

Berkshire Healthcare NHS Foundation Trust CAMHS Update to Wokingham HOSC

BHFT CAMHS has been experiencing increasing rates of referral and waiting times for treatment in line with the national picture for Tier 3 specialist CAMH services for some time.

From 2015/16 the service received additional recurrent funding through the national Parity of Esteem programme to enable recruitment to provide a safe, robust service with acceptable waiting times. The first stage was to ensure sustained risk mitigation while addressing the priority of reducing waiting lists, towards a target of 6-12 weeks.

Local waiting time targets are within the BHFT contract and are monitored on a quarterly basis. There has been a reduction in waiting times with more children and young people accessing timely evidence based treatment across all care pathways.

The CAMHS Common Point of Entry is now open 8am until 8pm Monday to Friday. The current average waiting time for referrals to CPE is 4 weeks. Currently the national average waiting time for a first CAMHs appointment is 9 weeks.

Waiting times on the autism assessment pathway have reduced but remain the most challenging to improve. Berkshire West waiting times for autism assessment remain lower than the national average. However waits remain longer than we would like locally.

Considerable work has been undertaken to improve the triage process for referrals to the Autism Assessment Team. Information for referrers has been disseminated with a clear message that referrals should be made by SENCo's and other education staff to improve referral quality. Achievement of the ultimate target of 12 weeks maximum waiting in this team is dependent on reducing the number of inappropriate referrals to the team.

The Young SHaRON subnet for parents and carers of children and young people referred to this pathway is now live. All families newly referred to the team are invited to join this subnet with good use and feedback of benefit to families.

The AAT also run a customer care line on three days per week that is open to families who are waiting an assessment who need clinical advice and support.

The CAMHs Urgent Response Pilot, integrated with Royal Berkshire Hospital, has a full rota in place covering Monday to Friday 8am-8pm, bank holidays and weekends, providing timely mental health assessments and care. Short term intensive interventions in the community are provided to young people who have experienced a mental health crisis with the aim of reducing the number of children and young people who have a second or subsequent crisis. The service also provides wrap around support when there are delays in sourcing a Tier 4 in CAMHS patient bed. Response time to assessment has reduced and length of stay in both A&E and the paediatric wards has reduced with improved facilitation of admission to Tier 4 units.

In addition to responding to young people presenting in crisis with the team now full staffed they are able to increase activity to prevent crisis presentations.

A business case to convert the urgent care pilot to a fully commissioned service has been received by the CCGs who are working with neighbouring CCGs and NHSE Specialised Commissioning to ensure best use of resources and implement a care pathway that reduces the need for out of area placements.

Four support community services have been enhanced or set up:

- Peri-natal mental health service
- CAMHS community Eating Disorder service
- All age Early Intervention in Psychosis service
- Anxiety and depression low intensity pilot

A youth justice bid has been submitted to NHS England to enhance mental health offer in YOTs. In addition NHS England are exploring commissioning of an all age Liaison and Diversion service offer which would prevent escalation of young people in the criminal justice service due to mental health concerns.

Concerns

It should be noted that funding, capacity and wait time targets are based on referral rates as at 2014/15 staying on a flat line, recognising that there was a desire and system working to increase support at Tier 1 & 2 to reduce demand at Tier 3. Referrals to BHFT CAMHS Tiers 3 and 4 have continued to increase and are currently up by 12.8% from that baseline.

The ability to locate qualified staff to fill a number of key roles is becoming more of a challenge. There is a need to develop a workforce strategy in partnership with Health Education England to enable partners to grow their services and reduce waits further as additional resources are made available between now and 2021.

The efficiency and effectiveness of Common Point of Entry (CPE) could be further improved if the quality and appropriateness of referrals to Tier 3 CAMHS were improved. Further coordination of the Local Authority offer at Tier 2 early intervention level would assist in reducing the number of referrals that would be better placed with these services and in ensuring that children, young people and families were provided with the right support in the right place and at the right time.

Due to the growing prevalence and profile of autistic young people with challenging behaviour that are often presenting with additional mental health concerns (e.g. Anxiety & Depression) a concern is the lack of services available pre Tier 3 that can respond to manage mental health concerns of autistic C&YP, both in the voluntary and statutory sector.

Following an Berkshire West Autism Appreciative Inquiry review in June 2016, a multiagency working group called "Together for children and young people with autism" has started to map current care pathways in each local area, identify what a good service looks like, identify gaps and possible areas that need to improve practice. While there are lots of services to support families, access is often dependent on the family talking to people who know what is out there. There is emerging evidence that some schools access and implement training (and therefore support children well) and other schools engage less, resulting in greater challenge

for the child and family. There is the opportunity to consider whether there is a link between school exclusions and uptake of training and support in settings.

There is a group of young people that are often high profile in terms of their self-harm or other significant behavioural concerns. The urgent care response has improved for these young people however the extent of ongoing prevention work needs to improve.

There is a need to review young people with autism/ learning difficulties with behaviour that challenges who are placed in 38 and 52 week residential out of area. This is being picked up as part of the wider Transforming Care work.

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