Berkshire WEST System offer includes:

