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Berkshire Healthcare CAMHS
Update for Reading HWBB

Louise Noble, Service Director, Children, Family & All-age Services
July 2024

BHFT Children, Families and All Ages Services (CFAA) which include

Neurodiversity Service

- Autism Assessment Team
- ADHD Team

Public Health Nursing

- Health Visiting
- School Nursing
- School-aged Immunisation Service

Children in Care Team

Children's and Young People's Integrated Therapies

- Speech and Language Therapy
- Occupational Therapy
- Physiotherapy

(Early Years and School Age Years)

Specialist Children's Services

- Paediatricians (East Berkshire),
- Community Children's Nursing and special schools
- Continuing healthcare
- Respite (East)
- Dietetics

CAMHS & BEDS

- Common Point of Entry (CPE)
- Locality-based Getting Help teams
- Schools Mental Health Support Team
- Locality-based Specialist Community Teams
- Anxiety and Depression Team (county-wide)
- All-age Eating Disorder Service (county-wide)
- Rapid Response service (county-wide)
- Health & Justice Service & Children in Care worker
- Children in Care CAMHS worker
- Early Intervention in Psychosis service
- Tier 4 Alternative to Admission service (Thames Valley Provider Collaborative)

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Children, Young People and Families services

THRIVE FRAMEWORK FOR CHILDREN AND YOUNG PEOPLE MENTAL HEALTH SERVICES

- Replaces the tiered model with a conceptualisation of a whole system approach that seeks to identify resource-homogenous groups rather than an escalator model of increasing severity or complexity (it is appreciated that there will be large variations in need within each group). Outlines groups of children and young people based on the sort of support they may need.

- Provides a set of principles for creating coherent and resource-efficient communities of mental health & wellbeing support for CYP&F. Focuses on a wish to build on individual and community strengths wherever possible

- Suggests that all those involved in the delivery of care across health, education, social care and the voluntary sector work closely with one another to meet these needs, agree on aims, and review progress.

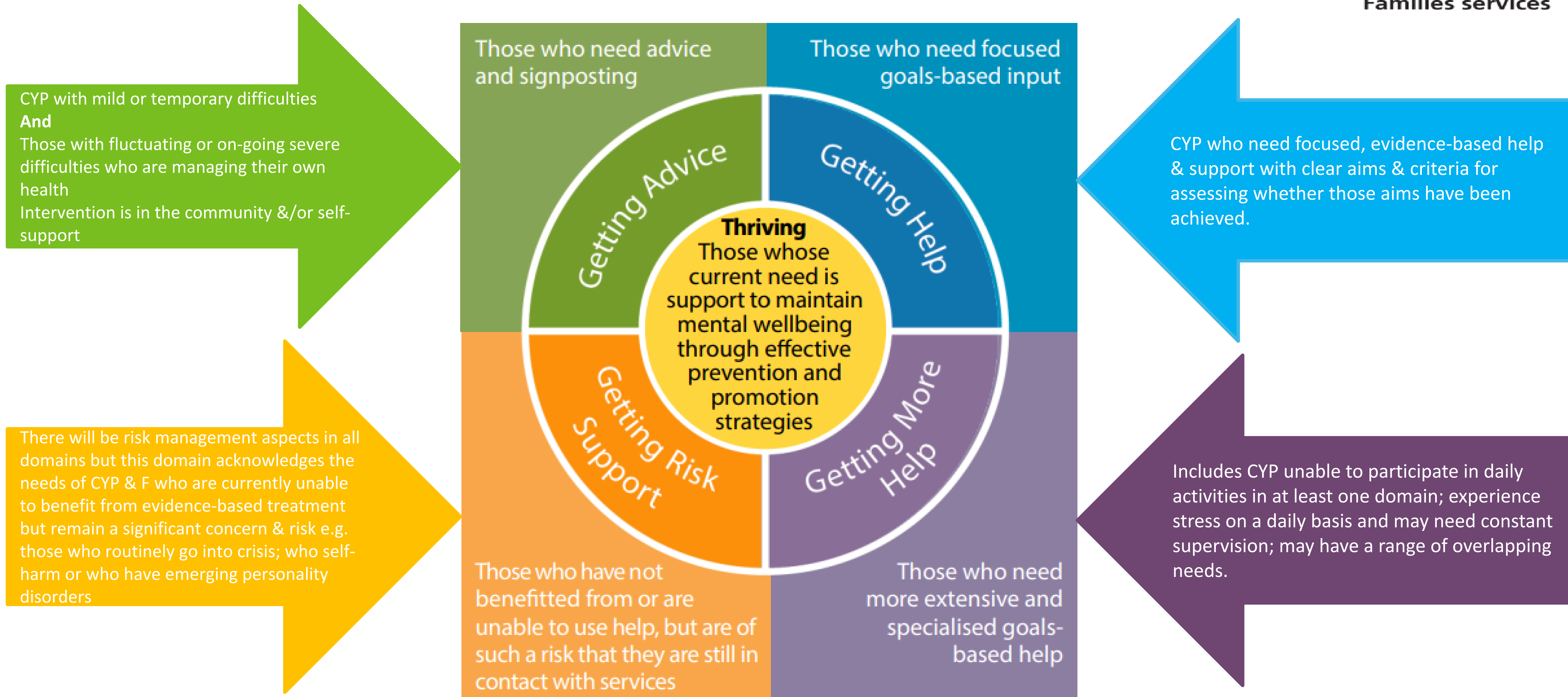
- Enables a common language to talk about mental health and mental health support that everyone understands. Tries to draw a clearer distinction between treatment on the one hand and support on the other.

- Stresses the importance of drawing on the evidence base, alongside being transparent about the limitations of treatment, emphasising that decisions on how best to support a child's mental health cannot be based purely on their diagnosis or presenting symptoms.

- Aims to ensure children, young people and families are active decision makers, explicitly engaging them in shared decision-making about the type of help or support they need.

THRIVE Framework for system change | i-THRIVE (implementingthrive.org)

THRIVE Framework for System Change – 5 groups



BHFT CYP MH Services

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GETTING ADVICE LEVEL SUPPORT
People referred into CAMHS CPE may be identified as requiring advice level support, therefore referrals may be signposted to access the following support and be discharged

Other agencies
Including charities, counselling services

Online/digital resources

GETTING RISK SUPPORT
For those who have not benefitted from or are not able to use help, but are of such a risk that they are still in contact with services

CAMHS Rapid Response (RRT)
RRT provide immediate access to crisis assessment and support

CAMHS Intensive Treatment Team (ITT)
CYP who require a short period of intensive support to manage & de-escalate a crisis may be stepped up to ITT before being discharged to appropriate community services or transferred to another CAMHS team for treatment.

Additional referrers for this service
- Local acute hospital (RBH, WPH, FPH)
- Place of safety
- Other CAMHS/BEDS Team

Referrers:
- Young person / family
- Healthcare professionals
- Social workers
- GPs
- Education staff

CFAA Health Hub
Triage, referring to the appropriate place and/or urgent care

CAMHS Common Point of Entry (CPE)
Triage and/or assessment, referring to the appropriate place and/or urgent care

Pilot CYPMH Workers in Primary Care – direct access via the GP surgery

GETTING MORE HELP LEVEL SUPPORT
For those who need more extensive and specialised goal-based help

Local Specialist Community Teams (SCT)
Interventions for young people presenting with complex mental health difficulties

Berkshire Eating Disorder Service (BEDS)
Berkshire wide community service for adults and young people with an eating disorder

Early intervention in Psychosis (EIP)
Support for those experiencing symptoms of psychosis, and people at risk of developing psychosis

GETTING HELP LEVEL SUPPORT
Work with young people in the community and support other professionals (like social workers, school nurses, health visitors and GPs) through link working, consultation, advice and training

Refer through locality authority Early Help Hub:
- **PCAMHS** (Berkshire West)
- **Getting Help Team** (Berkshire East)

Anxiety Disorder Treatment Team (ADTT)
Intervention for anxiety disorders and depression, OCD and single event PTSD

Direct access/Referral through school SENCO/Safeguarding Lead
→ **Mental Health Support Team (MHST) Berkshire East**

TARGETED SERVICES
For specific, vulnerable groups of the population. Services may work across all groupings of THRIVE

Children in Care (East & West)

Youth Health & Justice (East & West)

CAMH Service for CYP with a Learning Disability (county-wide)

Berkshire Link Service (County-wide)

Phoenix unit
Specialist Tier 4 alternative to admission service for young people presenting with acute mental health need

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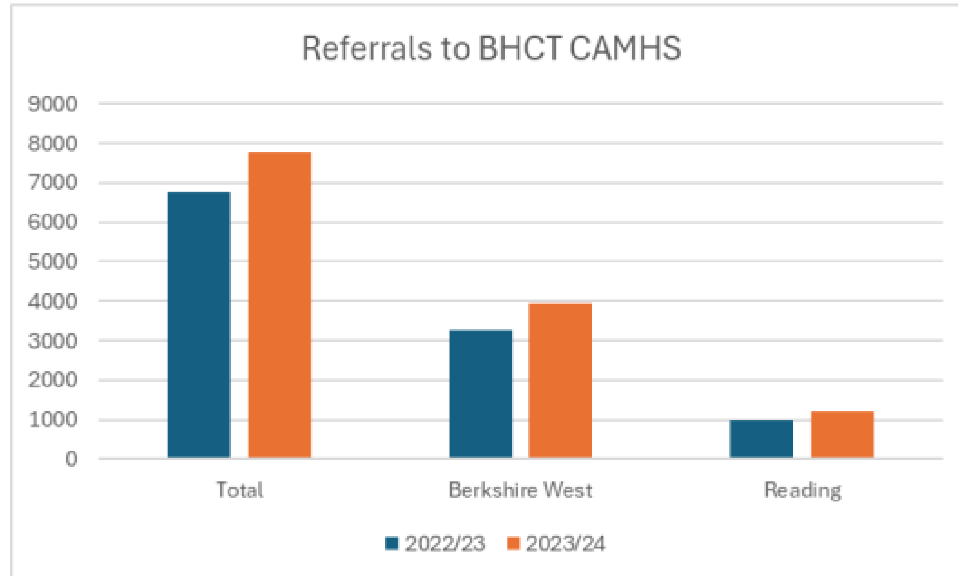
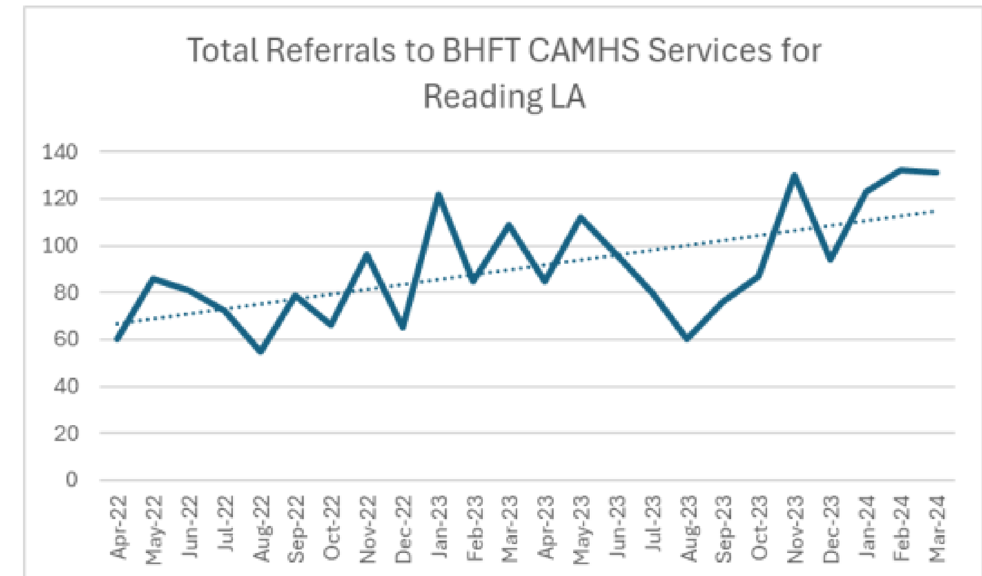
Referral Trends



15% increase in total referrals to all BHFT CAMH Services between 2022/23 and 2023/24
40% of the increase is due to new service provision (Children in Care, CAMHS LD, Berkshire Link, Primary Care Pilots)

Greater increase in referrals for Reading LA children & young people (23.5%).
47% of the increase is from referrals to new services, including the Primary Care Pilot which is only running in Reading in Berkshire West.



Waiting Times

NHS Berkshire Healthcare NHS Foundation Trust

NHSE guidance on measuring waiting times for Children and Young People's Community Mental Health services has been issued for the first time this year.

Children & Young People specific guidance

The following summarises and provides additional guidance on the Children and Young People's Community Mental Health Waiting Times metric.

Clock start and clock stop definitions

	Metric definition
Clock Start:	First request for mental health service received
Clock stop:	• Child or young person is seen (face to face, telephone or videocall) • indirect contact between professionals AND An intervention code detailing the nature of the contact [a full list of codes that stop the clock can be found in the SNOMED refset. All clinically appropriate SNOMED codes will stop the clock] AND An outcome and/or experience* measure is recorded *we are aware that there are few experience measures that can be used at this stage, however the inclusion of experience measures is aspirational and future proof.

- NHSE will start to publish the metrics from Q2 2024/25
- no waiting times standard will be set at this time
- The headline metric for CYPMH is; The proportion of people waiting 4 weeks or less to start receiving help
- The additional contextual measures are;
  - Median waiting time to clock stop
  - 90th percentile waiting time to clock stop
  - Number of those still waiting to receive help
  - % of people who have received help with clocks stops for: advice/signposting vs care plan vs consultation vs intervention (CYP metric only)
- Exclusions: The new metrics will not include referrals to the following services:
  - Eating disorders
  - Referrals to certain more specialist Community Learning Disability teams
  - Early Intervention in Psychosis (EIP)
  - Crisis
  - In patient
  - Digital MH providers
  - Single Point of Entry

*Single Point of Entry is described as an administration only hub. BHFT CPE undertakes clinical triage and assessment so would not be excluded from the new metrics.

There is no longer a **single** point of access to our services, with referrals now being received directly by some services (e.g. Children in Care, Berkshire Link). We are working to implement a 'no wrong door' approach across services and to ensure that activity delivered at all 'entry' points meets the requirement for 'clock-stop' activity.

This diagram was created by two Experts by Experience to support conversations with children and young people, parents and carers

Defining and measuring waiting times

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

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

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

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

This might be called a 'Clock Stop'

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

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

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

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

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

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

In all scenarios the professional should provide information about:

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

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

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

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

Waiting Times

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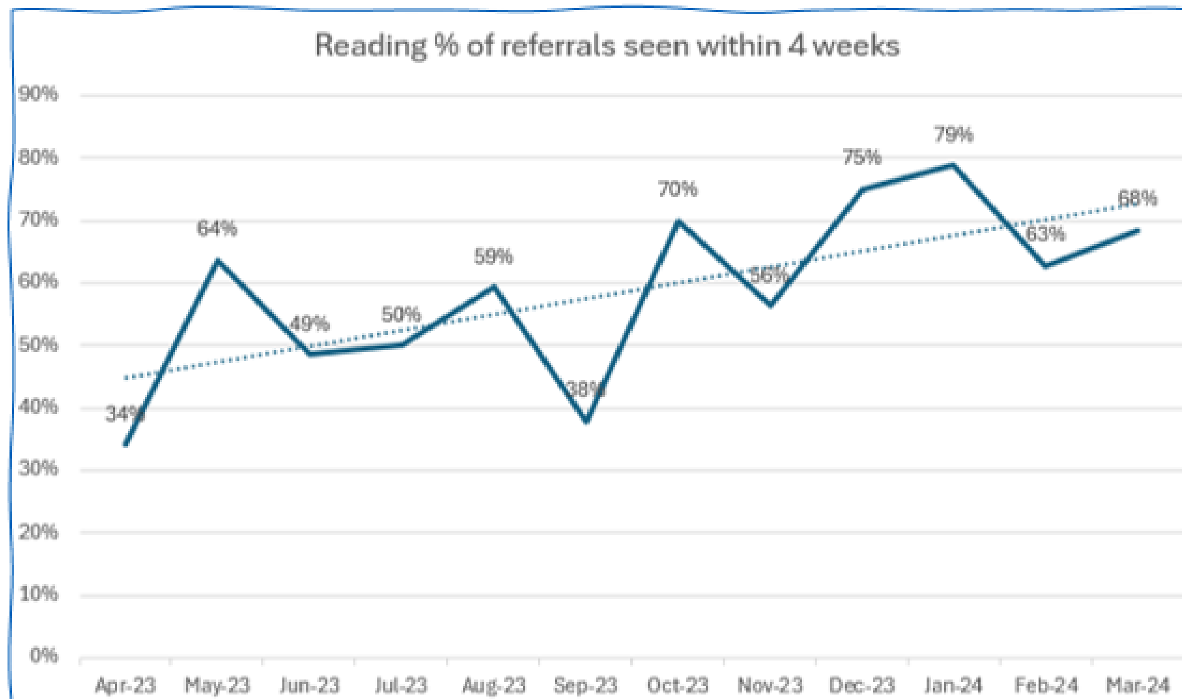
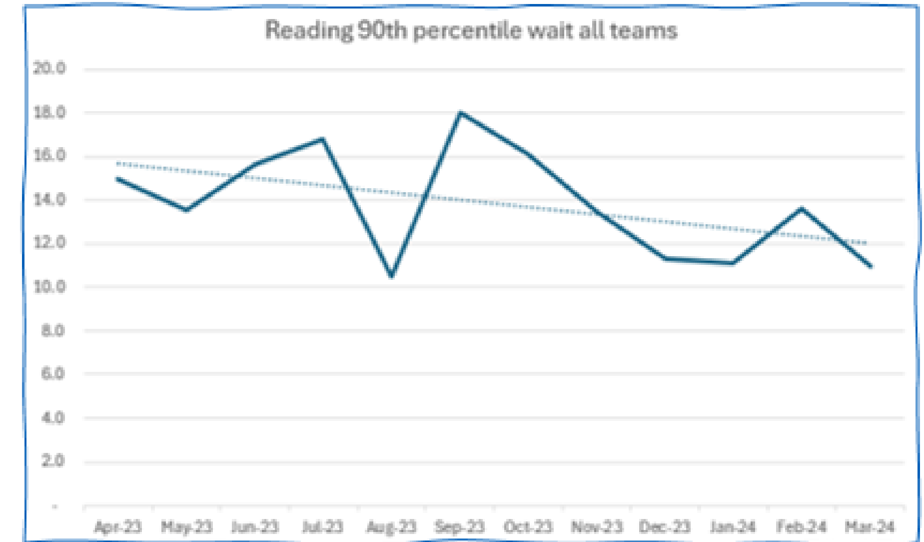
Reducing waiting times is a Driver Metric for the services and as such has been the focus of dedicated quality improvement work.
There are currently no national mandated targets for generic CAMHS waiting times however it is likely that a target of 4 weeks will be implemented in 2025/6 so we are using the new metrics to monitor current performance and support us to drive improvement activity.
.
The data shown is for referrals for Reading children and young people to all CAMH services.

Despite an increase in referrals and growing complexity of cases we are seeing a positive improvement trajectory for all metrics.





Current waiting times by team

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Team		Current average waiting time in weeks
Access, advice & support		8.9
Getting Help		
Getting More Help		9.9
Crisis		0.4
CYP Eating Disorders		2.3
Eating Disorders FREED team age 18-25		5.6
EIP		0.4
Targeted services		
	CAMHS Berkshire Link Team	1.5
	CAMHS Children in Care	4.9
	CAMHS Learning Disability Team	7.3
	CAMHS PEACE Service	6.7
Total		**6.3**

Waiting times vary considerably across the different Services, with those that have been developed and resourced to meet national waiting time standards having lower waits than the core Services.

We are not able to show data for waiting times to Getting Help Services currently. The main Teams delivering Getting Help activity are the MHST's and Primary Mental Health Services, which in Reading are provided by the LA. Some Getting Help activity is delivered by BHFT services however we cannot yet separate out data by THRIVE domain.

A piece of transformation work on our EPR system is currently underway which will enable the following:

- Accurate coding and recording of activity in line with clock stop definitions
- Oversight of the full clinical care pathway to enable us to see any waits and blockages within clinical pathways and develop action to manage flow

Changes are going live in some services from July. We anticipate that required changes will have been implemented across all teams by the end of Q3, with PDSA cycles complete by the end of Q4, so we will have confidence in the accuracy of our data against the new definitions in readiness for 2025/26. .

Outcomes & Experience of Service

Outcome measures

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.

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

Recommended ROMs to prioritise:

Goal Based Outcome Measure (GBO) – a goal rating scale for intervention, which can be used to rate a young person's current achievement of this goal out of 10.

Revised Children's Anxiety and Depression Scale (RCADS) – an anxiety and depression symptom tracking tool for child/young person and/or parent/carer. Subscales of RCADS can be used to track Depression, Generalised Anxiety, Obsessions/Compulsions, Panic, Social Phobia, Separation Anxiety.

Strengths and Difficulties Questionnaire (SDQ) – a measure of conduct, emotional symptoms, hyperactivity, peer problems, and social and behavioural difficulties. Completed by the child/young person, parent/carer and/or teacher.

Systematic Clinical Outcome and Routine Evaluation-15 (SCORE-15) – a measure of family processes and aspects of family functioning.

Generalised Anxiety Disorder 7 (GAD-7) – a screening tool and severity measure for generalised anxiety disorder (GAD).

Patient Health Questionnaire (PHQ-9) – a multipurpose instrument for screening, diagnosing, monitoring and measuring the severity of depression.

Current View – a 'snapshot' measure of complexity and presenting problems.

Outcome Rating Scale (ORS) – a brief, 4 question measure of life functioning (personal or symptom distress: individual wellbeing); interpersonal wellbeing (how well the user is getting along in intimate relationships); social role (satisfaction with work/school and relationships outside of home); and overall wellbeing).

Session Rating Scale (SRS) – a brief, 4 question session feedback tool, for use at the end of a session.

The Anxiety Scale for Children with ASD (ASC-ASD) – a 24 item self-report anxiety questionnaire, with four sub-scales: Separation Anxiety, Uncertainty, Performance Anxiety and Anxious Arousal.

CRIES-8 (Children's Revised Impact of Events Scale) – a screening tool for post-traumatic stress symptoms.

EDE-Q (Eating Disorder Examination Questionnaire) – a measure of eating disorder cognitions and behaviours.

Children's Obsessional Compulsive Inventory-Revised-Self Report/Parent (ChOCI-R-Child/Parent) – a measure to assess the content and severity of compulsions and obsessions.

Yale Global Tic Severity Scale Revised (YGTSS-R) – a measure to assess the number, frequency, intensity, complexity, and interference of tics.

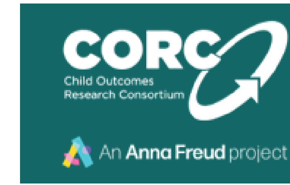
Experience of Service

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

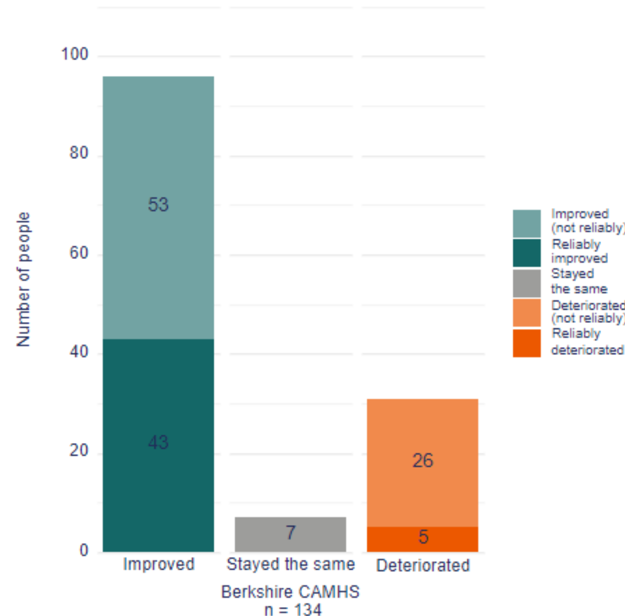
Improving recording of outcome measures and positive experience of care are Driver Metrics for the service.

CORC Report February 2024



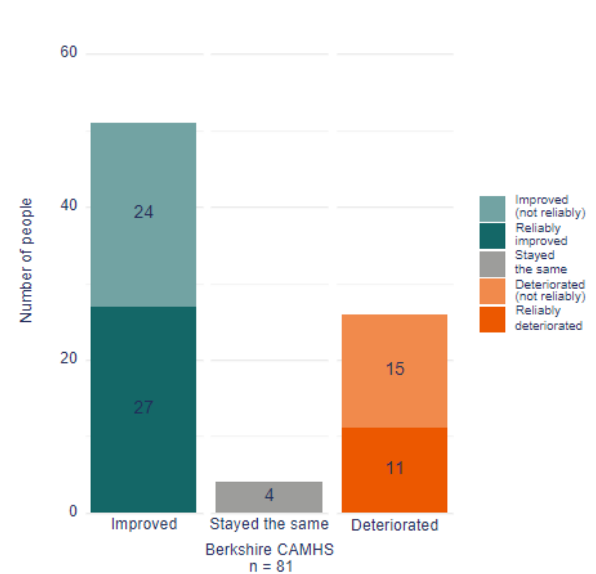
We are members of the Child Outcomes Research Consortium (CORC) which undertakes analysis of outcomes data.

Anxiety and depression - self-reported: individual changes



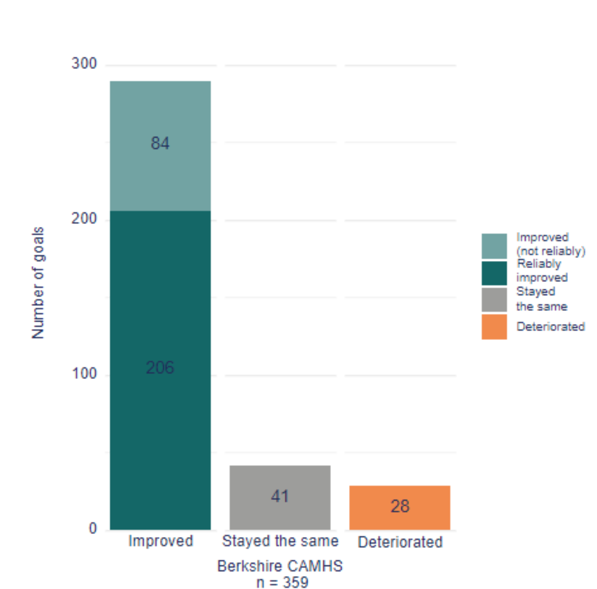
96 young people (71.6%) improved and 38 young people (28.4%) deteriorated or stayed the same

Anxiety and depression - parent or carer-reported: individual changes



51 young people (63%) improved and 30 young people (37%) deteriorated or stayed the same

Progress towards goals - self-reported: individual changes



290 goals (80.8%) improved and 69 goals (19.2%) deteriorated or stayed the same

Improving Flow & WaitingTimes

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Improvement Huddles

Improvement Huddle Board

Huddle Time
3 New Improvement Ideas
Harm Free Care | Patient Experience | Supporting our Staff | Money Matters
2 Work in Progress
Quick Wins
1 2 3
Implemented Tickets
1 Standard Work
5 Celebrations
Escalated Tickets
1
2
3
4 P-I-C-K Chart
High impact
P-rioritise
I-nvestigate
Easy
Hard
K-eep for later
C-heck
Low impact
Plan Do Study Act
1 2 3
6 Weekly Recording
M T W Th F Sa Su
Attendance
Standard Followed?

Quality Improvement programme

Quality Improvement programme

Improvement Opportunity

Name:.. Date: ..../......../20.....

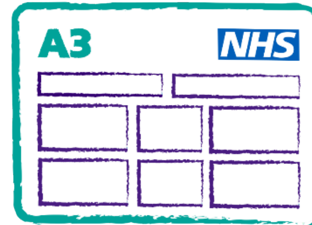
The problem I would like us to explore is....

This problem relates to: (circle the main one)
Harm Free Care Patient Experience
Supporting our Staff Money Matters

It is happening because....

A potential improvement is.....

Individual team driver metrics



- Aligned to the driver metrics of the service

E.g.

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

- CYPF wide referral project
- East Getting Help improving referrals process project
- Rapid Response staff retention project – improving staff joy
- Anxiety and Depression Team – flow, value stream mapping

Other projects/developments

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

Reimagining Community CAMHS

Structure and Governance

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CFAA Division/ Business & Finance Executive

Steering Group

Core Workstreams

No Wrong Door
(Improving & streamlining request for help processes & systems)

Help we offer
(Clinical Care Pathways - embedding, streamlining, reviewing & developing new to fill gaps)

Planning for when our help finishes
(Flow; enabling/improving discharge/Transition)

Workforce & Training
(Leadership (operational, clinical, professional; TNA, CAMHS Academy, THRIVE)

Data, Quality, Reporting and Documentation
(RiO Transformation, contracts & spec review)

Comms & Stakeholder Engagement
(our staff, wider BHFT, system partners)

Enabling/ Supporting Workstreams

Our model of care “How we do things here”
Promoting the THRIVE principles, embedding a person-centred culture & MDT working

Established workstreams / Projects
Clinical Care Pathways
Request for Help/website redesign
ND needs-led programmes

QI Projects
Getting Help QI work
Health in schools work
Transition

Collaboration and Co-design
Experts by experience

Digital Developments
RiO
SilverCloud
Robotics/IA

Contracts & legal frameworks
Provider Collaboratives
Framework for VCSE contracts

Reimagining Community CAMHS

Core Workstreams

Berkshire Healthcare

No Wrong Door

Aims:

- To streamline referral processes to enable us to support CYPF to access the right help, quickly, easily and efficiently, irrespective of which 'door' they arrive at.
- To ensure that our triage and assessment processes are designed to enable us to achieve the expected national 4-week waiting time standard for non-urgent CAMHS

Related Projects & Interdependencies:
CYPF R4H Redesign Project
Trust Website redevelopment Getting Help QI Project

Help we offer

Aims:

- Building on the CCP, define our clinical offer against the needs-led groups within the THRIVE Framework
- Streamline care across all clinical care pathways, minimising transitions, gaps and waits.
- Develop evidence-based clinical care pathways to fill gaps identified
- Provide clarity of the care being offered through our services, including what is not provided.

Related Projects & Interdependencies:
Clinical Care Pathways Implementation
Trust Digital Strategy
One Team

Planning for when our help finishes

Aims:

- To enable safe, timely transitions/discharges
- To ensure efficient flow through our services

Related Projects & Interdependencies:
Trust Waiting & Flow project
CFAA Transitions QI project
One Team Transition

Workforce & Training

Aims:

- To understand the demands on, capacity & skills of our workforce against the needs-led groupings of THRIVE.
- To develop a workforce and training strategy to mitigate current risks to service delivery, meet current and predicted future needs.
- To ensure that we have a service model that enables development and progression for all disciplines.

Related Projects & Interdependencies:
CFAA review of clinical/professional leadership
CAMHS Academy

Data, Quality, Reporting and Documentation (RiO Transformation, contracts & spec review)

Aims:

- To improve and streamline data recording and reporting to ensure visibility of performance and quality data to enable & support service delivery and improvement.
- To ensure data systems enable flow to the MHSDS where required for performance monitoring.
- To identify and implement efficiency & quality improvements in data recording.

Related Projects & Interdependencies:
CAMHS RiO transformation project.
NHSE MHNRG Pilot
Trust Digital Strategy

Comms & Stakeholder Engagement (our staff, wider BHFT, system partners)

Aims:

- To ensure all stakeholders including staff, service users, other internal colleagues and external partners are engaged, involved and influencing workstreams where required.
- To ensure all stakeholders are informed & kept updated on the project in a timely manner.
- To ensure communication is delivered appropriate to stakeholder needs.

Related Projects & Interdependencies:
CYPF R4H Redesign Project
Trust Website Redesign
Service User Engagement QI

Improving Access to Help

Berkshire Healthcare
Children, Young People and Families services

Quality Improvement

Berkshire Healthcare NHS Foundation Trust
A3

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

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

Step 1: Problem Statement:
The East Getting Help team referral process is confusing and inconsistent. This impacts the length of time taken for children and young people to access help in the most timely way.
This problem links to the harm free care and patient experience areas of True North.

Step 2: Current Situation:

Step 3: Vision/Goals:
Vision:
- One referral form for all referrers
- 100% of young people to get to the right place/team
- Fewer people lost in the system
- Clear plan that is communicated well
- Clear pathway of services available to all, and how to access those services

Goals:
1. Decrease in % of referrals signposted from CPE from East Berks.

Decrease in waiting time waste in pathway:

2. Time from referral to Getting Help
3. Decrease in time between CPE and Getting Help
4. Decrease I time between MASH form and first appointment
5. Improved refer and staff feedback
6. Increased referrals to Getting Help Team
7. Increased accepted %

Step 4: Analysis. Issues and Root Causes:
Issues:
- There is some waste in some local processes e.g. length of time of allocations meetings, day of week
- High number of referrals signposted away from CPE that do not get referred to Getting Help
- High number of referrals for Getting Help level support going to CPE. Top Root Causes for this are:
  - Hard to navigate BHFT website, process of what process should be isn't clearly mapped and communicated
  - Referrers not clear on eligibility criteria for GHTs—why? Internally we aren't either
  - LA MASH form not fit for purpose

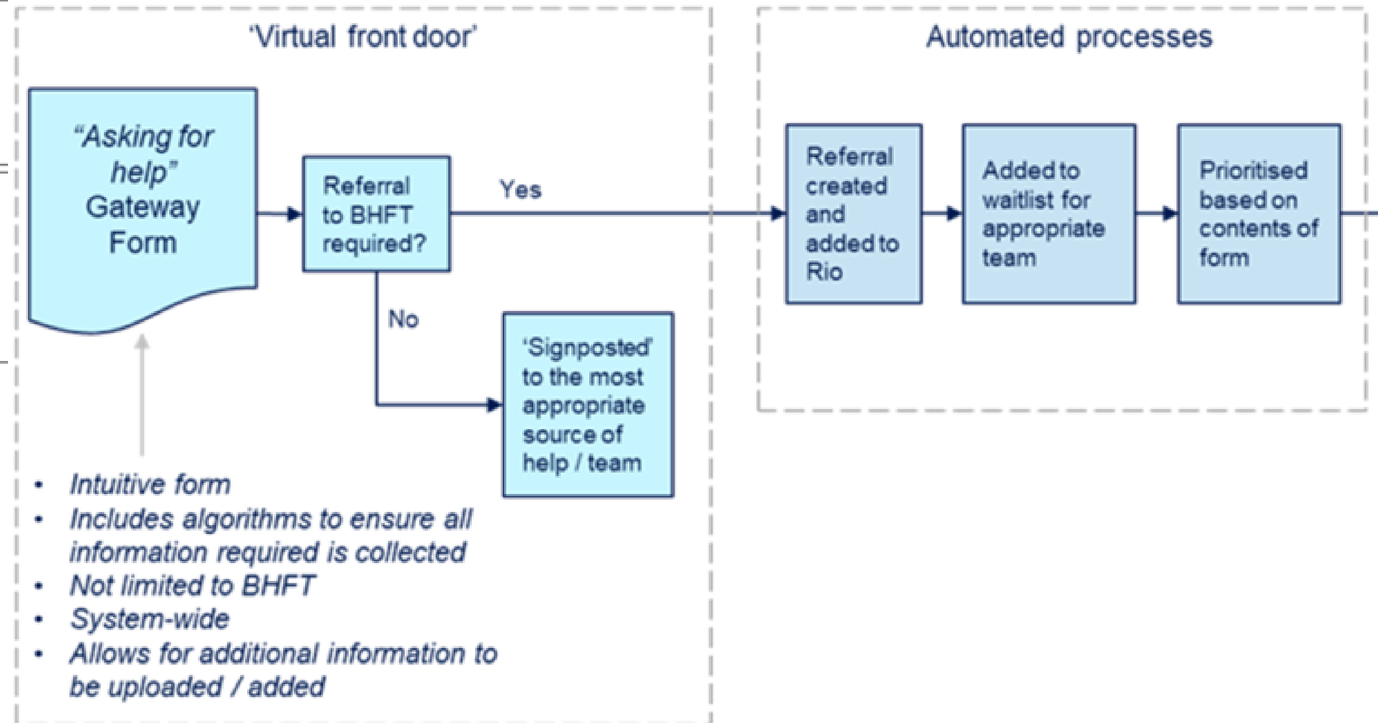
Step 5: Countermeasures :

Step 6: PDSA Cycles:

Step 7: Outcomes:

Step 8: Insights:

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



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

Mental Health Support in Primary Care Pilot; What we knew

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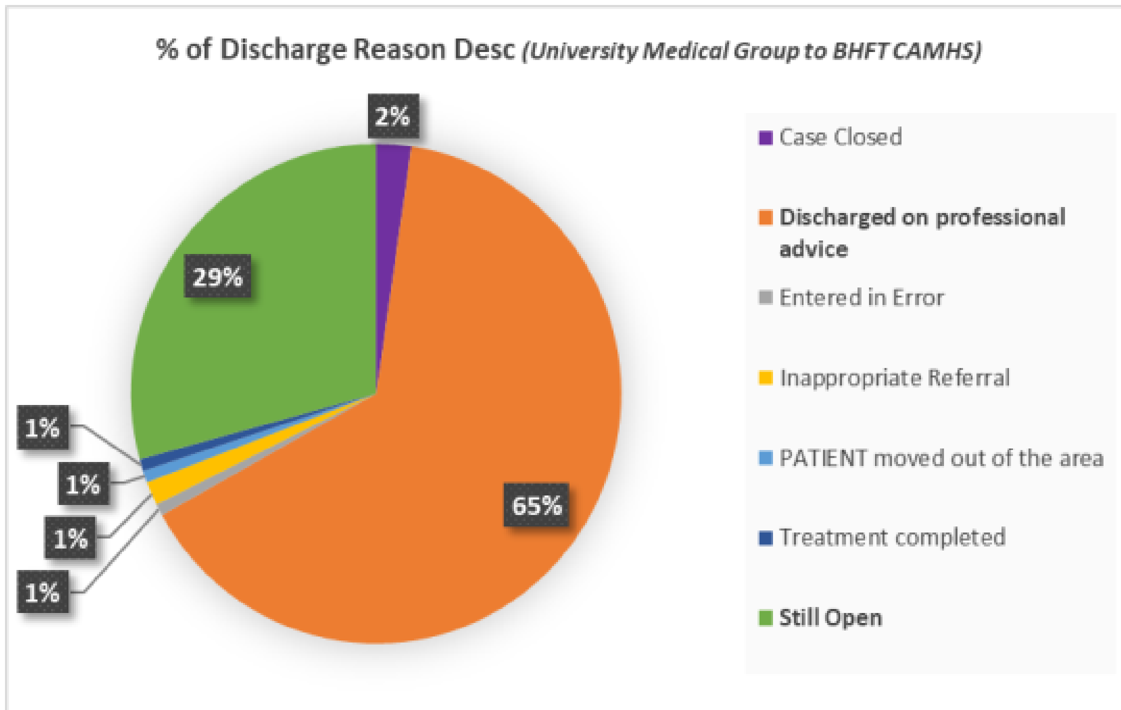
- ❑ 65% of referrals from the Reading University Medical Group PCN to CAMHS Common Point of Entry (CPE) were discharged on professional advice, mainly due to referrals being better suited to early help services
- ❑ A large % of young people waiting on the CPE waitlist, waited for over 8 weeks to be discharged and signposted
- ❑ There is a 100 days average once young person is signposted to access 'help' from signposted services
- o *It is perceived many of the discharged or signposted CYP are not accessing the signposted support*



GP colleagues told us:

- ❑ They **don't understand the services available**, which is the right service, how to refer to other services, they don't have the time to work out which is the right service, they are often just seeing the parent and not the child *(and this can also sometimes be for a limited time)*
- ❑ Berkshire Healthcare referral process is familiar and straightforward, although they **don't always have all the information we are asking for** or the time to find out/complete the referral form
- ❑ People think that a **GP referral carries more 'clout'** and will be responded to more quickly so seek referrals from GP's
- ❑ Parents tell the GP that school have asked them to ask the GP to make a referral & / or **the parents/school are in disagreement** about the YP needs/difficulties and aren't aware of the self-referral route
- ❑ People have **confidence in the 'NHS' brand** – GP first point of contact; request referral to NHS services

We asked in a questionnaire, "do you have any identified training needs for mental health and emotional wellbeing?", you told us:

Better ways of indicating we care but developing boundaries	How to communicate with children about their emotional well being	How to help support parents with children who do have MH issues
Understanding about CAMHS and how the services fit under CAMHS, also what school are able to provide	More understanding how to help support children and families, as lack of resources available	Understand the process of referral and that current challenges of patients being seen in a timely manner

CYP ARRS Pilot - Expected Benefits

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Support primary care by reducing demand on GP's and other primary care colleagues

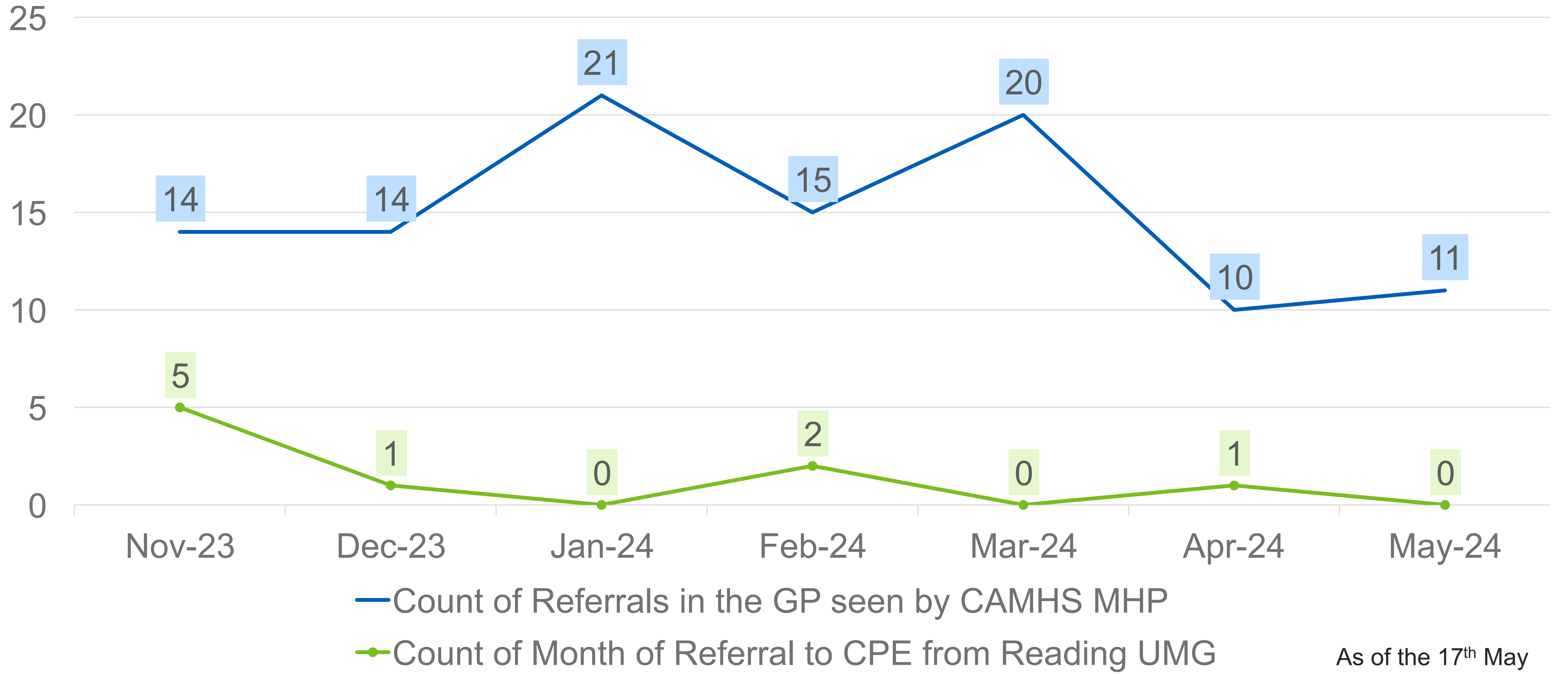
Improve patient experience, making it quicker and easier for children, young people and their families to obtain the help they need

Support implementation of the THRiVE framework, shifting referral routes away from Primary Care where appropriate

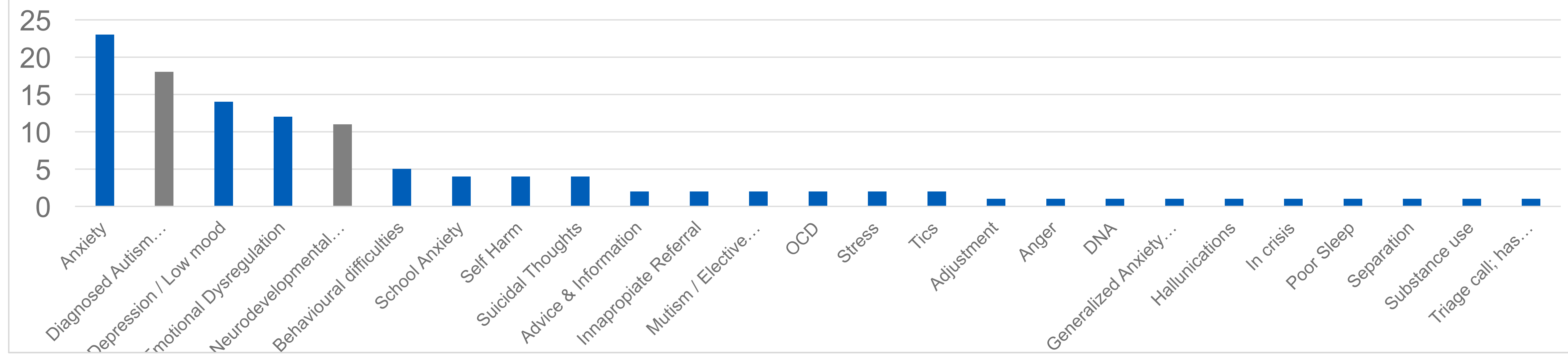
Reduce demand on CAMHS staff in the CYPF Health Hub and specialist teams by preventing escalation of need/unnecessary referrals to specialist services & providing assessment/formulation and screening information, releasing clinical capacity to provide specialist level clinical interventions and reduce waiting times

Improve access to the wide range of help and support available from the network of emotional wellbeing and mental health services within the locality, streamlining care and facilitating support at the lowest suitable level, reducing 'medicalisation' of needs and difficulties

ARRS – Additional Roles Reimbursement Scheme. Pilot of specialist CAMHS practitioner roles in Primary Care. 3 schemes currently underway, 2 in Berkshire East; 1 in Reading.



Reduce demand on CAMHS staff in the CYPF Health Hub and specialist teams by preventing escalation of need/unnecessary referrals to specialist services & providing assessment/formulation and screening information, releasing clinical capacity to provide specialist level clinical interventions and reduce waiting times

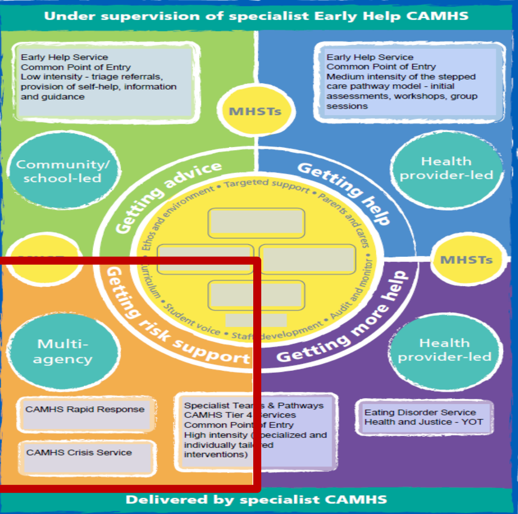


Count of Appointment Outcome

Wokingham Emotional wellbeing hub
SHOUT
School Advice
Safety Netting
Psych UK
Liasion with Family worker
Childline
Berkshire Support Service
Already on CAMHS Depression Pathway
SAFE!
Already on No.5 and MHST waiting list
SHARON
School Counselling
Advice / Tools given
SENCo
No.5 Counselling

0 2 4 6 8 10 12 14 16

Getting Risk Support



CAMHS Crisis Service

NHS
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Berkshire wide crisis service consisting of two teams:

RRT Assessment team

•Crisis/Urgent comprehensive mental health assessments & brief response

•Generally no more than 3 patient contacts

RRT Intensive Treatment Team (from Sept 2022)

•Short term Intensive intervention for up to 8 weeks

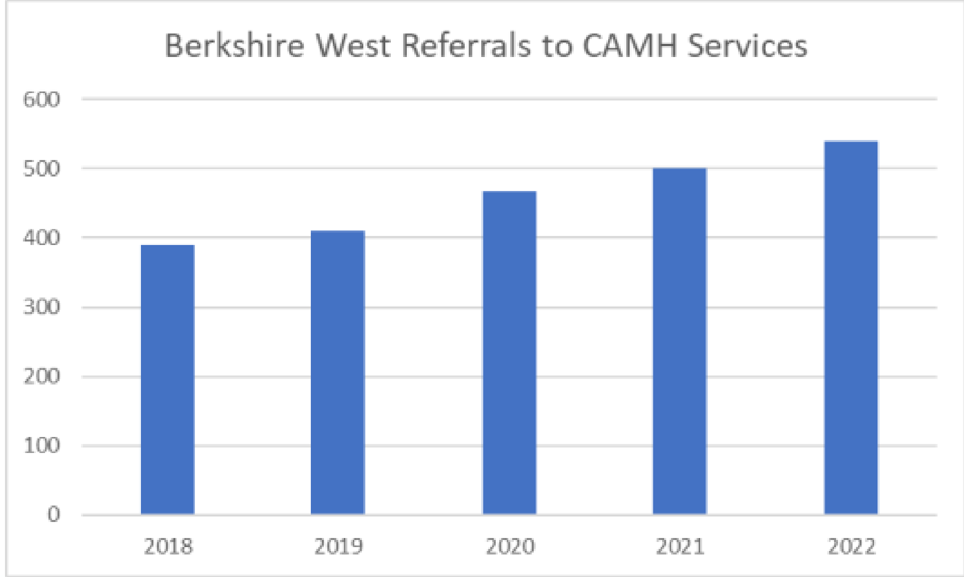
•Group and individual work with young people and their families

•Work with those young people where they require support/intervention 'urgently' in order to maximise safety and prevent imminent significant deterioration.

RRT assessment team operate 24/7

Provide assessment & brief support to CYP in mental health crisis to de-escalate crisis. Referrals - emergency presentations to A+E, POS, NHS111, via CPE & pts known to CAMH services who are at risk of crisis presentation to emergency services.

ITT operates 9-5 Mon-Fri with extended hours at weekends. Access is via RRT/core CAMHS



CAMHS Crisis Service

Deep dive audit:

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

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

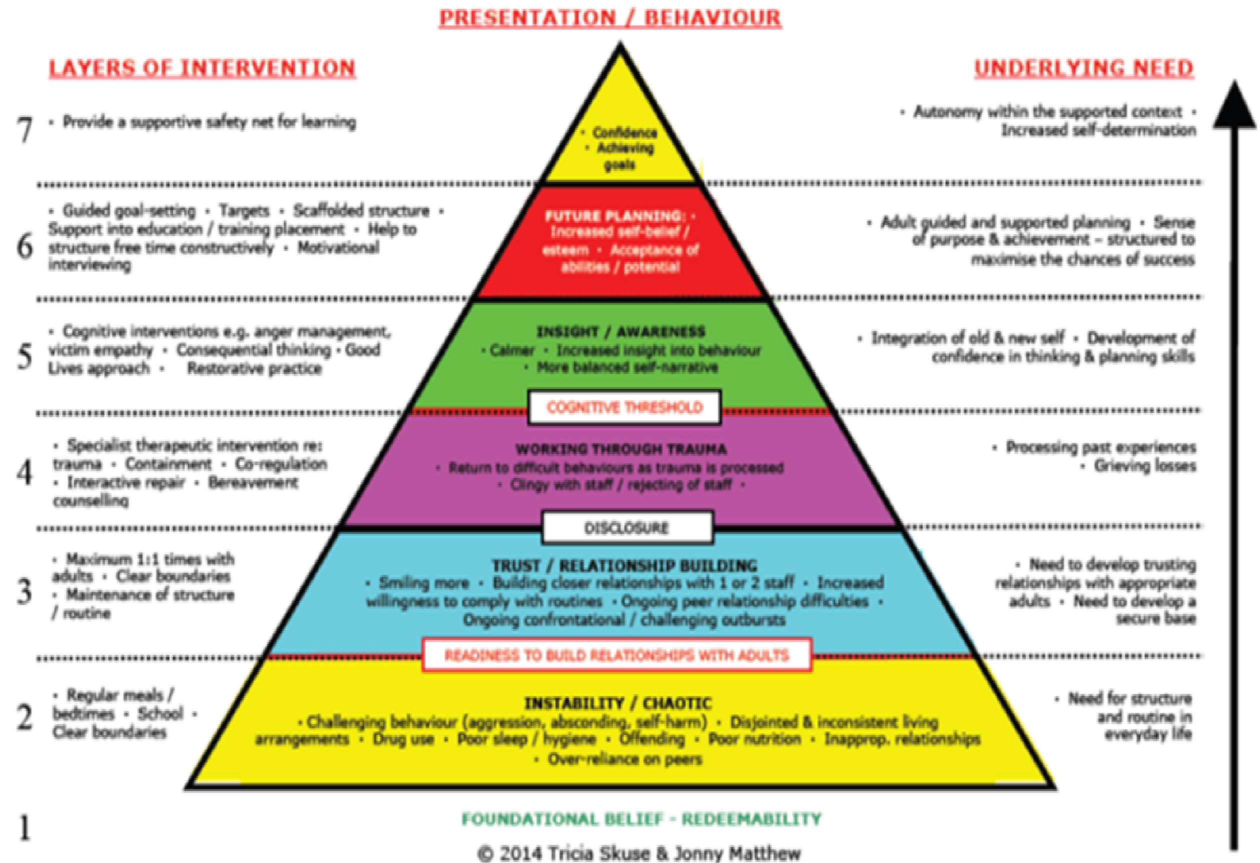
Sharing this with system partners as part of thinking together about how we understand and respond to crisis.

NHS
Berkshire Healthcare
NHS Foundation Trust

- Youth Health & Justice Service
- CAMHS Children in Care Service
- Berkshire Link Team
- (Thames Valley Forensic CAMHS)

Services work through offering:

- **Initial consultation – signposting/advice as required**
- **Ongoing therapeutic consultation to the system around a young person. Interventions are based on the:**
  - **Trauma recovery model**
  - **Mentalisation based approaches**
  - **Whole system approaches**
- **Training to teams**



Link Supporting children and young people in complex situations

NHS Berkshire Healthcare Children, Young People and Families services

‘Berkshire Link Service

New Service that is part of the Thames Valley Vanguard project implementing a local model for ‘The Framework of Integrated Care’

A national gap in concerted service provision for children and young people sometimes referred to as having ‘complex needs’.

An integrated framework of care derived from longstanding experience of working with children and young people whose needs appear particularly complex

Collaborative ‘whole system’ approach – underpinned by a trauma sensitive organisational philosophy.

- Foundations of an ethos based on trauma/attachment framework that promotes **front-line staff and relationships as primary facilitators of change** (‘therapeutic parents’). Get the basics right - the ‘therapeutic value of ordinariness’.

- Psychologically informed, formulation driven, developmentally attuned approach with each YP underpinned by a ‘**meta-framework**’ that draws on **multiple theoretical base**

Children & Young People with Complex needs

Using the complex needs definition of the Framework, there were **four overlapping groups of children and young people identified** in Thames Valley, depending on which setting stakeholders approached them through.

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).

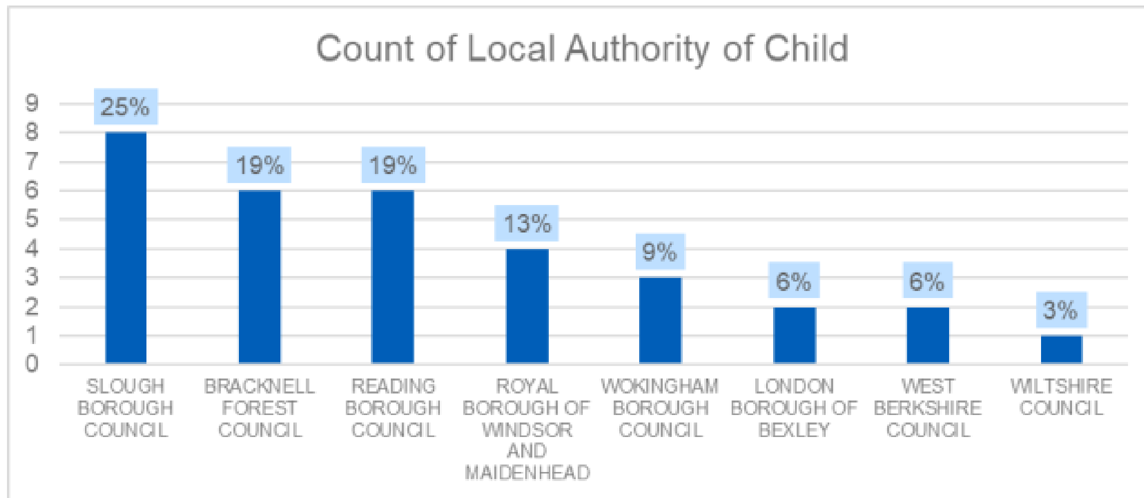
Stakeholders outlined five key settings in the community system which engage with children and young people with complex needs:

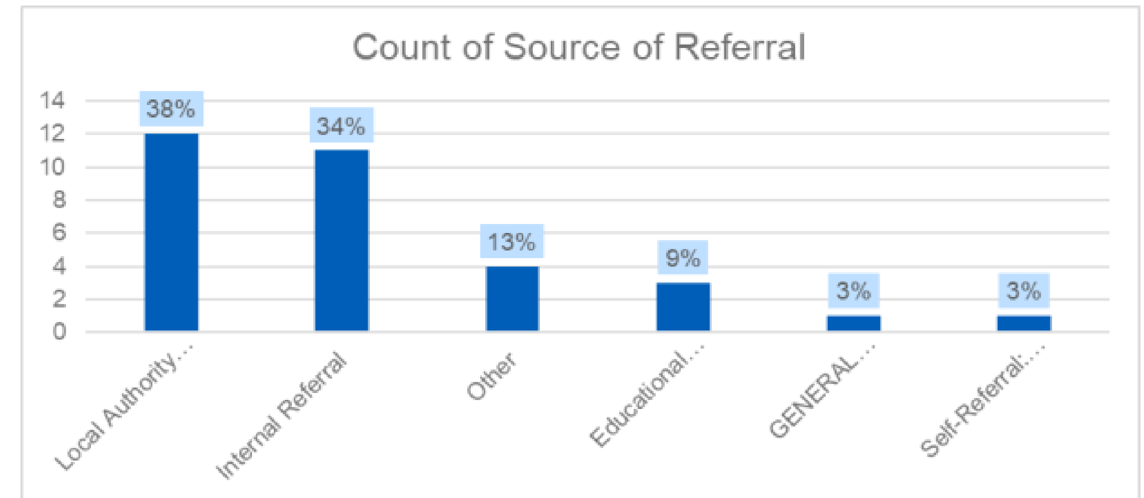
Thames Valley are operating a ‘Hub & Spoke’ model lead by Oxford Health. The Berkshire ‘spoke’ went live at the end of January 2024

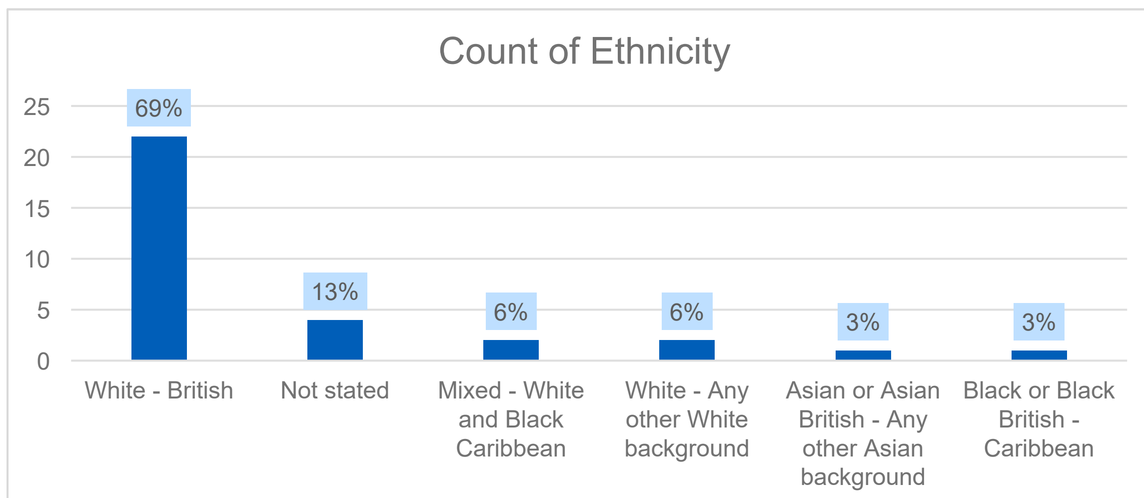
Berkshire Link DATA

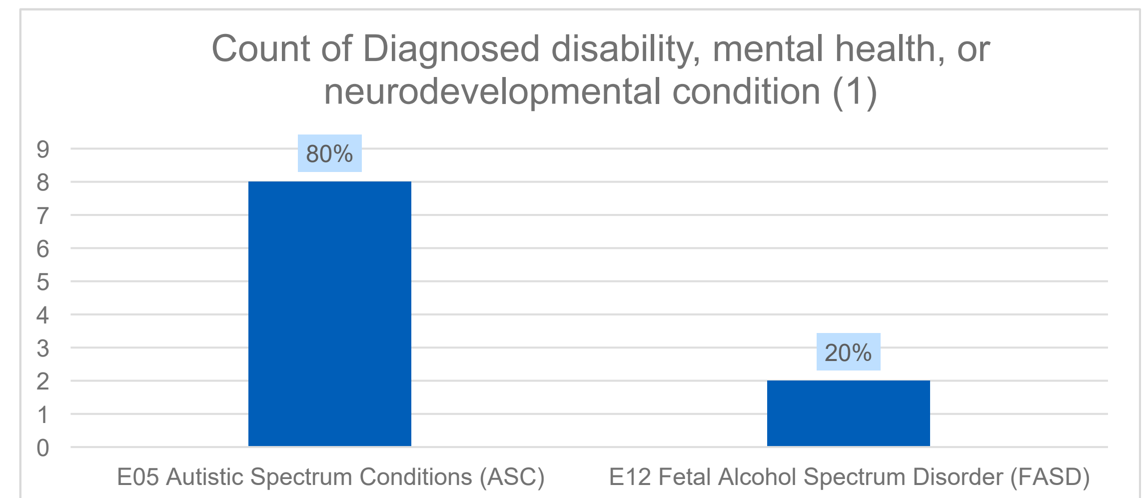
Link — Supporting children and young people in complex situations

NHS Berkshire Healthcare Children, Young People and Families services









Any
questions?