

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 19 November 2014

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PART I **FOR INFORMATION**

CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS TIER 2) **ENGAGEMENT UPDATE**

1. **Purpose of Report**

To brief the panel on the; engagement that has taken place to address the recommendations of the CAMHS engagement survey in relation to tier 2 and 1 services. The report identifies the eight care pathways that have been reviewed, the new service guide to be published in the Slough Services Guide from January 2015, the app development programme and the further engagement programme with schools and young people.

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

The Committee is requested to note that this report relates to the Five Ways to Wellbeing (tier1 and 2) service to be piloted in Slough from January – June 2015. The results of this pilot will inform the CCGs future plans as the commissioners of Child and Adolescent Mental Health services.

3. **Community Strategy Priorities–**

This reports relates to the Health and Wellbeing section of the Wellbeing Strategy and to the Good Physical and Emotional Health and Wellbeing theme of the Children and Young Peoples Plan called Getting it Right from the Start.

4. **Other Implications**

(a) **Financial**

NHS Slough CCG has the commissioning responsibility for tier 3 Child and Adolescent Mental Health services to which the revised pathways will direct individuals at high risk

Slough Borough Council has responsibility for the tier 2 CAMHS service which will now be called the Five Ways to Wellbeing service. Schools deliver preventative programmes at tier 1.

(b) Risk Management

Recommendation	Risk/Threat/Opportunity	Mitigation(s)
Training in place prior to the launch of the pilot service	That the GPs and schools are not fully sighted on their role in the pathways	Training planned in the GP locality meeting and with schools in November
App publicised fully in the target schools and colleges	That the app is not owned by the students in the schools and colleges	App champions to promote the app in school and PSHE leads trained in each school/college
Ensure the full range of commissioners are represented	That the results cannot be used by commissioning regionally or locally	Include commissioners in NHS England and PHE as well as the CCG
That school level PSHE interventions are in place where required	That the demand for interventions rises after the launch as awareness is raised	PSHE lead to work collaboratively with the school to ensure the programme roll out

(c) Human Rights Act and Other Legal Implications

There are no Human Rights Act implications in regard to this report.

(d) Equalities Impact Assessment

This proposal is for the universal benefit of all pupils in the target schools and colleges who have volunteered to be part of the pilot.. Nationally children in care, BME groups and those on the verge of homelessness and those with a learning disability are at higher risk of poor mental health outcomes. The JSNA identifies these higher risk groups

(e) Workforce

In implementing the plans for the 6 month pilot there are some workforce implications at tier 2 for the additional demand expected. This will be covered through the use of bank staff and alignment of the work of staff in existing services to achieve the shared goals.

5. **Supporting Information**

5.1 The Health and Social Care Act (2012) places a duty on upper- tier authorities to utilise the public health grant to support the delivery of public mental health and wellbeing outcomes

5.2 The Slough CCG CAMHS engagement study (see supporting papers) identified that young people felt that the existing CAMHS service (predominantly a tier 3 service in Slough) was not well understood by local families and children, that the name did not mean anything to them, that the service for some was not timely in its response, nor transparent in what it did as families did not know where their child was on the various pathways.

5.3 the first action in response to the findings was to agree to develop a young people's app as part of a comprehensive wellbeing deck. This work is nearly

complete with an anxiety and depression section and a self harm section. Young people at the Foyer were engaged in the original designs. Since the July Children and Young Peoples board meeting two schools (Wexham and Baylis) have agreed to take part in the pilot and two colleges (Haybrook College and East Berkshire College). Sessions with young people in those schools will be completed in November before the next scrutiny panel meeting and if available some initial feedback will be presented there.

5.4 Local GPs are being involved in a much simpler way than originally planned: a simple checklist of which conditions need escalating to specialist CAMHS and which to the hub has been created and GP leads will receive copies of this and be given supported learning time before the launch to discuss case studies as required.

5.5 Eight pathways detailing who should take responsibility for delivering a comprehensive wellbeing programme have been developed and shared with the Berkshire Strategic CAMHS partnership. The wellbeing pilot will test the prevention elements of the following pathways; anxiety and depression and self harm. Other pathways include; conduct disorders, eating disorders, obsessive compulsive disorder, Autism Spectrum Disorder and Attention Deficit disorder which will remain with specialist CAMHS. Specialist CAMHS also deliver the crisis response elements of the self harm pathway.

5.6 During the test period from January to June the volunteer schools and colleges will receive different prevention interventions in the first three months and then crossover to the alternative intervention to ensure that all receive the same approach although the context of each setting will differ.

5.7 There is intense regional and national interest in what the pilot is aiming to achieve. Public Health England in conjunction with the Wolfson Institute is keen to see just such a comprehensive prevention approach adopted nationally. They envisage a commissioning framework being developed for the future and want to see this as part of a comprehensive CAMHS delivery programme. The case for change is clear locally too and this pilot will address the issues identified in the local CAMHS engagement survey already noted in section 5.2

5.8 The baseline metrics for Slough are that in 2013-14 when all referrals were diverted through the specialist CAMHS hub that 772 individuals were referred to the tier 3 service and of these 25% were estimated to be inappropriate. Some 127 referrals were received *from* the tier 3 common point of entry by the tier 2 service in the council for follow up work and the tier 2 service escalated 25 cases indicating that many were contained through prevention work at a lower level. Overall the tier 2 service handled 950 calls and contacts of which 40% converted to formal therapeutic pathways. From January 2015, for the pathways identified, all referrals for anxiety and depression and self harm (unless they require a crisis response) will come to the new service whilst referrals for other issues will go direct to the specialist CAMHS services

5.9 A number of other emotional health and wellbeing pilot projects are running in other Berkshire Local Authority and CCG areas. These are also in response to the engagement work undertaken earlier this year. These include projects aiming to improve perinatal mental health and a project reviewing the emotional wellbeing assessment process for Looked After Children, those on the edge of care and

those who are at risk of exclusion. Results from these pilots will be shared with Slough in due course.

6.0 Berkshire CCGs are in discussion with NHS England regarding improving access to Tier 4 beds within Berkshire. Crisis care arrangements are also being reviewed with Berkshire Healthcare Foundation Trust, in response to the engagement work.

6. **Comments of Other Committees**

This service pilot has been fully endorsed by the Children and Young Peoples Partnership board in July 2014. All schools, the current provider and the CCG are represented on that board.

7. **Conclusion**

Significant changes have been made to service design and future delivery as a result of the feedback from service users, their families and schools. The delivery timetable will commence in the second week of January. The outcome evaluation will cover the impact of the changes on young people, impact of different interventions as well as service metrics, public mental health concerns within the schools and colleges and feedback from key stakeholders and commissioners.

8. **Background Papers**

'1' - Slough CCG CAMHS engagement report available at <http://www.sloughccg.nhs.uk/have-your-say/471-review-of-children-and-adolescent-mental-health-services-camhs-in-berkshire>