

Future In Mind and whole system working in Berkshire West

Future in Mind – promoting, protecting and improving our children and young people’s mental health and wellbeing, the report of the government’s Children and Young People’s Mental Health Taskforce, was launched in March 2015.

The report sets out the case for change in mental health services for children and young people. It makes recommendations for improving a number of things about mental health services for children and teenagers: the quality of services; how quickly and easily services can be accessed when they are needed; better co-ordination between services; and, a significant improvement in meeting the mental health needs of children and young people no matter what their background.

By addressing all these areas the report aims to promote good mental health and wellbeing for children and young people and ensure there are high quality services in place to care for children and young people if they need them.

In spring 2014 Clinical Commissioning Groups in Berkshire West asked service users, schools, doctors and mental health workers **[what they thought about local mental health services](http://www.berkshirewestccg.nhs.uk/about-us/how-we-work-with-others/the-local-transformation-plan/2014-review-and-outcomes-of-berkshire-camhs-service/)**. <http://www.berkshirewestccg.nhs.uk/about-us/how-we-work-with-others/the-local-transformation-plan/2014-review-and-outcomes-of-berkshire-camhs-service/>

Their responses suggested that many children, young people and their families and also staff working in the CAMH service, thought that services weren’t good enough – explaining that waiting times were too long, that it was difficult to find out how to access help and, sometimes, that they didn’t like the way that they were treated by staff/were frustrated at changes to their therapist. They said that there were delays in referrals and the advice given to families while waiting for their child’s assessment was insufficient.

Future in Mind provided a structure for planned changes in Berkshire West. The ambition became not simply to adjust existing services, but to transform them. We want every child and young person to get the help they need, when and where they need it. By 2020 support will be individually tailored to the needs of the child, family and community – delivering significant improvements in children and young people’s mental health and wellbeing.

The Local Transformation Plan (LTP)

Every Autumn the CCG, Local Authorities, providers and partners refresh our Local Transformation Plan (LTP). Feedback from service users and families is integral to this process. There is a national requirement for the LTP to be signed off by the Health and Wellbeing Board annually. The most current version can be found here <https://www.berkshirewestccg.nhs.uk/media/1742/october-2017-refreshed-transformation-plan-final-for-submission.pdf>

A young person friendly version is also available.

The current LTP covers the whole spectrum of services for children and young people’s emotional and mental health and wellbeing in each area including how

- we will improve prevention and early identification of difficulties for all children
- we will improve targeted working for more vulnerable groups such as children in care, Children In Need, children who have experienced abuse and those subject to child protection plans; young people who are in contact with the criminal justice system, victims of crime, young people who are at risk of exclusion from school, traveller communities. These youngsters are most at risk of health inequalities.
- we will work with Local Authorities, the voluntary sector and partners to provide early help when issues become apparent
- we will improve the quality and timeliness of specialist CAMHs
- we will improve care for children and young people experiencing a mental health crisis or psychosis
- we will reshape services for children and young people with eating disorders to enable quicker and better specialist support outside hospital
- we will collaborate with other commissioners to provide more streamlined and cost effective care pathways with care delivered closer to home

The Local Transformation Plan is about integrating and building resources within the local community, so that emotional health and wellbeing support is offered at the earliest opportunity. This will reduce the number of children, young people and mothers requiring specialist intervention, a crisis response or in-patient admission. Help will be offered as soon as issues become apparent.

Successful delivery of Future In Mind will mean that:

- Good emotional health and wellbeing is promoted from the earliest age
- Children, young people and their families are emotionally resilient
- The whole children's workforce including teachers, early years providers, youth justice, social care, third sector and GPs are able to identify issues early, enable families to find solutions, provide advice and access help
- Help is provided in a coordinated, easy to access way. All services in the local area work together so that children and young people get the best possible help at the right time and in the right place. The help provided takes account of the family's circumstances and the child or young person's views.
- Pregnant women and new mothers with emerging perinatal mental health problems can access help quickly and effectively, as can their partners.
- More children and young people with a diagnosable mental health condition are able to access evidence based services
- Vulnerable children can access the help that they need more easily. This includes developing better links between agencies who support victims of

sexual assault and victims of crime; enhancing emotional and physical healthcare service to young people who are in contact with criminal justice and developing services to support Liaison and Diversion for young people who have had a brush with the law. Ensuring that the needs of Looked After Children, children at the edge of care and children who are at risk of exclusion are met.

- Fewer children and young people escalate into crisis. Fewer children and young people require in patient admission.
- If a child or young person's needs escalate into crisis, good quality care will be available quickly and will be delivered in a safe place. After the crisis the child or young person will be supported to recover in the least restrictive environment possible, as close to home as possible.
- When young a person requires in patient care, this is provided as close to home as possible. There is a smooth and safe transition into and out of Tier 4 services. Local services support timely transition back into the local area.
- More young people and families report a positive experience of transition in to adult services.

Who is responsible for commissioning Emotional Health and Wellbeing Services for Children and Young People?

1. "Everybody's business"- all commissioners as this should be part of the Universal offer. Public Health has a responsibility for promoting healthy lifestyles and promoting good mental health and resilience.
2. Getting advice, getting help and targeted services (formerly Tier 2)- combination of LA, schools, CCG
3. Getting more specialist help (formerly Tier 3) and getting risk support locally- CCG
4. In patient treatment (Tier 4) including Willow House, formerly Berkshire Adolescent Unit- NHS England Specialised Commissioning

The Berkshire West approach to Emotional Health and Wellbeing in Children and Young People

The ethos of service delivery has changed since 2014
2014

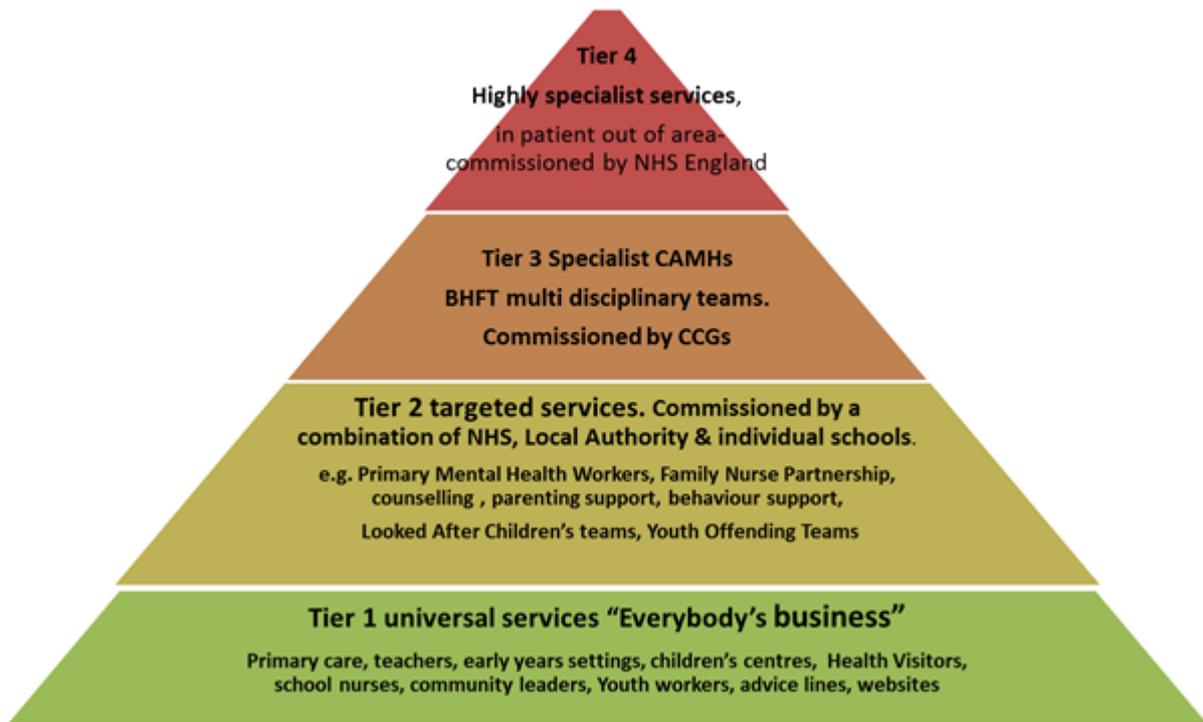
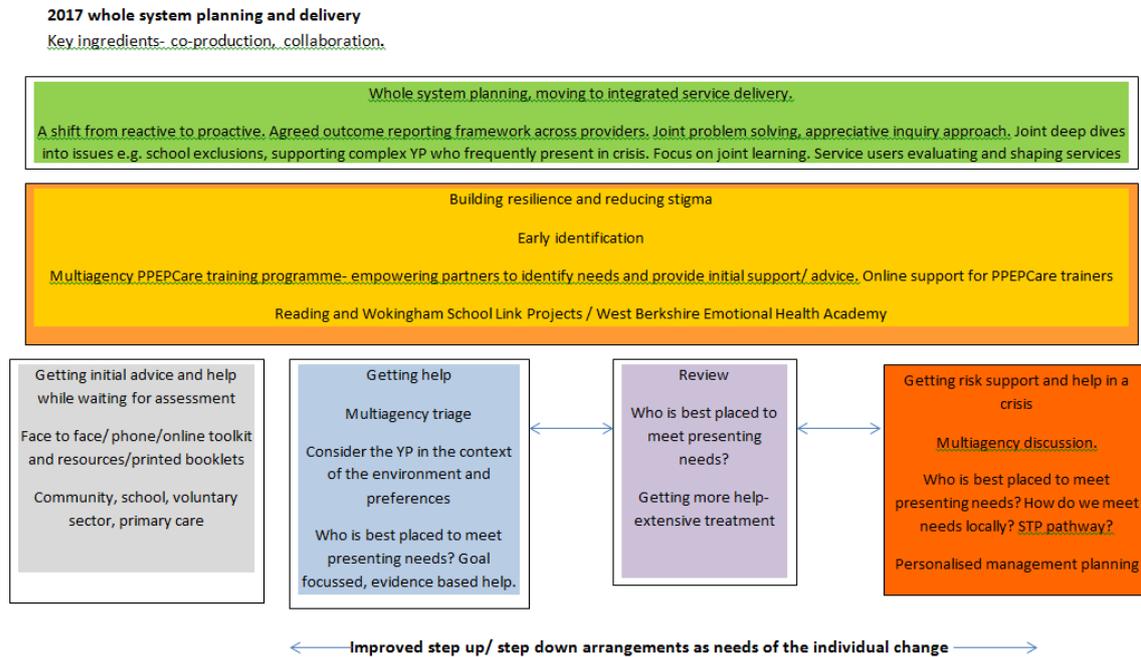


Figure 1

In 2014 services tended to be delivered in silos. Each service had its own assessment process and some children slipped through the gaps between services. Multiagency opportunities to see the child or young person's difficulties in the context of the family situation and wider environmental factors were often missed so help was not always coordinated between partners. Step up/ step down arrangements between Tiers were often ad hoc. Voluntary sector providers were rarely invited to be part of wider whole system discussion. Emotional health training to schools was patchy with no agreed training approach. Outcome reporting was not well developed- some providers collected outcomes, others did not. Poor service user engagement.

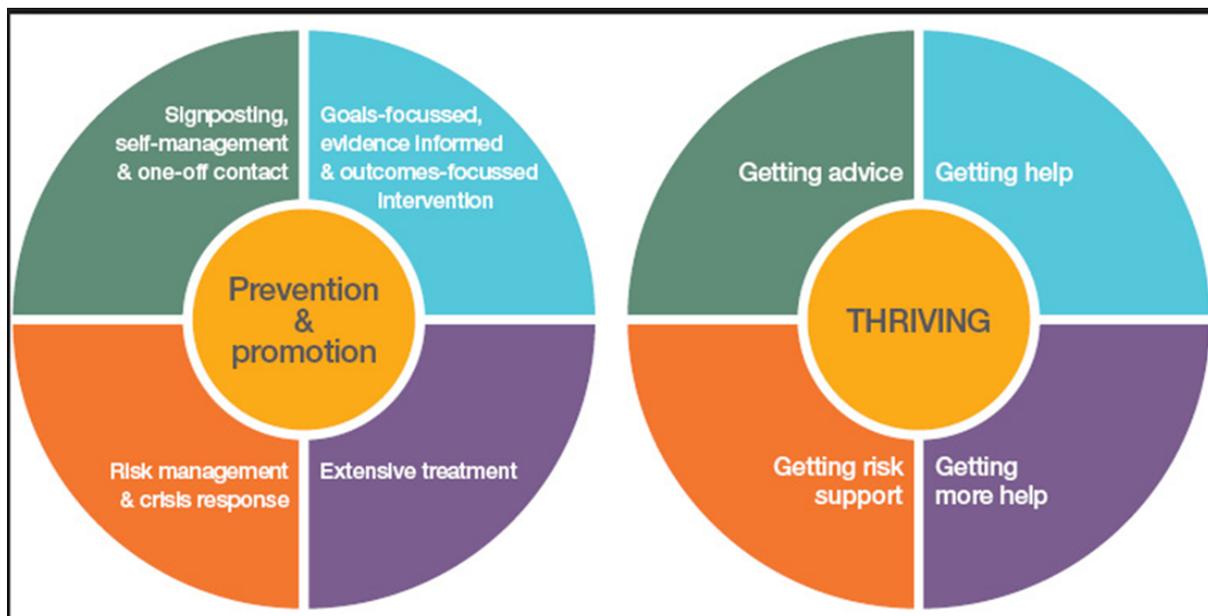
2017

By 2017 whole system response was becoming more established, as represented in this diagram



Partners are working together as a Berkshire West system towards the THRIVE framework developed by Wolpert et al in the Anna Freud Centre (AFC) and Tavistock & Portman NHS Trust.

<http://www.annafreud.org/media/3214/thrive-elaborated-2nd-edition29042016.pdf>



The THRIVE model seeks to describe 4 clusters, or groups of children and young people with mental health issues and their families, and the variety of support they may need to thrive, trying to draw a clearer distinction between treatment on the one hand and support on the other.

It focuses on a wish to build on individual and community strengths wherever possible, and to ensure children, young people and families are active decision makers in the process of choosing the right approach. Rather than an escalator model of increasing severity or complexity, THRIVE provides a framework that seeks to identify somewhat resource-homogenous groups (it is appreciated that there will be large variations in need within each group) who share a conceptual framework as to their current needs and choices.

The THRIVE framework below 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 that group – using language informed by consultation undertaken by the Anna Freud Centre 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
- 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

We are promoting a whole system framework of care away from specialist mental health teams to families, communities, schools, public health, social care and the voluntary sector sharing the same vision and working together on prevention, early help and building resilience, as well as attending to complex mental health difficulties and mental health crises among children and young people. These are all key features of Future in Mind (2015). Inter-professional collaboration and coproduction is supporting a cultural change in the language used, the way in which systems and agencies work together, and the way in which children, young people and their families access support, care and mental health treatment

The Berkshire West LTP has been approved by NHS England and we have attracted national recognition for our whole system work.

CCG commissioned services in 2018/19

The requirements of Future In Mind are now articulated in the Mental Health Five Year Forward View (MH5YFV).

MH5YFV key deliverables for Children and Young People

1. Increase number of Children and Young People in treatment - At least 30% of Children and Young People with a diagnosable mental health condition receive treatment from an NHS-funded community mental health service
2. Improved access to crisis services which are appropriate for Children and Young People - Commission 24/7 urgent and emergency mental health service for Children and Young People
3. Crisis Care outcomes - Monitor outcomes and progress in the new Crisis Care service models for Children and Young People , in line with the wider Crisis

Care pathway.

4. Develop Young People's IAPT and Outcomes framework - All services to be working within Children and Young People IAPT compliant evidence based programmes
5. Evidenced-based community eating disorder (ED) services for Children and Young People. Community eating disorder teams for CYP to meet access and waiting time standards

The CCG is funds Berkshire Healthcare Foundation Trust to provide Specialist Community CAMHs, health support to Youth Offending Teams and a Perinatal Service via a block contract. This is estimated at £6.9m. These services contribute to meeting the requirement of deliverables #1,2,3,4 and 5.

In addition to this block contract investment, NHS England provided **£789,271** within the CCG baseline, indicating within the 5YFV guidance that this is for Children and Young People deliverables as outlined above.

	Item	£
1	18.19 Amount added to the CCG Baseline for Future In Mind	789,271
2	CAMHs Urgent Care service Evidence based crisis care support for children and young people. This supports our CCG response to deliverable #1, 2, 3 & 4 and links to #5	329,368
3	Reading University Anxiety Clinic Evidence based treatment to 120 Children and Young People per year- this forms part of the wider Anxiety and Depression pathway. The University has utilised opportunities through the CYP IAPT workforce development and transformation programme to develop and train a new type of worker which in turn helps to support the use of skill mix in delivering evidence based treatments. This supports our CCG response to deliverable #1 & 4.	99,893
4	West Berkshire Council Emotional Health Academy Co-funding of the Emotional Health Academy's provision of evidence based treatment to approximately 400 CYP a year. This forms part of the prevention and early intervention work for all CYP mental health pathways. This supports our CCG response to deliverable #1 & 4.	100,000
5	Reading Borough Council School Link Project	100,000

	Co-funding of the School Link and primary mental health provision of evidence based treatment to approximately 250 CYP a year This forms part of the prevention work for all CYP mental health pathways, as well as training local schools to identify and intervene earlier. This supports our CCG response to deliverable #1 & 4.	
6	Wokingham Borough Council School Link Project Co-funding of the School Link and primary mental health provision of evidence based treatment to approximately 180 CYP a year. This forms part of the prevention work for all CYP mental health pathways, as well as training local schools to identify and intervene earlier. This supports our CCG response to deliverable #1 & 4.	100,000
7	Autism Berkshire and Parenting Special Children (2 local Voluntary sector organisations) To provide families pre and post- Autism and ADHD assessment support and information. This supports our CCG response to deliverable #1 & 4.	40,000
8	PPEPCare (Psychological Perspectives in Education and Primary Care) training, regionally recognised as best practice, to support all those working with CYP to feel more confident in detecting and managing mental health issues and psychological distress. This is provided by Berkshire Healthcare Foundation Trust. This supports our CCG response to deliverable #1.	19,875
9	Total	789,039

The CCG commissions ARC to provide Youth Counselling in Wokingham. This has been an arrangement over many years and supports the CCG response to #1 & 4. The value of this arrangement is £30K per annum with a 3 year contract. Wokingham BC also commission ARC. There are aspirations to reinstate joint commissioning of youth counselling in the future.

Time line for System CAMHS Transformation Activity

2014 Berkshire engagement work

2015 financial investment into BW CAMHS- emphasis on reducing risk rather than reducing ASD waits. FIM published.

Mid 15/16 Future In Mind investment released. School Link and EHA shaped. EHA launched.

16/17 Year 1 EHA and School Link. PSC and Aut B workshops. Jupiter subnet for SHaRON launched. BHFT revise care pathways. Q4 ASD additional clinics commissioned

17/18 Q1- additional ASD clinics still running- delayed project. AnDY clinics running Q1 and Q2. Year 2 expansion of School Link and EHA fully running. ASD/ADHD dual clinics at BHFT. Autism PPEPCare module launched. LAs- graduated response work in schools.

18/19 Year 3 School Link and EHA. AnDY commissioned. Reshaped AutB/ PSC offer.

Services Provided by Berkshire Healthcare Foundation Trust

Berkshire Healthcare Foundation Trust (BHFT) is currently commissioned to deliver a range of emotional wellbeing and mental health services to Wokingham children and young people.

PCAMHS

Wokingham Borough Council directly commission a small Primary CAMH service from BHFT. This comprises 2.4WTE specialist mental health workers who deliver a range of support at early intervention and prevention level, including:

- Advice and consultation to other prevention and early intervention workers, including coaching and support to
- Education and training
- Short, evidence-based clinical interventions, both by group and one to one for young people with mild/moderate mental illness.

The mental health worker within the schools link project sits within this team and the PCAMHS staff are also part of the early help triage in the borough.

Regular reports are provided on this service. The final report for 2017/18 is embedded below for information.



Mar 18 Wokingham
Primary Child and Adc

Community Specialist CAMHS

This is support, advice, guidance and treatment for C/YP (up to 18) with moderate/severe mental health difficulties, whose symptoms have a significant impact in their day to day lives.

Usually these symptoms will have been occurring over several months and will not have responded to interventions from prevention and early intervention services such as youth counselling and behaviour support, evidence based parenting or treatment from the PCAMHS workers. Children and young people being seen by the community specialist CAMHS workers will often need on-going support from these services as per the Thrive model described earlier.

The service is made up of:

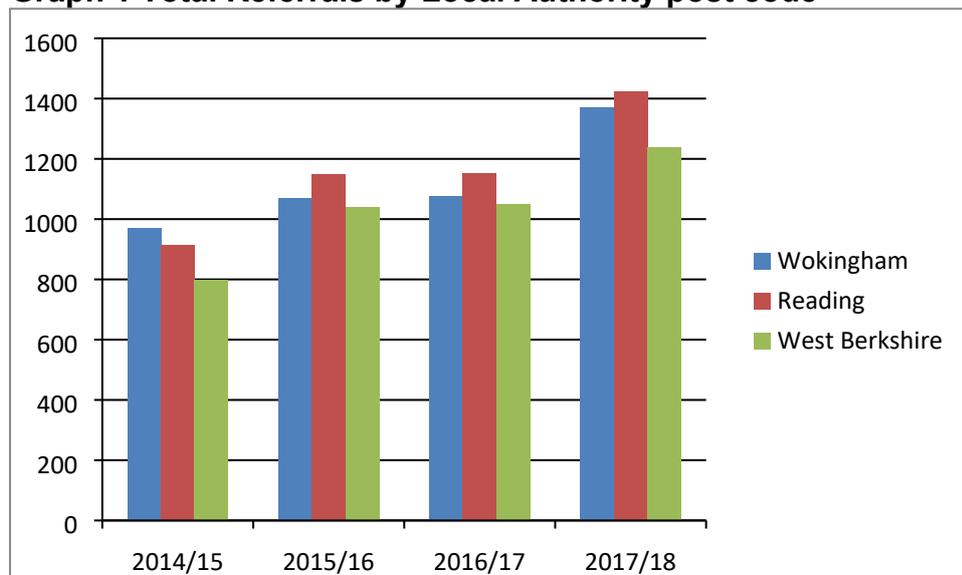
- CYPF Health Hub (CAMHS Common Point of Entry)
- CAMHS Rapid Response Team
- Autism Assessment Team
- ADHD Pathway
- CBT Service for Anxiety and Depression
- Community Eating Disorders Service (BEDS CYP)
- Community EIP Service
- Locality Specialist Community Team for young people with more complex difficulties

Referrals & Waiting Times

Community Specialist CAMHS

The graph below shows the total number of referrals of young people in Wokingham to CAMHS irrespective of which team they are referred too. Data is given for the last 4 years to show the trend and with Reading and West Berkshire for comparison.

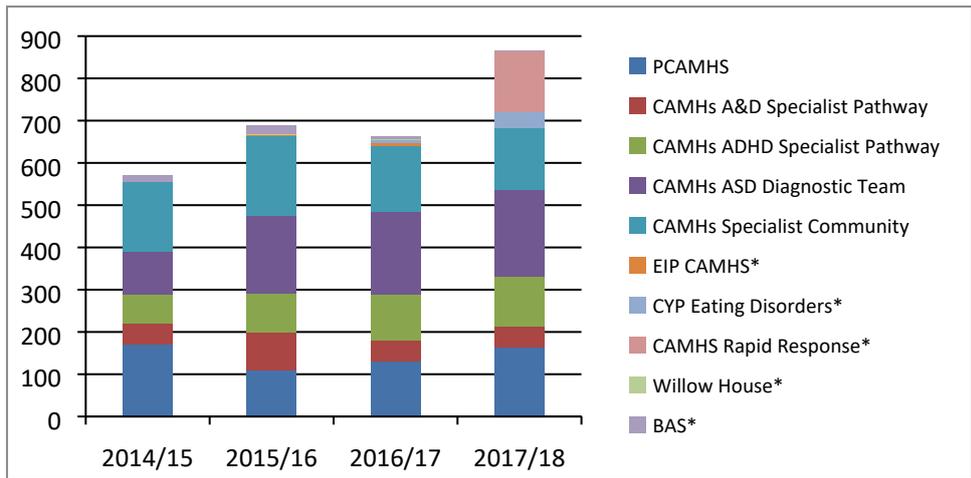
Graph 1 Total Referrals by Local Authority post code



Wokingham has seen a slightly lower rate of increase than the other Berkshire West Local authorities but the trend of increasing referrals is similar.

This highlights one of the main challenges to the service, which is that the continued increase in demand is outstripping service capacity.

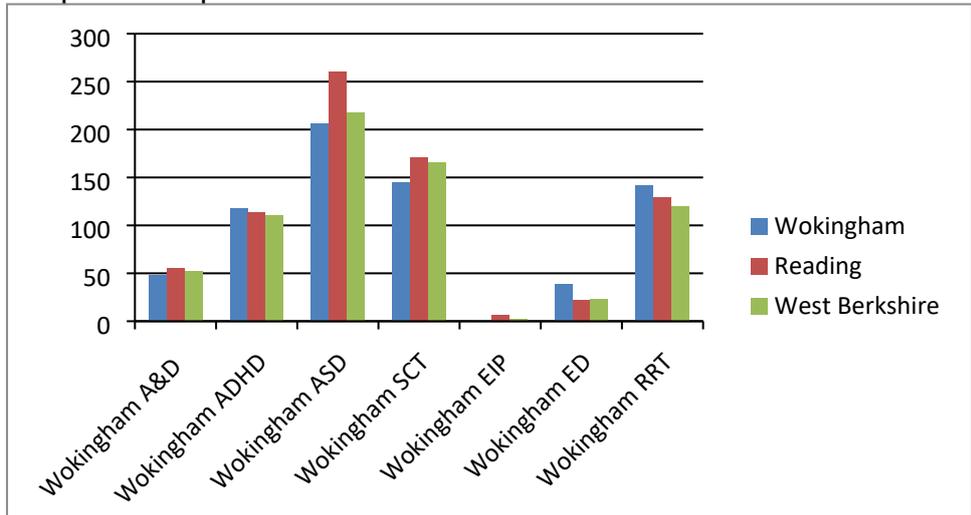
Graph 2 Distribution of referrals to teams once accepted in to CAMHS.



We saw a reduction in referrals to the Primary CAMHS team in 2015/16 but this trend has reversed since. We have seen a continued increase in referrals for both ADHD and ASD, with the referral rate now significantly above that in 2014/15 on which the funding and resource for the service was based. There has also been growth in demand has been for eating disorders and crisis response.

It looks as though referrals to the Anxiety & Depression team have reduced but the changes seen are mainly due to changes in the triage and assessment process for this team, which has enabled referrals for low intensity anxiety and mood disorders to be filtered out prior to being transferred to the team, and directed to more appropriate services including the AnDY clinic or the PCAMHS service. The number of appropriate referrals to the team has been stable over the past few years however the complexity of cases has increased.

Graph 3 Comparison of referrals to teams across the 3 Berkshire West LA's.



There are a greater number of referrals for young people with ADHD, an eating disorder and in crisis from the Wokingham LA are than the other areas in Berkshire, but lower numbers for anxiety & mood disorders and ASD.

Waiting Times for Specialist Community Services

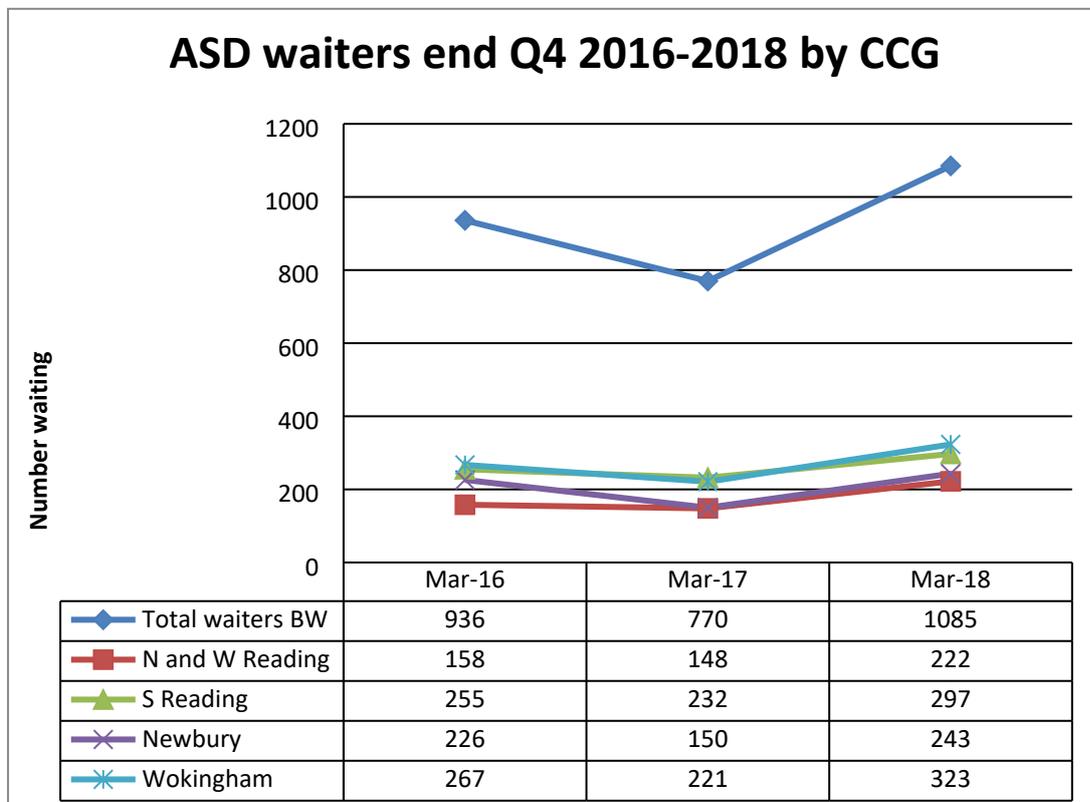
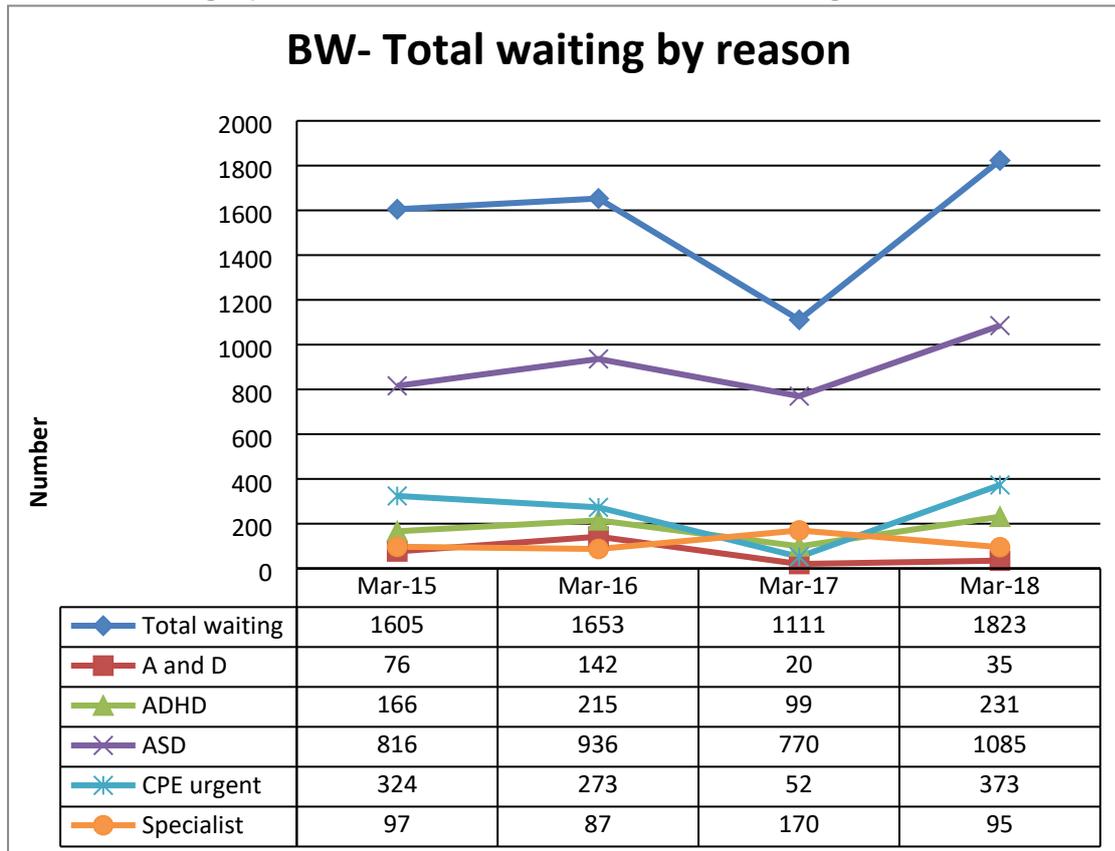
Following investment in 2015/16, the service initially made good progress in reducing waiting times for all teams except the autism assessment team.

The table below shows the number of Wokingham young people currently waiting treatment without either an appointment booked, or a delay due to patient choice or non-attendance.

Wokingham Borough Council	0-4 wks	5-8 wks	9-12 wks	Over 12 wks	Grand Total
Autism Assessment Team (AAT)	28	25	26	232	310
CAMHs A&D Specialist Pathway	2	2			5
CAMHs ADHD Specialist Pathway	11	17	5	49	82
CAMHS CPE	56	37	12	7	112
CAMHS Rapid Response	1				1
CYP Eating Disorders	1				1
Specialist Community	12	1		1	15
Grand Total	101	82	43	289	526

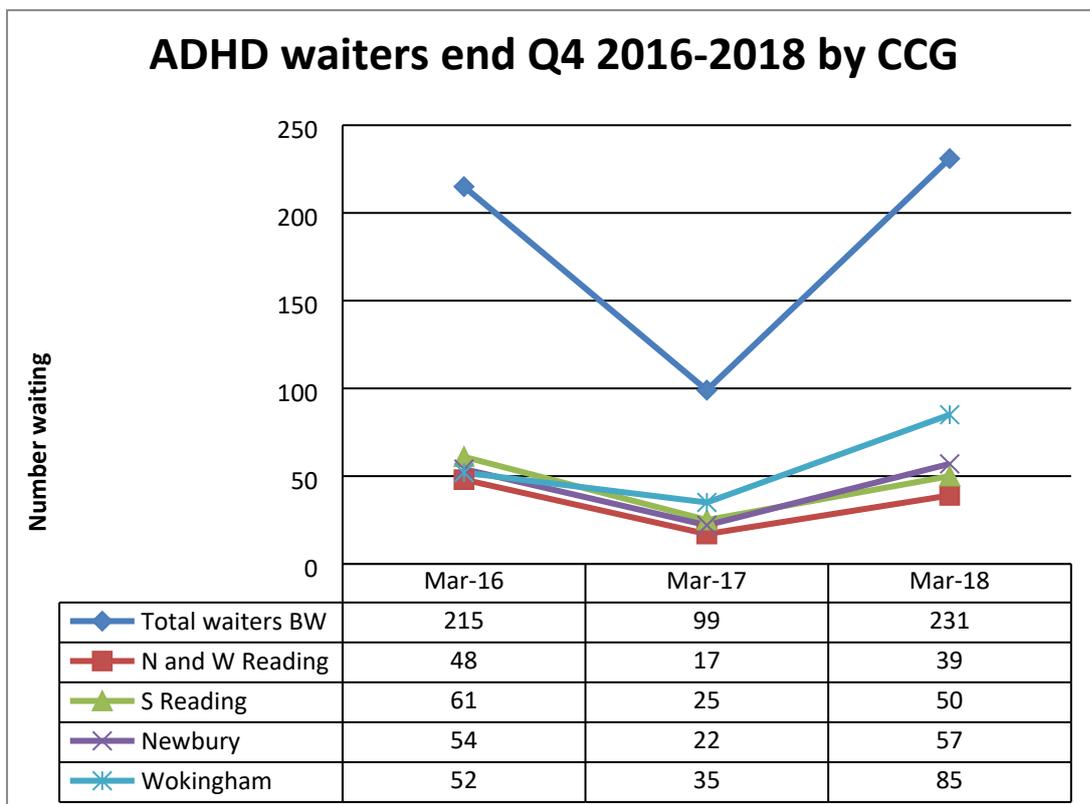
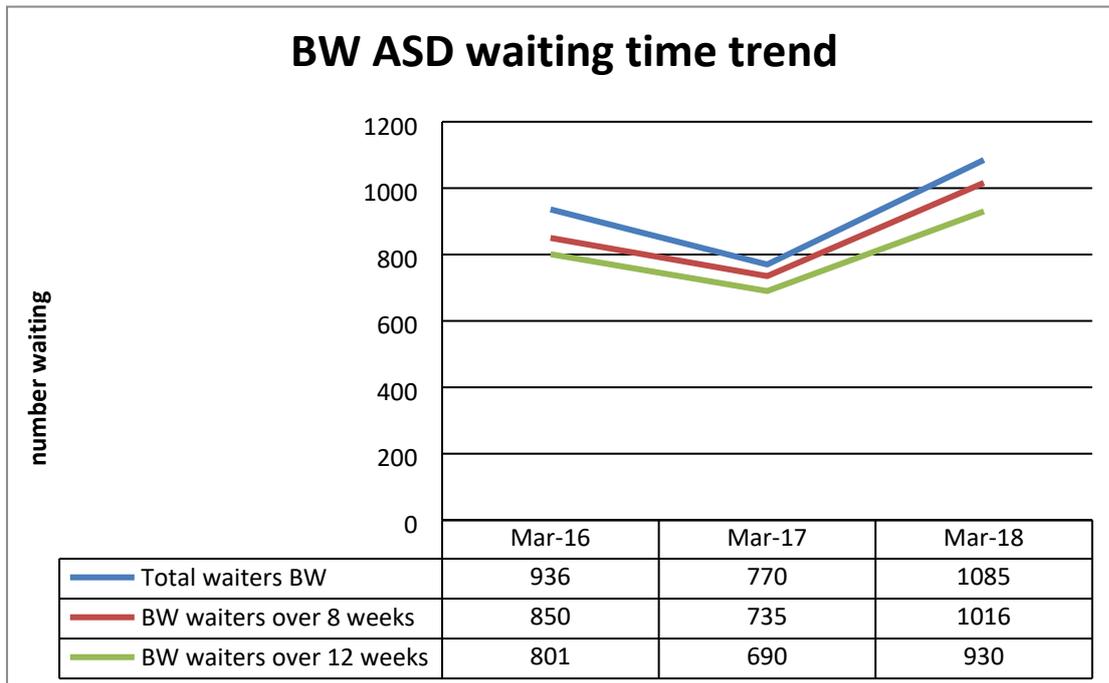
The main areas of challenge in terms of long waiting times are the neurodevelopmental services – AAT and ADHD, where waits remain unacceptable. However, the areas of greatest risk also include the SCT, BEDS CYP and the A+D pathway. Referrals to BEDS CYP were significantly above the commissioned capacity of that team in 2017/18 so the service is unable to meet national access and waiting time's standards. For the A+D pathway, the average number of treatment sessions needed has increased and changes in NICE guidelines have increased the demand on Consultant Psychiatry such that internal waiting times for specific interventions in the SCT and A+D pathway are increasing as demand continues to outstrip capacity.

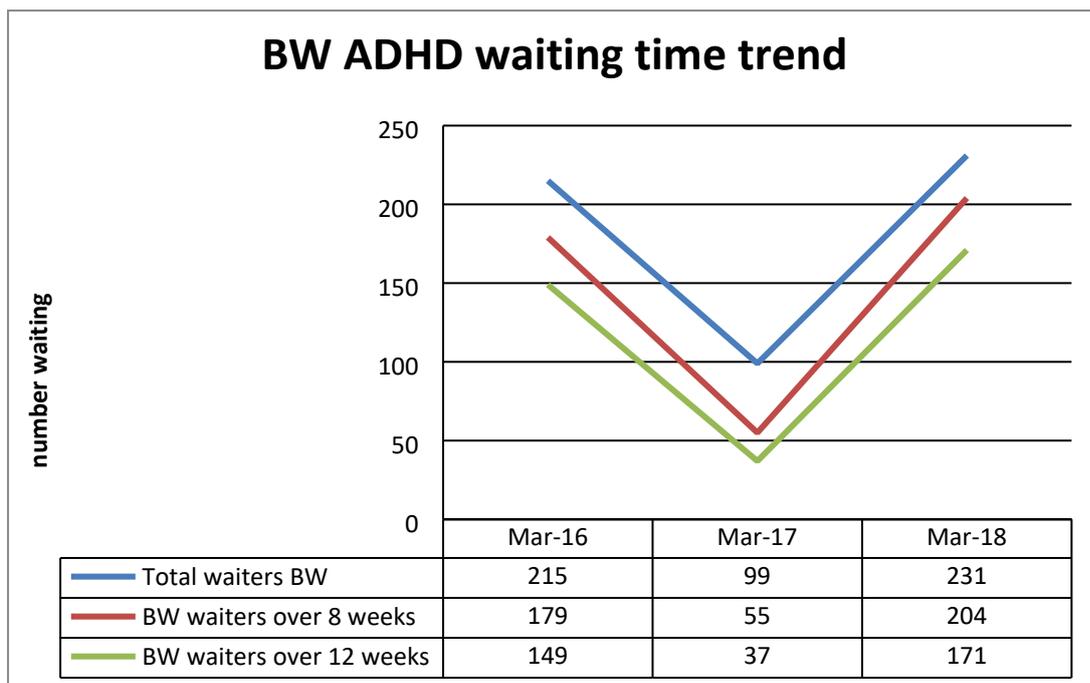
The series of graphs below show trends in terms of waiting times.



The current average waiting time for an ASD assessment is 44 weeks. There are current 94 Wokingham young people who have been waiting for longer than 12

months for an ASD assessment and a further 83 who have been waiting longer than 6 months. This is similar to the data for other localities across Berkshire.





The majority of young people with ADHD remain on the service caseload until they reach adulthood as growth and developmental changes through childhood and adolescence create a need for on-going review and adjustment of medication and treatment needs.

The ADHD pathway has been challenged with high levels of maternity leave and staff turnover over the past 12 months. While we have generally been able to successfully recruit and are currently fully established, change in staff results in a loss of overall capacity due to the time taken to recruit, training and induction of new staff.

LA SEND data relating to neurodevelopmental issues also highlights the high level of young people with ASD and SEMH issues.

Red= higher than expected

Green = lower than expected

	England rate	Wokingham (SN) statistical neighbour rate
Percentage of pupils in state funded schools with SEND where primary type of SEND is Social Emotional and Mental Health Issues (SEMH)	EHCP and statements All ages 12.4% All types of SEND support- SEND support / statement/ EHCP Primary aged 15.7% Secondary aged 18.4%	EHCPs and statements all ages 19.7%
Percentage of pupils in state funded	EHCP and statements All ages 26.9%	EHCPs and statements all ages 38.5%

secondary schools with SEND where primary type of SEND is ASD	All types of SEND support (SEND support / statement/ EHCP) Primary aged 6.7% Secondary aged 8.9%	Rate is fairly static
Percentage of pupils in state funded secondary schools with SEND where primary type of SEND is Speech Language and Communication Needs (SLCN)	EHCP and statements All ages 14.3% All types of SEND support (SEND support / statement/ EHCP) Primary aged 29% Secondary aged 10.8%	EHCPs and statements all ages 7.6% Decreasing trend

In-Patient Services

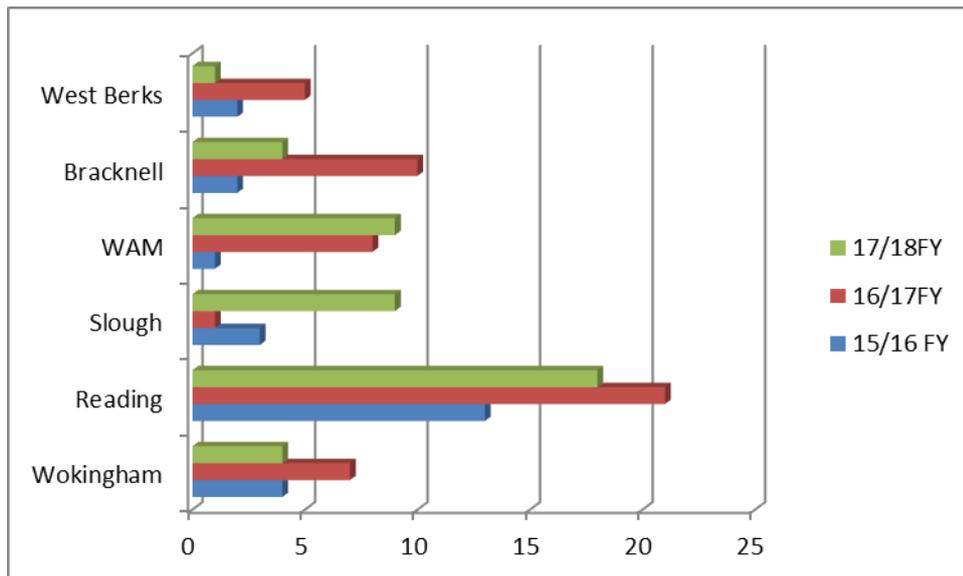
BHFT are commissioned directly by NHS England to provide a 9-bedded general CAMHS in-patient unit. This service is based in Willow House, on the Wokingham Hospital site.

CAMHS in-patient care is currently commissioned on a national basis so the Willow House unit is part of the national bed-estate for in-patient CAMHS and as such provides care for young people from anywhere in the county.

The facility is a general adolescent unit so does not currently provide secure, PICU, forensic or highly specialist (e.g. specialist eating disorders, LD) services.

Willow House has developed since 2016/17 to offer a comprehensive Tier 4 inpatient service in line with the NHS England service specifications. There remain challenges with the Willow House environment that can mean patients with high acuity needs have to be placed out of area to ensure that they receive safe and appropriate care. There is on-going work between the Trust and NHS England to relocate Willow House to a new site at Prospect Park hospital which will allow for more appropriate resources and an environment that can support these patients within Berkshire. Recruitment and retention are a particular challenge for CAMHS in-patient services; however WH is not an outlier in its recruitment and retention and has a strong focus on activity to address this, including engagement in recruitment events. We have been successful in the employment of students on completion of their nursing training.

The table below gives the total number of Berkshire young people admitted to CAMHS in-patient units over the last 3 years. The number has reduced from 2016/17 with Wokingham having a lower number generally than other localities within Berkshire.



Review of diagnosis indicates that the predominant presentation for Wokingham patients is emotional dysregulation compared to other localities where there is a greater variation of diagnostic need.

BHFT Summary of Challenges and Achievements

The service has, and continues to; face a number of challenges over the past 12 months which include:

- Continued increase in demand for services, in line with the national picture.
- Complexity of need is increasing, making further demands on clinical resource and reducing service capacity to see new referrals
- Recruitment in a highly competitive market: generally successful but increasing difficulty recruiting to posts in nursing and some specialties.
- Retention: competitive market; level of demand, complexity of caseload & 'CAMHS bashing' leading to stress and burnout in addition to usual factors impacting on retention of staff locally.
- Training: complexity of caseload makes it difficult to 'grow our own'.

However there have also been significant achievements, including:

- Staff retention plan in place; some good quality, long-term agency staff enabling maintenance of service but although note national pressures to reduce agency spend
- Staff development opportunities including RTT parenting trainee and CYP PWP pilots in place; good experience of over-recruiting to minimise impact of vacancy in some high turnover areas.
- Maintenance of low waiting times for triage and urgent referrals
- Rapid response to children & young people in crisis, preventing presentation to emergency services where possible
- Development of the on-line referral form, website and on-line resource <https://cypf.berkshirehealthcare.nhs.uk/>
- Implementation of the CYPF Health Hub and integrated working, enabling young people to access other necessary services (SLT, OT) more quickly & supporting joined up care.

- The Eating Disorders Service have undertaken the national ED training programme & are delivering NICE concordant care.
- Young SHaRON has enabled multi-agency, online support for families & carers of young people referred for an autism assessment 24/7. Good feedback reviewed
- Development work in AAT and ADHD to improve system working and needs-based support for young people regardless of diagnosis.
- PPEPCare training - rolled out widely, more modules developed
- Partnership work e.g. development of the AnDY clinic from existing partnership between BHFT CAMHS & Reading University
- Service user engagement & participation continues to grow with feedback about the service highly positive.
- Routine Outcome Measures embedded across teams with data now available for service evaluation and planning as well as to inform clinical care.
- Audit & research