

**SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Slough Wellbeing Board

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**WARD(S):** ALL

**PART I**

**FOR INFORMATION\***

**UPDATE ON CAMHS PATHWAY MAPPING AND APP DEVELOPMENT**

1. **Purpose of Report**

This report updates the Health and Wellbeing Board (HWB) on the work of the CAMHS pathway mapping and app development task and finish group. This report identifies the strategic implications for future commissioning and highlights issues for resolution.

This report also includes key findings recently published from the tier three/four CAMHS review commissioned by the Thames Valley Children's and Maternity network and the seven Berkshire CCGs..

2. **Recommendation(s)/Proposed Action**

For the Health and Wellbeing Board to note that;

- significant progress has been made by the multi-agency task and finish group in preparing revised pathways for seven areas of childrens and young peoples mental health i.e ADHD, ASD. self harm, anxiety and depression, eating disorders, obsessions and compulsions and that work is underway on attachment and conduct disorders.
- that the Berkshire CAMHS strategy group (all UAS and CCGs) has agreed to re-commision tier 3 services using the seven pathways
- that Slough has been asked to support the seven Berkshire CCGs and six local authorities in the mapping of training needs and tier 1 services in local schools to inform service redesign

- the self harm section of the app will be developed by early 2015 for testing with young people, special educational needs coordinators and families
- that no changes to the existing pathways will be made until all pathways have been approved through the CYP Board, all SENCOs have received training and a resource pack and CAMHS tier 3 pathway differences for ASD are resolved.

### **3. Slough Wellbeing Strategy Priorities**

An integrated child and adolescent health service is a key service supporting the good mental health outcomes required in the Health section of the Wellbeing Strategy and the Health Strategy. .

### **4. Other Implications**

#### **(a) Financial**

The results of the work will inform commissioners about whether or not to consider the re-commissioning of child and adolescent mental health services, as the services that contribute to good outcomes are commissioned by; the CCG, SBC Childrens Services and by schools.

Nationally 6% of the total mental health budget is spent on children yet in Slough 20% of the population comprises children. The costs of the services that collectively are identified in Appendix 1 are c £3.4 m at tier 1-2 and c £4.6m at tier 3. This compares with adult mental health service expenditure of c£10m in SBC and £13.4m in Slough CCG.

#### **(b) Risk Management**

Risk	Mitigating action	Opportunities
Legal	NONE at this stage	NONE
Property	NONE	NONE
Human Rights	NONE	Meet the needs of specific groups in society.
Health and Safety	NONE	NONE
Employment Issues	NONE at this stage	Possible action if service redesign leads to re-commissioning
Equalities Issues	An equalities impact assessment informed the national benchmarking of T3 services	The current responsiveness of CAMHS Services are as shown in Appendix 1 to clients with protected characteristics
Community Support	Stakeholder service review event on the 29 <sup>th</sup> May and with	Local stakeholders identify need and shape future provision.

	SENCOs on 25th June 2014. With GPs on April 29 <sup>th</sup> and future meetings planned in the Autumn term	
Communications	Ongoing	Ongoing.
Community Safety	NONE	NONE
Financial	NONE at this stage.	Financial modelling for local authority only required if re-procurement arises as a result of this report.
Timetable for delivery	For immediate decision and action.	Joined up approach that is cost effective and integrated across Berkshire
Project Capacity	None for the pathway mapping stage	Capacity within the Slough Public Health team will be enhanced by wider PH team support in each locality and the finance and procurement board if recommissioning decisions are required
Other		

(c) Human Rights Act and Other Legal Implications

*NONE*

(d) Equalities Impact.

An Equalities Impact Assessment for the procurement plan will be completed if any retendering is required

**5. Synopsis**

**5a. Background - existing Child and Adolescent Mental Health Services**

See Appendix 1 – the Slough CAMHS service guide

CAMHS services are now commissioned by several commissioners:-

The NHS Commissioning Board commissions

- Tier 4 inpatient services.
- General practitioners are commissioned by the NHS Commissioning Board to provide treatment for anxiety and depression under the GP contract.

Clinical commissioning groups (CCGs) such as Slough CCG commission mental health treatment services at Tier 3 for adults and children including:

- Day case support for children at tier 3.5 at Wokingham Hospital Berkshire Adolescent Unit
- Children and Young Peoples Introducing Access to Psychological services (CYPIAPT)
- the Slough CAMHS service of BHFT at Upton Hospital which provides:
  - A range of mental health information and health promotion
  - Childrens and Young Peoples Introducing Access to Psychological Therapies service (CYPIAPT)
  - Diagnostic services for nine commissioned care pathways
  - Testing, treatment and research links with Reading University Charlie Waller Institute to promote evidence based interventions.

CCG contributions are also made to local charities such as

- Home Start – a voluntary sector service delivering support for those with perinatal mental health needs.

The SBC/Mott McDonald contract includes the following services

- Slough Educational Psychology team - who mainly provide support for SEN statements but also offer cognitive behaviour therapy training for local schools
- Slough Emotional, Behavioural Difficulties Outreach Service SEBDOS – based at Littledown school - which delivers one to one and group work programmes as well as training for teachers (this is funded under an SLA by individual schools)
- Slough Autism Support service - provides training for schools and parents and supports families and individuals through the Early Bird programme, which is a nationally accredited programme., for those on the autistic spectrum
- the Cambridge Education school improvement team - who promote best practice in curriculum support for high quality PSHE, training in emotional literacy, peer mentoring, peer counselling in schools etc.

In addition each school can purchase counselling services as required using the pupil premium. The provision in each school will be clarified when the needs assessment is complete and the SEND Local Offer is published in September 2014.

SBC also provide tier 2 CAMHS services which support individuals, families and schools, train social care and targeted youth support staff and promote evidence based interventions to promote emotional health and wellbeing.

Tier 1 provision is that provided through; schools, childrens centres and the voluntary sector. Mental health promotion and information services are integral to disease prevention initiatives and have an impact on the wider community by ensuring that people live longer lives. Public health (PH) teams in local authorities are now responsible for commissioning public mental health services, for the benefit of all persons of all ages present in the area. In SBC PH services promote; mental health awareness training ( Mental Health

First Aid), which has been taken up by a wide range of practitioners and community volunteers.

Public health funding also commissions services that support emotional health and wellbeing from; the CAMHS tier 2 team, the school nursing team and from October 2015 - health visitors. At tier 2 primary mental health workers provide a range of coping strategies and interventions such as Mindfulness and training for schools in strategies to deal with anxiety and depression using Cognitive Behaviour Therapy (CBT). Targeted outreach work is delivered to more vulnerable young people through the Slough Youth Service

### **5b. Benchmarking of CAMHS tier 3 services against national services**

The main NHS provider in Slough is Berkshire Healthcare Foundation Trust (BHFT). In Dec 2013 the benchmarking of all BHFT tier 1-3 services (NB not T3 services alone) compared to national showed that;

- Referral rates into CAMHS were in the upper quartile locally at 2450 per 100000 children aged 0-18 compared to 1857 nationally. Acceptance rates were 82% compared to 79% nationally.
- DNA rates ranged from 2-25%. Average waiting times were 10 weeks (5 weeks less than national)
- Face to face consultation rates were 6710 per 100000 with non face to face rates of 950 per 100000 – both in the lowest quartile nationally
- A conversion rate of 81% of community CAMHS clients went on to receive interventions whereas 78% of BHFT patients received interventions
- the average patient on the CAMHS tier 1-3 caseload received six interventions per annum with an average duration of 12 months
- 12/17 complaints were investigated and upheld in 2012/13
- Although staffing levels of 77 were comparable to the national average of 79 the skill mix was weighted towards; clinical psychologists, mental health practitioners and psychotherapists with a rate twice the national average with a consequent reduction in the number of nursing staff.
- In terms of pay staff in BHFT are paid significantly below the national average and there is a higher non pay rate than nationally.

### **5c. Service use**

The tier 3 CAMHS report highlights that Sloughs rates of referrals into the common point of entry are the lowest in terms of acceptance (for every one selected 5 others are inappropriately referred).

Overall across Berkshire there are higher than average activity levels for ADHD, for ASD and for self harm than expected and these are an increasing trend nationally. The numbers of open cases is rising. The service does not report the numbers of children and young people presenting with anxiety and depression, yet these are the most common presentation and have the strongest evidence base for interventions.

Rates of hospital admissions for self harm were estimated as 266.5 per 100,000 young people aged 10-24 years in 2012-13. See table 1 below

**Table 1: self harm hospital admissions (10-24 years) 2012-13**

Bracknell Forest	227.3
Reading	193.9
Slough	266.5
West Berkshire	354.4
Windsor and Maidenhead	314.8
Wokingham	244.6
England	346.3

## **6. What we found:**

In May 2014 a multidisciplinary team was established in Slough (with partners from services across Berkshire) to review and update existing pathways, identify resources and evidence based practice. This work was essential in order to be able to create (with children and young people, parents and school staff) an accessible wellbeing deck that provides self care options with links to local services if required.

Overall the following key issues were highlighted

- a gap in 24/7 crisis support for those presenting with self harm at WPH
- the need for advice to local primary schools in relation to responses to copycat self harm
- a gap in services to support the diagnosis of conduct disorders and support young people who have suffered domestic or sexual abuse
- inconsistent ASD referral criteria across East Berkshire
- there is scope to agree a consistent generalised assessment tool for the wellbeing of looked after children, children on the child protection register and children in need. This is required as research has shown that the validity and reliability of the Strengths and Difficulties questionnaire is poor and has to be supported by further clinical information before a diagnosis can be made.

Other issues were also raised in the Thames Valley tier3/4 report i.e;

- Slough's numbers of inappropriate referrals into CAMHS in 2013-14 were the third highest in the county, highlighting confusion among referrers which the local mapping project is aiming to reduce.
- Slough CCG's acceptance rate into CAMHS tier 3 services was the lowest in the Berkshire area at 15.2 per 1000 young people aged <19 years. Similarly Slough's rate of referral to tier 4 was the lowest in the Thames Valley.
- The TV report hypothesised that these lower figures reflected fewer conduct disorders among an ethnic population, hence fewer young people with these disorders were being seen in both tier 3 and 4 services.
- An alternative explanation could be that current tier 1 and 2 provision is meeting the needs of Slough young people requiring fewer to be transferred.
- The tier 2 pathway mapping project has highlighted that diagnosing and treating conduct disorders is not considered a CAMHS tier 3 referral. Rather the work of tier 2 services supporting troubled families, targeted youth work and work with young people with a learning disability may be filling much of this need. There may be scope to promote local models of service elsewhere.
- The Tier 3 report highlighted the need for consistent training across all agencies and this is echoed in the local pathway mapping work

## **7. What we are doing:**

Starting within the perinatal period the following priorities were identified

**Table 2 Perinatal mental health priorities**

<b>Priority</b>	<b>Area</b>
Promote maternal mental health to increase early access, reduce stigma and include the wider workforce	RBC, SBC, BFBC
Continue to promote community mental health champions to challenge stigma and signpost services to vulnerable groups	SBC
Needs assessment required to inform perinatal mental health strategy and commissioning	WBC, SBC, RBWM
Maternal mental health pathways to be introduced as per DH guidance	BFBC
Increase rates of diagnosis and reporting	BFBC,SBC

**Source all six JSNAs in Berkshire**

Other areas such as Portsmouth are piloting an infant mental health service whereas for child and adolescent mental health services the priorities across the Berkshire area were:

**Table 3 CAMHS priorities**

<b>Priority</b>	<b>Area</b>
Consultation between GPs and schools to formulate revisions to pathways and commissioning this has now taken place	SBC
Training for schools to understand and identify emotional health and well-being issues, e.g; attachment difficulties, bullying, self-harm and e-safety – underway in Slough	BFBC, WBC, SBC, RBC
Longer term therapeutic input for children with enduring mental health or attachment issues who don't meet the criteria for more specialist medical support.	BFBC, RBC, RBWM
Practical support for families and schools for children with ASD or ADHD (including chronic school refusers)	RBC, RBWM, WBC
Support for young adults in transition with significant mental health issues e.g enduring special educational needs	BFBC, RBWM

**Source Berkshire 2013 JSNAs in each unitary authority area**

'Co creation' events were held with young people at the end of May in Slough, with special educational needs coordinators (SENCOs) in June and by the end of September 2014 discussions with families, voluntary sector services and GPs will inform the final look of the app before a 'soft launch' in December/January.

When ready the deck will provide individuals with personal goal tracking, advice, information and assessment on a wellbeing continuum and if necessary prompt onward referral to tier two or three targeted services as required. This is part of a whole life care pathway programme as recommended by DH and will include seamless links to services along the seven care pathways.

Resources to support schools and families and GPs are being identified that can prevent unnecessary escalation and the pathways produced to date (which require tier 3 CAMHS service involvement) are for; Attention Deficit Hyperactivity Disorder, autism spectrum disorder, self harm, anxiety and depression, eating disorders and obsessive compulsive disorder. The group is reviewing other pathways which may not require tier 3 intervention such as; controlling anger, attachment disorders (except where perinatal mental health interventions are required) and the management of conduct disorders. Once approved there will be an agreed set of outcome measures and quality indicators for tier 2 and 3 services.

In the long term a further output will be the reduction in the risk of inappropriate referrals to tier 3 and the risk of children and families being held for very long periods at the common point of entry to tier three.

### **8. Working well:**

The added benefits from this work are improved self care, greater clarity about pathways and the contribution to wellbeing made by different agencies. The work has adopted lean approaches, mapping 'as is' and 'to be' pathways.



## **9. Challenges:**

Across the county there is a need to focus on self harm as a priority due to rising rates presenting to secondary care, however there is a lack of a 24/7 crisis support team in secondary care (in relation to the self harm pathway – an emerging demand). SENCOs locally have revealed that children of primary age are adopting copycat behaviours in relation to self harm as opposed to severe clinical cases and this is a pattern of behaviour that requires intervention to prevent escalation.

A critical part of improving pathways is knowing what each school has to offer as schools commission their own counselling services for selected pupils. In July the SEND reforms will show the 'LOCAL OFFER' in each area. Based on this it will be possible for each local area to self assess whether there is sufficient universal capacity and capability in tier 1 services, sufficient targeted support services and how these will be mitigated if not. Variations in provision capability and capacity between schools will need to be addressed through work with head teachers and governors.

The links between mental health and safeguarding assessments and the early help offer need to be embedded and mental health promotion in the community should be an essential element. Work is underway to promote the recognition of mental health problems at an early stage in adults as parental mental ill health underpins risks of development of anxiety in children.

On line automated CAMHS needs assessments for each local area and resources to support commissioning are available from <http://www.chimat.org.uk/camhs>. However these have to date underestimated autism spectrum disorder (not all of whom will have a mental health need). The Thames Valley report provides much higher estimates and an estimate of 425 in children aged 5-10 is close to the actual figure recorded in Slough for all ages <18 years.

## **10. Help from the SWB?**

The key issues for the board to consider before the pathways are launched in January 2015 are;

- The need to resolve inconsistencies in the 'local offer' listed in national & local directories for children and young people with autism spectrum disorders.
- The development of an integrated communication/response hub at Tier 2 across the various agencies, due to the vital role staff play supporting schools, families and young people.
- Ensure standardisation across the various agencies in relation to assessment methods (e.g for CBT) and in relation to variation in ASD pathways used in neighbouring boroughs.
- Ensure consistent training for; GPS, teaching assistants, SENCOs, behavioural support teams, youth support services, CAMHS tier 2, and DAAT youth services as part of workforce development plans.

## **11. Summary**

The recent consultation with young people and SENCOS has shown strong support for changing pathways to the current clinical services and identified areas of development within community services. Learning has been derived from the pathway work that can inform best practice. Slough has not got the highest rate of self harm in the county but does have emerging patterns of self harm in young people that warrant concern.

## **12. Comments of Other Committees / Priority Delivery Groups (PDGs)**

The results of the mapping will be presented to the Berkshire CAMHS mapping group and to the Slough Childrens Partnership Board

## **13. Conclusion**

The Berkshire CAMHS strategy group has debated the need for social solutions in tiers 1 and 2 compared to tier three - four which are based on a medical model. A continuum of services is envisaged which will make clear the fact that different agencies are responsible for different pathways. It is envisaged that SENCOS supported by a multidisciplinary team will play a large role in escalating (rather than referring) young people likely to have ASD, ADHD, or obsessive compulsive disorder problems. School nurses and GPs will take the lead with regard to self harm and eating disorders and the tier 1-2 offer in each school needs to be clear. All staff will be supported by Tier 2 through resource packs, training with cross cutting case studies, pathway specific resources. Schools will benefit too from new mental health and behavioural guidance just been published by DfE (June 2014). Service redesign will follow and the self harm app evaluation will determine whether further apps should be developed.

## **14. References**

DFE (2014). Mental health and behaviour in schools available at <https://www.gov.uk/government/publications/mental-health-and-behaviour-in-schools--2>

Thames Valley Childrens and Maternity Strategic Clinical Network (2014) Summary report of child and adolescent mental health services (CAMHS) for Thames Valley (unpublished)

## **Appendix 1 List of current services across the CAMHS tiers 1-4**