

## **SLOUGH BOROUGH COUNCIL**

**REPORT TO:** Health Scrutiny Panel      **DATE:** 29<sup>th</sup> July 2014  
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### **PART I** **FOR INFORMATION**

#### **UPDATE ON FINDINGS FROM CAMHS ENGAGEMENT SURVEY**

##### **1. Purpose of Report**

This report updates the Health Scrutiny Panel on the recommendations arising from the recent survey with young people and families who are users of Child and Adolescent Mental Health Services (CAMHS) in Berkshire. This engagement programme (comprised of surveys and in-depth interviews with referrers into the services) was jointly commissioned by the seven CCGs in Berkshire and a summary report was also produced by the Thames Valley Maternity and Childrens Network.

Members are also referred to the recent report to the Wellbeing board which describes the actions being taken, by a working group in Slough, to optimise self care and interventions at Tier 1 and Tier 2 and improve pathways into Tier 3 services, when needed. (See background reading)

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

For the Health Scrutiny Panel to note that a full service review is not yet possible as the survey results have only just been published. The key recommendations from the engagement programme are

- Reduce waiting times for help.
- Increase Tier 2 provision, to ensure timely 'early intervention', reducing escalation of mental health problems and reducing the need for specialist Tier 3/4 services.
- Increase resources to meet the increased demand.
- Free CAMHS staff to work more collaboratively with partner agencies.
- Improve support in schools.
- Provide more detailed information about services and how to access them.
- Deliver improved communications and administration.
- Improve the environment where CYP are seen or are waiting including availability of toys and more privacy for confidential conversations.

- Better post-diagnostic support, particularly for children with Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD).
- Provide better access to services in a crisis and out of hours.
- Provide a local 24/7 inpatient service for those CYP with the most complex needs.

A verbal update will be supplied by Sally Murray on behalf of the CCG.

### **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 engagement programme and CAMHS pathway mapping 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; NHS England, 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	

Community Support	Stakeholder surveys for adults and young people were conducted in March and April 2014.	Local stakeholders identified the need and will shape any future provision.
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 if re-commissioning is 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

CAMHS services are now commissioned by several commissioners:-

NHS England commissions

- Tier 4 inpatient services.
- General practitioners 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.

Tier 1 and 2 services commissioned by Slough Borough Council and schools were discussed separately in the recent Wellbeing board paper

### **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 Thames Valley 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. These rose from 32 to 92 cases in 2013-14.

## **6. What the executive summary of the engagement programme reported:**

The results of the engagement addressed four open ended questions and responses were listed under the headings of whether current services were; **timely, efficient and effective.**

**In relation to timeliness** results showed that positive feedback was received in relation to timeliness, yet significant concerns were raised about:

- The excessive length of time it took from being referred to getting a first appointment
- The inconsistent appointment systems and variable communication processes
- The assessment and diagnosis process
- Post-diagnosis support and signposting for those who do not get treatment
- The poor accessibility to particular services (including emergency care and the Berkshire Adolescent Unit) at different times (including overnight and weekends)
- The lack of clarity as to whether tailored CAMHS provision is available for all groups (including, for example, CYP with learning difficulties or challenging behaviour)

**In relation to efficiency** the report noted that 'it is possible to suggest that, although CAMHS can and does provide an efficient service for a number of CYP, this engagement has highlighted that currently it does not provide an efficient service for a significant number of CYP and their families in Berkshire'

**In relation to effectiveness** the report noted that 'as it stands today – CAMHS is either 'fairly ineffective', or 'very ineffective'; it is possible to suggest that, although CAMHS can and does provide an effective service for some CYP, this engagement has highlighted that it does not provide an effective service for a significant number of CYP in Berkshire'

## **7. 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.

## **8. Conclusion**

The report noted that it was not possible to distinguish between responses from across the tiers of service. The report notes the willingness of all agencies to improve pathways and redesign services. A full review of Tier 3 services is not possible at this time as the survey results have only just been published. The work underway at tier 2 is fulfilling many of the recommendations for prevention of escalation but changes will be required to the Tier 3 system that will require service redesign at tier 2 and training of referrers to ensure that the new pathways can be embedded first.

## **9. Background reading**

Review of Children and Adolescent Mental Health Services in Berkshire available at <http://www.sloughccg.nhs.uk/have-your-say/471-review-of-children-and-adolescent-mental-health-services-camhs-in-berkshire>

The NHS England formal review of Tier 4 services - also found at the above link

Thames Valley Childrens and Maternity Strategic Clinical Network (2014) Summary report of Tier 3 child and adolescent mental health services (CAMHS) for Thames Valley (unpublished)

Update on CAMHS mapping and App development report presented to the Wellbeing Board on 18 July 2014 available at <http://www.slough.gov.uk/moderngov/documents/s34383/SWB%2016.07.14%20CAMHS%20July%202014%20v4.pdf>