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EDUCATION, CHILDREN AND FAMILIES SELECT COMMITTEE

Meeting to be held on Tuesday 17 October 2017

Please see the attached report(s) marked "to follow" on the agenda.

11 YOUTH OFFENDING SERVICE UPDATE (Pages 3 - 8)

12 WRITTEN EVIDENCE:

12e OXLEAS NHS FOUNDATION TRUST (PAGES 9 - 26)

Copies of the documents referred to above can be obtained from http://cds.bromley.gov.uk/

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EDUCATION, CHILDREN AND FAMILIES SELECT COMMITTEE
17 October 2017

Bromley Youth Offending Service - Update

This is an update report to the Select Committee on the performance of the Youth Offending Service and progress of the Service since the inspection and other related operational and strategic developments.

1. Background

1.1 All Youth Offending Teams in England and Wales are monitored and supported by the Youth Justice Board (YJB) which is an executive non department public body and leadership is retained within the Ministry of Justice. The YJB has oversight of the youth justice system and works to prevent offending and ensuring that young people in custody are safe and secure and that their offending behaviour is addressed.

1.2 The Youth Offending Service YOS is situated in Education, Care and Health with direct line management of the Head of Service through the Director for Children's Social Care.

2. Youth Offending Service

2.1 Bromley YOS Operational Improvement Plan reviewed and updated and will be presented to the YOS governance Board on 11 October 2017 for approval. This process assessed progress of actions within the YOS Operational Improvement Plan; providing challenge on areas requiring further development and increasing focus with additional requirement of dates for completion and exception reports against the actions that had not yet been achieved; with a plan to reach full compliance.

2.2 The following 7 key priority areas (in line with HMIP Full Joint Inspection themes):

- **Reducing Reoffending**
- **Protecting the Public**
- **Protecting the Child or Young Person**
- **Ensuring that the Sentence is Served**
- **Governance and Partnership Arrangements**
- **Effectiveness of YOS Interventions**

- **Improving Practice**

2.3 As a result of this process the Bromley YOS Operational Improvement Plan has been further developed to take into account the service achievements; allowing it to be a more focused document, further drilling down to what is still requiring further work and development to improve the service, performance against targets and outcomes for children and young people who use the service, their families and the wider Bromley community affected by youth offending. A detailed annual Youth Justice Strategic Plan (2017-19) has been produced in line with the requirements of the Crime and Disorder Act 1998. There is a comprehensive improvement plan which has been approved by her Majesty's Inspectorate of Probation and the Youth Justice Board.

3. YOS Team

3.1 The focus in recent months is on ensuring that our performance secures outcomes for young people that reduce their offending, reducing the need for custody and reducing those coming into the criminal justice system. The work is focused on developing and enhancing practice so that this can be standardised and streamlined. In order for this to happen it is essential to have the right staff in place to deliver this vision.

3.2 There are approximately 108 cases within the service and approximately 22% are conditional cautions or triage that are all offered intervention and support. The work in the team is delivered by a mixture of senior YOS officers who take on a half management role and half caseload of complex high risk cases. At full capacity there are 11 caseworkers who hold the bulk of cases. The work is further supported by specialist colleagues who provide support in the form of a 0.2 FTE school nurse; substance misuse, wellbeing practitioners and parenting consultation.

3.3 The specialist support service provision does not fully support and enable the YOS to carry out its duties and the reduction in the school nurse provision is a noticeable gap, there is no CAMHS seconded worker in the team, the use of the parenting provision via early help has not provided the level of parenting support that would normally be expected in the service. A new school nurse has been allocated to the team and whilst the offer is reduced from 0.6FTE to 0.2FTE there are limitations on the service which will impact on YOS young people.

3.4 Restorative justice and reparation are key requirements within a court order. Whilst attempts are made to ensure that this is included in all work with young people it is evident that this needs strengthening and more local community projects are being sourced.

3.5 The drive within the service is to have skilled and experience staff within the service. The recruitment of social workers will increase capacity within the service to work more intensely with cases of an increasingly complex nature

and ensure that concerns in relation to safeguarding are approached and managed in a consistent manner across the service. The change may prove to be challenging but in order to attract high calibre staff with a consistent professional development framework social work training offers this level.

4. Performance

4.1 The YOS works with young people at risk or involved in the criminal justice system. The service is required to work within a comprehensive national standards framework which determines the nature and frequency of contact with young people and is accountable to the YJB in relation to performance against a set of indicators. The 3 current KPI's:

- Reduction in first time entrants
- Reduction in reoffending
- Reduction in the use of custody for young people.

4.2 Over the last five years there has been a substantial reduction in First time entrants into the youth justice system. The introduction of Triage in 2009 has played a significant role in diverting young people out of the system and has positively impacted on numbers.

4.3 The rate of young people entering the system for the first time remains low in Bromley with a rate of 219 per 100,000 of the 10-17 year old population between April 2016 to March 20117 (latest published data). In the last year there were 66 young people, representing a 24% reduction on the previous year.

4.4 The proven rate of reoffending is measured by young people who previously offended by the numbers of young people in the cohort during a one year follow up period following their original conviction in court or pre-court disposal. This rate is then expressed as the numbers of offences per young offenders, however this is subject to variations in subsequent years because the cohort size changes and the offending behaviour of those in the cohort also changes. The current picture indicates that the statistical effect of high number of offences being committed by a small cohort of young people.

4.5 Data in relation to reoffending is now taken from the Police national computer and is available three quarters in arrears to allow for arrests to be processed through the courts and MoJ to analyse and publish the information. The current period being measure is October 2014 to September 2015 and there are 190 young people.

4.6 Bromley quarterly performance data for October 2014 – September 2015 cohort shows the rate of reoffending has reduced by 7.6% on the previous year although the actual numbers of young people has increased by 5 young people. The London Borough of Bromley rate (39.5) has now lower than the London (44.2%) and 2% higher than the national averages.

5. Health

5.1 Bromley Wellbeing Service is a single point of access for children and young people's emotional and mental wellbeing commissioned by the Local Authority and delivered by Bromley Y since December 2014 to ensure that young people are receiving the right help at the right time. Bromley Y works with Bromley Local Authority and Bromley Clinical Commissioning Group (CCG) to put young people's wellbeing at the centre of good practice

5.2 Previously young people had not been accessing Bromley Y following referral by their YOS workers. In order to address this gap a Wellbeing Practitioner is now placed in Bromley YOS to enhance the local offer and provide an integrated approach to support and treatment for young offenders. This should narrow the gaps through which YOS clients can fall, support the referral and care pathways, and contributes to the health offer for YOS young people returning to Bromley following discharge from secure training centers and/or Young Offenders Institutions (YOIs).

5.3 The role encompasses two main facets: assessment and provision for the client group and secondly, consultation, support and training for YOS staff. The Practitioners use systemic approaches to understanding the young person's presentation and have specialist knowledge of conduct disorders, domestic violence and other needs and behaviours. There is a clear pathway to refer onto CAMHS when warranted. The well-being practitioners are currently overseeing and supporting around a third of the YOS caseworkers.

6. Service Development

6.1 Forensic Pilot Service

6.2 Bromley YOS has been successful in a bid to NHS England to develop a service for young people who come into the youth justice system with complex difficulties and in need of specialist assessment and interventions. Locally, arrangements are in place to ensure that all young offenders have access to evidence based early intervention emotional wellbeing service. This is delivered through a co-located wellbeing service.

6.3 In the last year, Bromley YOS worked with 242 young people with approximately 34% assessed as in need of CAMHs or other wellbeing support. Whilst the numbers of young people entering the youth justice system has fallen sharply over the last 10 years, those who remain in the system have a range of complexities requiring significant levels of more specialist intervention and support from the YOS and other agencies too.

6.4 Young people with the highest level of need also present additional risks of harm to themselves and others. In order to facilitate accessibility to specialist CAMHs by this cohort, the project is a CAMHs in reach model to offer:

6.5 This service provision will offer support to family and carers, treatment and engagement such as developing techniques to manage and control anger and stress through group work and one to one interventions; work with sexually harmful behaviours, determine the likelihood of re-offending in high risk cases, consultations to YOS staff and preparation of assessment reports for courts (where appropriate).

6.6 This project will also allow for the sustainable implementation of a consistent approach to risk assessment, risk formulation and management of high risk young people aged 10-18 years old who present with high risk behaviours in terms of their offending and conduct.

6.7 There will be an evaluation the effectiveness of evidence based anger management programmes, gain a better understanding of young people's likelihood of reoffending treatment provision for young people involved in sexually harmful behaviours. A project report on the outcomes of the pilot with recommendations will be provided at month nine of the one year pilot. Recommendations on how the interface between YOS practitioners, early intervention wellbeing services and CAMHs can be strengthened sustainably will be included in the final project outcome.

6.8 The goal is to improve the identification of a range of health problems which are going untreated in an attempt to reduce offending behaviour. By providing children and young people a flexible approach and rapid screening of their mental health needs combined with a more integrated partnership with the YOS and CAMHs will increase the benefits of treatment for this hard to reach population.

6.9 The project has been approval from Bromley Clinical Commissioning Group, Oxleas Trust will second a Psychologist to develop and deliver the aims of the project from December 2017.

7. Summary

7.1 The last eleven months has been a challenging time in respect of implementing the change and having to further refine the service structure to improve the capacity of the YOS to meet the legislative framework and responsibilities for Youth Offending Teams to reduce and prevent offending and re-offending by children and young people.

7.2 However, the YOS continues to be making good progress as demonstrated by the inspection outcome in 2016 and ongoing work to deliver against the priority areas in the youth justice plans.

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improving lives

Oxleas NHS
NHS Foundation Trust

Report to the Education, Children and Families Select Committee: Review of Child and Adolescent Mental Health Services

17th October 2017

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1.0 Introduction

Specialist CAMHS in Bromley is delivered by Oxleas NHSFT and commissioned by the Bromley Clinical Commissioning Group to provide specialist mental health assessment, care and treatment for children and adolescents from 0-18 years who have significant, complex or acute mental health conditions (Tier 3). A small Tier 2 provision is also commissioned for children with neurodevelopmental disorders which is delivered through joint clinics with Community Paediatrics.

The service is provided by a multi-disciplinary team of 26 mental health trained professionals comprising Psychiatry, Nursing, Clinical Psychology, Child Psychotherapy, Systemic Family Therapy and Social Work, and is delivered within a multi-agency system of services in Bromley.

Evidence-based assessment and treatment is provided to meet service users' needs and choices in line with NICE guidelines and Oxleas CAMHS care pathways. The care provided is outcomes focussed and is based on goals agreed with the child/young person, their parents/carers and professionals where appropriate.

2.0 Referrals to Specialist CAMHS

2.1 Numbers of accepted referrals to Specialist CAMHS

Year	No accepted Referrals	Average accepted referrals per month
2014/15	676	56
2015/16	763	64
2016/17	687	57
2017/18 (projected)	655	55

During 2016/17 1,143 children and young people received a service from Specialist CAMHS. This number includes all individual children / young people who attended the service during this period.

2.2 Referral sources

Referrals are received from the following:

- Bromley Wellbeing Service Single Point of Access (SPA)
- A&E PRUH and other A&E departments (Crisis presentations)
- Oxleas AMHS (Section 136 MHA detentions in Oxleas Health Based Place of Safety)
- Community Paediatrics (Neurodevelopmental presentations)
- Social Care / Education (requesting review within six months of discharge)
- Self (requesting review within six months of discharge)
- South London and Maudsley NHS FT (Tier 4 in/out patients)
- Other Specialist CAMHS (Out of area transfers of care for existing CAMHS patients)

2.3 Care pathway from the Wellbeing Service to Specialist CAMHS

Since December 2014, a Single Point of Access (SPA) has operated for the majority of children and young people being referred for help in Bromley with their emotional or mental health. The SPA triages or assesses referrals for the whole range of mental health difficulties and conditions and in 2016 it was agreed by stakeholders to improve the integration of the pathway by seconding a Specialist CAMHS Nurse into the SPA as a pilot. The function of the Nurse post is to enhance the accuracy of assessments within the SPA for children and young people with severe level needs to ensure that they are offered the most appropriate clinical care and treatment for their mental health conditions.

In order to ensure young people are offered the right form of help for their needs, the loading on the following factors is considered:

1) Type, severity and frequency of mental health symptoms.
2) Whether problems are enduring, the circumstances in which they arose, whether they have completed previous interventions and their response to these.
3) Complexity and protective factors (see Table 4 below)
4) Impact on functioning / level of impairment across settings and domains (socialising with peers, school performance, home life, leisure activities, physical health (see also Graphs 1 & 2 below).

The CAMHS Nurse has operated within the SPA since January 2017 providing consultation to Wellbeing practitioners, training and clinical assessments. The greatest impact of the pilot is a marked reduction in the numbers of inappropriate referrals (reduced from 20% to 5%) to Specialist CAMHS from the SPA. This has resulted in a smoother pathway where young people can access the right form of help at the right time.

3.0 Children and young people receiving a service

3.1 Age, gender and ethnicity breakdown of children and young people on the service caseload

Typically, boys present to mental health services in greater numbers pre-puberty and girls present in greater numbers in mid to late adolescence.

Table 1: Current service caseload by age and gender

Caseload by Age and Gender	0-4	5-9	10-14	15+
Female	4	51	134	217
Male	2	104	196	160
Total	6	155	330	377

Table 2: Ethnicity breakdown of current service caseload

Ethnic category	Caseload ethnicity	Ethnic breakdown of Bromley population[1]	% difference between caseload and all age Bromley population
White – British	63%	77%	-14%
White – other	4%	7%	-3%
Black	5%	6%	-1%
Asian	2%	5%	-3%
Mixed	8%	4%	+4%
Other	2%	1%	+1%
Not Known/ not stated	16%		

The table shows that based on the 2011 Census, the service is currently working with fewer White British, white-other, Black and Asian children and young people, and more mixed heritage young people than the corresponding percentage for those groups in the general Bromley population.

3.2 Presenting problems, complexity factors and level of difficulty for children and young people accessing Specialist CAMHS

This section outlines the types of presenting problems, complexity factors and level of difficulty typically experienced by the children and young people who access Specialist CAMHS. The data is drawn from the *Clinician Complexity Tool* which is a CYP-IAPT[2] standard tool used for this purpose and is clinician rated. The data represents analysis of 519 children and young people seen by Specialist CAMHS during 2015/16.

Types of presenting problems

The following table provides an indication of the types of mental health problems experienced by the children and young people who access Specialist CAMHS, identifying 30 different presenting problems that young people may seek help with at CAMHS.

Table 3: Presenting Problem Types and Frequency (N=519)

Presenting Problems	Cases	Percentage
Family relationship difficulties	365	70%
Generalized anxiety	348	67%
Peer relationship difficulties	340	66%
Social anxiety/phobia	321	62%
Depression/low mood	316	61%
Attachment problems	270	52%
Separation anxiety	265	51%
Conduct Disorder or Oppositional Defiant Disorder	264	51%
ADHD/Hyperactivity	221	43%
Self-harm	198	38%

[1] Based on 2011 Census ONS data for all ages in Bromley
[2] CYP-IAPT- Children and Young People's Improving Access to Psychological therapy

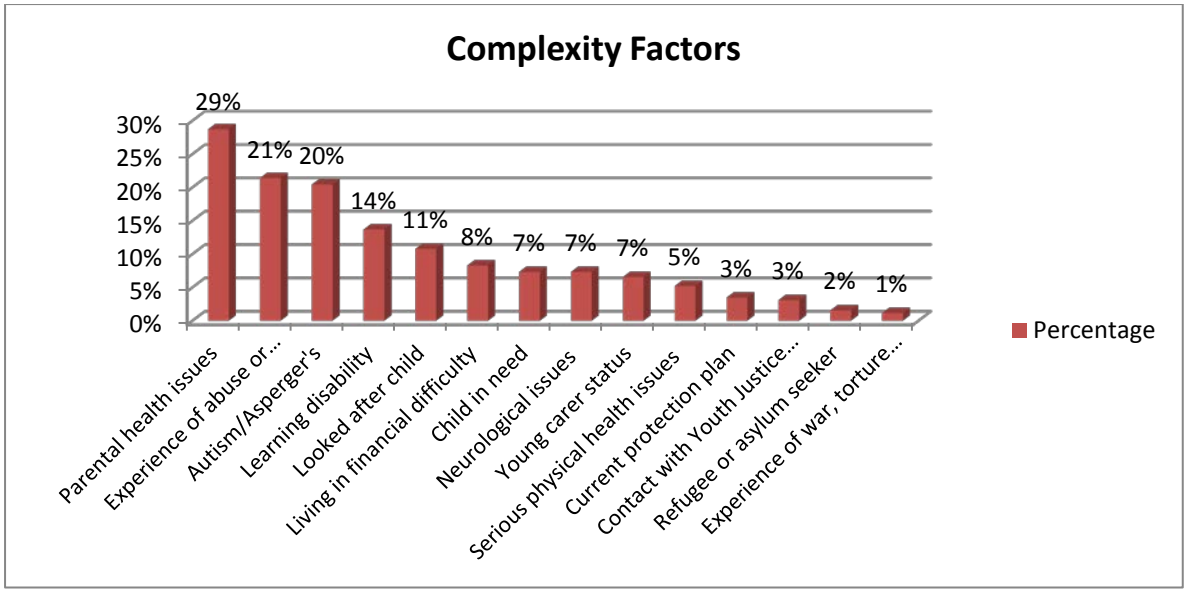
Carer management of CYP behaviour	186	36%
Panic disorder	185	36%
PTSD	150	29%
OCD	140	27%
Habit Disorders	139	27%
Selective mutism	139	27%
Risk to others	134	26%
Agoraphobia	112	22%
Specific phobia	93	18%
Anorexia/Bulimia	68	13%
Bipolar disorder	61	12%
Self-care Issues	51	10%
Unexplained developmental difficulties	40	8%
Unexplained physical symptoms	38	7%
Encopresis/enuresis	36	7%
Substance abuse	34	7%
Adjustment to health issues	29	6%
Emerging personality disorder	24	5%
Psychosis	22	4%
Gender Identity Disorder	12	2%

The data shows that over half of all children and young people in this sample presented with anxiety (generalised, social and separation), depression and low mood, relationship difficulties (family, peer, attachment to primary caregiver) and conduct or oppositional defiance disorder.

Complexity Factors

In addition to the presenting problem and its level of severity, there are many complexity factors that interact with presenting problems which impact upon treatment and its outcomes. The table below shows the proportion of children and young people who present with additional complexities.

Table 4: Complexity Factors



The majority (62%) of children and young people seen at Specialist CAMHS have one complexity factor present, with 38% having two or more complexity factors present.

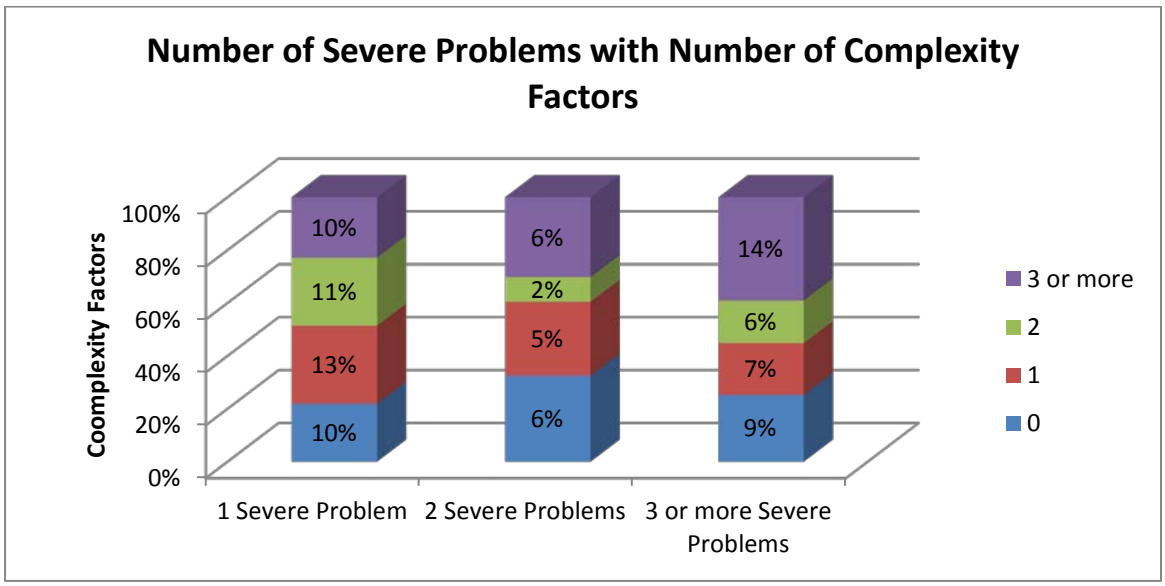
Level of Difficulty

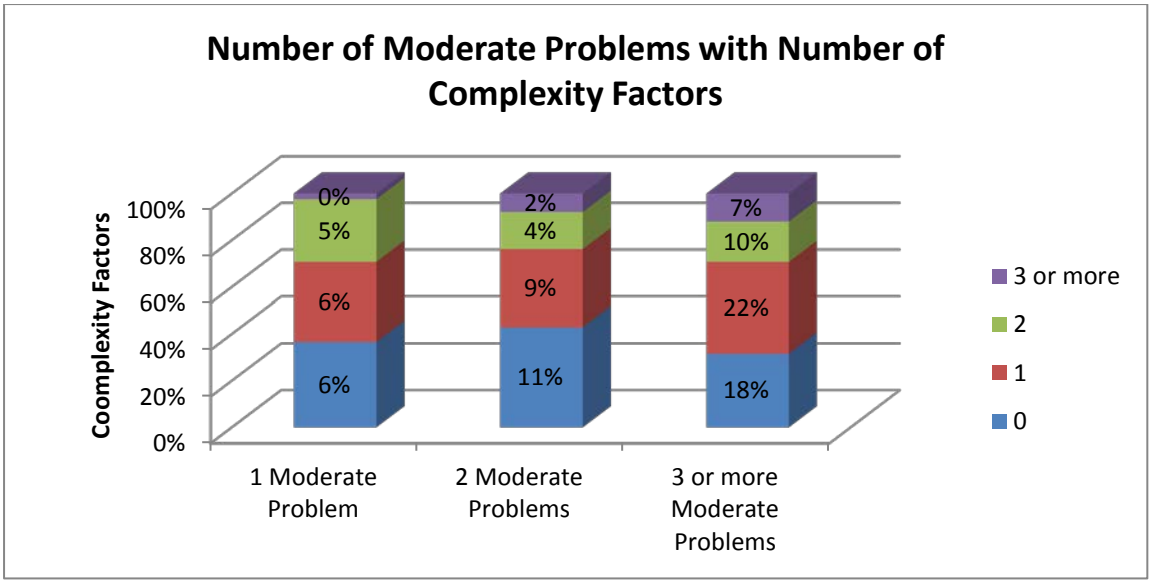
During 2015/16, almost half (47%) of the children and young people (with whom the tool was used) experienced severe level mental health difficulties, and just under half (48%) experienced moderate level mental health difficulties. 5% in this sample experienced difficulties that were rated as mild.

Overall Level of Need

The data shows that the majority of children and young people seen by Specialist CAMHS were experiencing severe **and** complex levels of difficulty.

Graphs 1 and 2 illustrate the number of severe or moderate problems, combined with the number of complexity factors that children and young people were also experiencing.





4. Service provision

4.1 Service location

Specialist CAMHS is based at Stepping Stones and the Phoenix Centre on Masons Hill, co-located with Bromley Health Visitors (Stepping Stones) and Specialist Children's Services (Phoenix Centre).

4.2 Service delivery principles

Oxleas CAMHS is delivered according to Children and Young People's Improving Access to Psychological Therapies (CYP-IAPT) principles, having been members of the regional CYP-IAPT Collaborative for a number of years. The four principles of CYP-IAPT involve routinely delivering evidence based interventions, using validated clinical outcome measures, the involvement of young people as partners and improving access to treatment.

4.3 Clinical team structure

Care is delivered by four multi-disciplinary clinical teams, one generic and three specialist teams.

- Generic team

Provides assessment and treatment for children and young people with a range of mental health conditions

- Neurodevelopmental team

Provides assessment and treatment for children and young people with mental health conditions associated with neurodevelopmental disorders such as Autism Spectrum Disorder, ADHD and learning disabilities. The team is co-located at the Phoenix centre with Community Paediatrics.

- Looked After and Adopted Children and Young People team (LAAC)

Provides assessment and treatment for Looked-After and adopted children living in the borough of Bromley delivered in partnership with Children's Social Care.

- Adolescent team

Provides assessment, crisis care, risk support and management, care coordination and treatment for adolescents with high risk mental health conditions, crisis or acute presentations, who are in need of rapid response, more intensive or outreach interventions.

4.4 Children and young people receiving a service during 2016/17 by team

The following table shows the number of individual children and young people receiving care and treatment during 2016/17 from the respective clinical teams.

Table 5: Children and young people receiving a service by clinical team 2016/17

Service / Clinical Team	Number of CYP
Generic Team	463
Adolescent Team	292
LAAC Team	97
Neurodevelopmental Team	362
Specialist CAMHS overall	1,143

Note: Some children /young are been seen by more than one clinical team during their episode of care. The total number of young people seen within the service counts each individual child once.

4.5 Interventions provided

Mental health treatment is provided on an individual basis, parent-child, parental/carer couple, family, sibling group, familial/professional network and group.

Assessment:

- Bio-psycho-social, mental state, crisis, risk assessment, specialist assessment for specific treatments or placements, emergency assessments (e.g. in A&E), Mental Health Act assessments

Treatment:

- Care co-ordination:
  Brief interventions, risk management, preparation for targeted psychological intervention, paediatric liaison (PRUH); multi-agency liaison including participation in Team Around the Child (TAC), Child in Need, Core Group and Safeguarding meetings
- Psycho-education:
  E.g. groups for parents with children with ADHD and parents of adolescents who self-harm
- Crisis interventions: Risk management and support, active case management to resume daily living
- Pharmacological treatment
- Psychological treatment interventions:
  - Cognitive Behaviour Therapy (CBT)
  - Interpersonal Psychotherapy (IPT)
  - Eye Movement Desensitisation and Reprocessing (EMDR)

- Systemic Family Therapy
- Psychoanalytic Psychotherapy
- Brief Solution-focussed therapy
- Non Violence Resistance (NVR)
- Parent interventions for ADHD
- Mind and Mood Group (CBT based group)

4.6 Other provision

- CAMHS –Specialist Schools Consultation:
  This time-limited pilot provides consultation, advice and /or training to specialist schools in Bromley to promote mental health resilience in schools and further develop staff confidence in responding to children's mental health needs in the school setting
- Clinical Psychology Review of children/young people placed out of borough / those in care / on the edge of care:
  The project has provided reviews for 30 children and young people in out of borough education and social care placements to review their needs and to ascertain whether they could be repatriated to Bromley. A further 10 children and young people have been reviewed with Social Workers to assist with care planning. Attendance at Placement Panel has provided specialist mental health expertise regarding children coming into local authority care and those moving placement or transitioning to adult services. The project has been funded through the Local Transformation Plan for one year and is due to end in December.
- CAMHS Nurse in the Single Point of Access – see also section 2.3 above

4.7 Mental health disorders treated – see Appendix 1

4.8 Waiting times

Waiting times for assessment and treatment can vary across the year in response to fluctuations in the volume, acuity and type of referrals into the service alongside spikes in emergency and crisis presentations which are resource intensive.

Table 6: Average waits for routine care in 2017

Average waits from referral to assessment	6.2 weeks
Average waits from assessment to treatment	6.8 weeks

During 2017, the average assessment waiting time for looked after and adopted children and young people is 5 weeks (although commonly it is 3 weeks) and for treatment the waiting time is on average 6 weeks. Young people who require a rapid response from the adolescent team wait on average for 2 weeks but are commonly seen within 1 week. Children and young people presenting to A&E with emergency mental health needs are assessed on the same day, usually within 2 hours.

4.9 Clinical Outcomes

In order to measure the impact of the treatment, the service uses a wide range of validated clinical outcome measures which are rated by the child/ young person / parent / carer and clinician. These are generally used at assessment, review and at discharge and produce quantitative and qualitative outcomes data. The outcome measures facilitate the intervention being responsive to the individual young person's needs, ensuring that the intervention is focussed on recovery with the tracking of goals, symptoms, impact and feedback. Three different categories of outcome measures are used – goals, mental health and 'experience of service' measures.

The clinical outcomes data from 2015/16 shows the following:

- 68% children and young people ratings showed improvement in their *Total Difficulties Score* of the Strengths and Difficulties Questionnaire (SDQ) as a result of their care and treatment
- 76% of children and young people using the *Impact Scale* reported that their problems had diminished such that they had less impact on their lives as a result of their care and treatment
- 78% of children and young people with anxiety and depression using RCADS[3] showed improvement in their symptoms as a result of their care and treatment

From the 'experience of service' measure (CHI-Esq) very high satisfaction ratings are consistently reported. In 2016, 98% of children and young people felt their clinician was easy to talk to and treated them well; 97% felt listened to, their worries were taken seriously, they received good help and were seen in a convenient location; 95% felt the clinician knew how to help them, gave them enough information and would recommend the service to a friend. 98% of parents/carers reported that they found clinicians easy to talk to and were treated well; 97% said their worries were taken seriously, they were seen in a convenient location and received good help; 95% said that clinicians knew how to help them, gave them enough information and would recommend the service to a friend. See Appendix 2 for qualitative CHI-Esq feedback.

4.10 Crisis Pathway

When children and young people experience a mental health crisis, they present to the PRUH A&E or or, if already engaged with CAMHS, may present directly to their Care Coordinator. A number of young people who are subject to Section 136 of the Mental Health Act are conveyed by the police to the Health Based Place of Safety at Green Parks House where they undergo a Mental Health Act assessment.

Crisis presentations to A&E are responded to by Specialist CAMHS between the hours of 9am -9pm (Monday to Friday) and 8am -9pm (Weekends). Outside of these hours Oxleas Duty Doctors carry out mental health assessments with referral to Specialist CAMHS for follow up. Due to the volume and complexity of presentations out of hours, an alternative out of hours service model is under consideration which would involve liaison CAMHS clinicians based at the hospital.

[3] Revised Children's Anxiety and Depression Scale (RCADS) is a self-report measure for young people and their parents/carers to complete which captures symptoms of anxiety and depression)

All young people presenting to A&E are reviewed by CAMHS within 7 days of discharge. The vast majority of young people presenting in crisis are discharged home with a crisis or safety plan and follow up within a timescale which is tailored to the needs of the young person's level of risk.

Table 7: Emergency mental health presentations of under 18s at PRUH A&E

Year	**Emergency presentations**	**% annual increase**
2015/16	234	
2016/17	244	+4%
2017/18	271 (projection)	+11%

Based on a projection from 17/18 YTD data, the table shows an increase of 16% in mental health emergency presentations to the PRUH compared with 2015/16.

Table 8: Times and number of mental health presentations to PRUH A&E of under 18s, January to December 2016

	No under 18s presenting to PRUH A&E
Monday to Friday	
8am to 4pm	50
4pm to midnight	84
Midnight to 8am	25
Saturday and Sunday	
8am to 4pm	16
4pm to midnight	30
Midnight to 8am	14
No & % in-hours presentations	50 /23%
No & % OOH presentations	169 / 77%
Total all presentations	**219**

Table 9: Primary reason for mental health presentations of under-18s to QEH and PRUH A&E January –August 2016

Primary reason for presentation to QEH & PRUH A&E for under 18s

Overdose/poisoning	36%
Self-harm	14%
Self-harm and suicidal ideation	3%
Suicidal ideation/threats *	20%
Psychosis and hallucinations	6%
Anxiety/depression *	9%
Challenging behaviour/aggression *	7%
Attempted hanging	3%
Other	2%
Total N= 379	100%

Note: This data is a summary of Bexley, Bromley and Greenwich presentations, with minimal difference between the boroughs in the proportions of the differing presenting problem.

The vast majority of presentations warrant an emergency response although there are some categories of presentation (marked with*) which might helpfully be diverted and thereby avoid the need for presentation at A&E.

Inpatient admissions

A small proportion of young people require admission to a CAMHS (Tier 4) bed where their mental health risks are such that they cannot be safely managed within the community and admission is necessary in order to keep the young person safe and stabilise their mental state.

Table 10: CAMHS Tier 4 inpatient admissions and occupied bed days for Bromley young people

Year	Number of admissions	Occupied bed days	% annual increase /decrease in OBDs
2011/12	16	1403	↑29%
2012/13	24	2003	↑ 43%
2013/14	26	2669	↑33%
2014/15	31	2373	↓11%
2015/16	44	3615	↑52%
2016/17	28		
2017/18	10		

Admissions to mental health settings have historically been high in Bromley and although rates fluctuate between years, admissions have decreased over the last year, largely as a result of temporary additional Local Transformation Plan investment in Community CAMHS and internal changes to the management of the crisis pathway. Inpatient provision is provided by the NHS (South London and Maudsley (SLaM) NHSFT) and the private sector.

Children and young people who present with mental health crisis and who require admission to mental health inpatient care, frequently have to wait in the PRUH following their CAMHS assessment because there are no available beds across the country. Commonly, they are accommodated within A&E and remain there for several days awaiting a suitable bed. This is not a suitable environment for these young people and the environment often exacerbates their mental state. The young people most likely to wait are those with very complex needs who require a mental health intensive care setting (PICU), those in crisis with complex social care needs (and no mental health condition) who cannot return home and those who have a combination of mental health and social care needs where the discharge planning is complex and multi-agency in nature. A proportion of these young people present management difficulties for staff at the PRUH. Specialist CAMHS provides intensive support to young people who remain at the PRUH in these circumstances, assessing daily, undertaking multi-agency liaison as necessary, active bed searching and supporting PRUH staff to manage the young person's complex needs.

<u>New developments: New Models of Care</u>

In the context of a very significant increase in crisis presentations nationally and difficulties in accessing CAMHS beds when they are needed, the strategic aim is to improve crisis care pathways - providing intensive treatment in the community to prevent or reduce admissions to inpatient care where appropriate and provide crisis response services delivered by child and adolescent clinicians. With this aim Oxleas, SLaM and South West London and St Georges Trusts have formed the *South London Partnership* to deliver a national initiative called *New Models of Care*. This will involve an out of hours crisis line and crisis team, a DBT[4] service for young people with unstable personality disorder and young people being admitted to South London beds, rather than being placed a long distance from home. The model went live on 2nd October and will be implemented in stages.

New Models of Care will not replace existing community services but will augment the crisis pathway for young people providing alternatives to A&E and inpatient care for those who need these services. The success of reducing use of acute services is founded on there being adequate provision locally at Tiers 2 and 3 to treat mental health disorders before they become chronic and or harmful.

5. Trends and challenges

5.1 Increase in presentation of severe mental health need in Bromley

Following the introduction of early intervention services for children and young people's emotional wellbeing in Bromley in December 2014, it was anticipated there would be a reduction in the numbers of Bromley children and young people with severe, enduring or acute mental health needs who would require specialist mental health treatment (Tier 3). This was based on the hypothesis that early intervention would prevent the development of mental health need amongst the community. The anticipated reduction has not been realised. Currently the data shows a 17% increase since December 2014 in the number of children and young people in Bromley with severe,

[4] Dialectical Behaviour therapy is an evidence based treatment for adolescents with unstable personality disorder.

enduring or acute mental health needs (tier 3) presenting for treatment to specialist mental health services[5].

Table 11: Referrals accepted by Specialist CAMHS: December 2013- November 2017

	All referrals Accepted	Tier 2 cases accepted	Tier 3 cases accepted	No & % increase from baseline (13/14) in Tier 3 referrals accepted
Dec 13 - Nov 14 *Year prior to commissioning change*	706	176 (25% of all accepted referrals)	530	
Dec 14 - Nov 15 *Year post commissioning change*	736	129 45 (Tier 2.5) 84 (ND)	607	77/+14.5%
Dec 15 - Nov 16	696	109 79(ND) 30[6] (LTP)	587	57 / +10.8%
Dec 16– Nov 17 *Projection based on YTD*	(697)	(77)	(620)	(90/ +17%)

5.2 Shortfalls in provision to meet local need

In light of the 17% increase in Tier 3 presentations against a backdrop of a 22% loss in (tier 3) clinical staffing (due to the cessation of local authority funding (DH CAMHS Grant) of specialist mental health provision), there is currently a gap in treatment capacity for children in Bromley with severe level needs of approximately 39%. Bromley CCG and Oxleas are seeking solutions to address this.

Utilising national prevalence data (Green et al, 2004) it is estimated that 1.85% of the child population in any one year will have severe and enduring mental health conditions (Kurtz, 1996), which for Bromley is approximately 1,375. Current data indicates that 17% (232) of this cohort of children and young people in Bromley are not being referred for the appropriate treatment.

Publication of the new national prevalence study is forthcoming and is expected to show increased prevalence rates, confirming findings of the Health Select Committee (2014) which found a rise in psychological distress in young people, self-harm presentations, eating disorders, depression, conduct disorder and autism. It is therefore important that child and adolescent mental health provision in Bromley is designed to best meet population need, if Bromley young people are to be protected from harm and prevented from developing long term mental health conditions.

[5] Excluding eating disorders

[6] 61 CYP who met criteria for Tier 2.5 were seen by CAMHS. Of these, 25 required Tier 3 interventions and 6 were referred to alternative services; Therefore 30 received Tier 2.5 treatment.

The increase in Bromley children and young people presenting for treatment with severe mental health conditions has risen over the last three years by 17%, alongside a 16% increase in emergency presentations since 2015/16. During the last 18 months, there has also been a 29% increase in young people who present to Specialist CAMHS with high risk mental states and acute mental health conditions who require rapid response and intensive interventions. Currently there is insufficient resource to provide intensive treatment in the community for these young people, which has led to high rates of inpatient admissions and occupied bed days when compared with other areas in South London. Without intensive treatment, these young people are more likely to experience repeated crisis, require inpatient admission and more likely to develop chronic mental health conditions which persist through adulthood. Options to address the shortfall are currently under consideration by Bromley CCG and Oxleas.

It is a considerable cause for concern that there is a significant lack of capacity to provide treatment for Bromley young people with severe and acute mental health conditions. As stated, these individuals are most at risk of developing life-long mental health conditions. Whilst it is an important aim to develop community resilience and invest in mental health prevention, there is currently insufficient provision commissioned to meet the needs of the most unwell young people.

Beverley Mack, Associate Director, CAMHS

October 2017

Appendix 1

Table 11: Mental Health difficulties and disorders treated

Mood difficulties / disorders	Low mood, moderate/ severe/ treatment resistant depression Unstable moods, bipolar disorder Early onset psychosis
Anxiety difficulties / disorders	Specific, severe phobias Moderate to severe agoraphobia, social phobia, separation anxiety, generalised anxiety disorder, panic disorder, obsessional compulsive disorder
Adjustment difficulties / disorders	Severe adjustment disorder Moderate/severe/treatment resistant Post traumatic stress disorder (PTSD)
Physical symptoms with psychological basis and Somatoform disorders	Moderate to severe somatoform disorder
Personality difficulties/ disorders	Emotional dyregulation – unstable personality disorder / emerging personality disorder
Habit and impulse difficulties/ disorders	Moderate to severe habit and impulse disorders
Aggression/ behavioural difficulties / conduct disorders	Severe conduct disorder
Attachment difficulties / disorder	Severe lack of ability to form meaningful relationships with caregivers, presenting as either markedly unemotional or emotionally dysregulated.
Gender issues	Gender identity disorder
Self-harm / self-injury	Severe, persistent self-harm with associate risks
Suicidality	Moderate suicidal ideation without active intent Moderate to high suicide risk, requiring inpatient care for safety
Neuro-developmental difficulties/disorders	ASD or ADHD with complex, moderate to severe co-morbid mental health symptoms Tic disorder with associated moderate to severe mental health disorder
Learning disability	Learning Disability (mild to profound) with moderate to severe mental health mental health difficulties including challenging behaviour that has not responded to previous interventions
Severe elective mutism	
Factitious disorder (and by proxy)	

Appendix 2

Table 12: Experience of Service Questionnaire (CHI-ESQ)

The CHI-ESQ is a self-report measure for young people and their parents to complete which asks questions about experiences of the service and gives them the opportunity to provide comments about the service.

Theme	Parent /Young Person	Example
Taken seriously/ Respect	**Parent**	"Being taken seriously".
	Young person	"My problems were taken seriously and I was listened to".
Communication	**Parent**	"Good communication was maintained throughout".
	Young person	"Good listening and understanding of my problems".
Facilities and provisions	**Parent**	"Being given different options to try and deal with different behaviour and situations. Being offered group and single meetings".
	Young person	"The care was continuous and the therapy was geared to our needs. It didn't just abruptly finish".
Waitlist / appointments	**Parent**	"Appointment times and availability were excellent"
	Young person	"Suited to my timetable".
Experience of staff	**Parent**	"Staff were very helpful and patient"
	Young person	"All of the people are really kind and talked to me about anything I worried about, even if it was only minor".
Miscellaneous	**Parent**	"It has literally saved my daughter's life, and also our relationship. We were all in a very dark place and couldn't see the wood for the trees".
	Young Person	"I feel so much better than before"

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