



Milton Keynes Clinical Commissioning Group (CCG) and Milton Keynes Council (MKC)

REVIEW OF CHILD AND ADOLESCENT MENTAL HEALTH (CAMHS) PATHWAYS IN MILTON KEYNES

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Executive Summary

There is national and local debate about the provision of Child and Adolescent Mental Health Services (CAMHS); this has emerged as a result of increasing and changing demand combined with complexity of individual needs. Milton Keynes Clinical Commissioning Group (CCG) and Milton Keynes Council (MKC) have identified the need for change and recognise that transforming CAMHS pathways and adopting best practice is critical to the provision of safe, effective care which provides excellent service user experience.

In April 2014, the CCG recognised the need for immediate preventative measures to be taken to reduce CAMHS admissions to adult mental health or general paediatric beds and as a result they agreed investment in strengthening the CAMHS pathway by piloting a Tier 3+, Liaison and Intensive Support Team (LIST).

There is a wealth of information at a national level that demonstrates the complexity of the CAMHS system and the issues faced by all those who are undertaking work to improve outcomes for children and young people. The most significant document is the recently published 'Future in Mind' a report on the findings of the National Children and Young People's Mental Health and Wellbeing Taskforce review which took place between September 2014 - April 2015, and summarises much of the published information.

Locally there has also been a significant amount of work and this pathway review builds on a comprehensive internal review undertaken by Central and North West London NHS Foundation Trust (CNWL) who are the provider of tier 2&3 CAMHS in Milton Keynes.

The most challenging element of the review has been to effectively benchmark local services. There is very limited national data on which to benchmark local provision. There have only been two national NHS CAMHS Benchmarking Reports published in 2012 and 2013 and both reports present challenges and do not allow for any robust conclusion to be drawn. Conversely the most effective and inspiring information has come from engaging with local stakeholders, particularly children and young people who have experienced mental health problems.

This review has been conducted using a range of methods and is an amalgamation of workstreams and information provided by several organisations, professional groups and service users. Summaries of all the workstreams have been structured to demonstrate:

- What was done
- What this told us
- What this means

Key workstreams

- CAMHS Needs Assessment
- Independent service user and stakeholder consultation and analysis; through 1:1 interviews, group consultation and survey questionnaires
- Healthwatch/Hazeley School project regarding emotional well-being and mental health of Young People
- MKC Youth Service project regarding emotional well-being and mental health of Young People
- CCG/MKC Pathways mapping with services and a range of providers
- Analysis of data and performance Tier 2 (MKC) and Tier 3 (CCG) 2013/14
- Clinical audit of referrals to CAMHS and Community Paediatrics not meeting service thresholds
- Review of Tiers 2 and 3 CAMHS undertaken by CNWL
- Interim evaluation of the Tier 3+ LIST
- Benchmarking MK CAMHS against regional and national performance and data
- National Children and Young People's Mental Health and Wellbeing Taskforce: Sept 2014-April 2015

Findings

The review has found that there are positive and effective services being provided across the pathway but that there is also significant scope for improvement. The key findings of this review are that:

- There is scope to improve the pathway by developing a more collaborative multi-agency approach to the commissioning and delivery of services to support children, young people and their families.
- There is varied and inconsistent experience, understanding and expectations of the care pathway within universal services, particularly schools. Children and young people were clear that the culture within schools can influence their experiences and that schools had a critical role to play in supporting their mental health and emotional wellbeing. Children and young people specifically articulated a view that there was great potential to improve the offer available in schools, focussing on providing support early to prevent escalation of difficulties.
- There is a lack of confidence, knowledge and skills within universal services to meet the needs of children and young people with mild to moderate emotional, behavioural and mental health difficulties.
- The interventions provided by Tier 2 are effective but there is insufficient capacity to meet existing and increasing demand, along with a more complex service user profile.
- There is identified un-met need within the pathway of care for children displaying significant behavioural difficulties who may have a conduct disorder or require post diagnostic Autism Spectrum Disorder (ASD) and Attention Deficit Hyper-activity Disorder (ADHD) support and intervention
- There are a range of internal clinical and non-clinical processes within the CAMHS service which are experienced as not effective or efficient and these impacts on the length of time children and young people are waiting to access the service.
- There are gaps in the pathway for young people in transition from CAMHS to adult services
- Children and young people say that the physical environment of CAMHS is not welcoming and they want greater choice about the wider service offer
- There is a lack of local provision for children and young people with specific needs
- There is emerging evidence that the provision of an intensive liaison support team keeps young people out of the adult MH unit or paediatric beds and provides positive outcomes for children and young people.
- Children and young people placed out of area in tier 4 placements should continue to be case managed by local providers to ensure continuity of care and to facilitate and expedite care being provided closer to home.
- Children and young people have very strong views about every aspect of the care they receive from universal through to specialist provision
- There are significant issues with communication between agencies across the pathway. Many young people and their families have experienced poor communication.
- There is lack of robust local and national data to enable:
 - Identification of the needs of children and young people in MK
 - Analysis and monitoring of performance
 - Benchmarking of services.
- The current arrangements for commissioning and monitoring Tier 2 and 3 provision through separate contracts (MKC & CCG) impacts negatively on capacity and flexibility of both providers and commissioners.

Next Steps

The findings from this review have been discussed with the CAMHS project board and key stakeholders. Recommendations and high level actions have been developed for consideration by the commissioning organisations. The next piece of work will be to further define these to implement the recommendations of this review. A transformation board will be formed by September 2015 to take forward this work.

1 CHILD AND ADOLESCENT MENTAL HEALTH SERVICES (CAMHS)

Pathway Review; Introduction

1. Introduction

There is national and local debate about the provision of Child and Adolescent Mental Health Services (CAMHS); this has emerged as a result of increasing and changing demand combined with increasing complexity of individual needs. Milton Keynes Clinical Commissioning Group (CCG) and Milton Keynes Council (MKC) have identified the need for change and recognise that transforming CAMHS pathways and adopting best practice is critical to the provision of safe, effective care which provides excellent service user experience.

In April 2014, the CCG recognised the need for immediate preventative measures to be taken to reduce CAMHS admissions to adult mental health or general paediatric beds and as a result they agreed investment in strengthening the CAMHS pathway by piloting a Tier 3+, Liaison and Intensive Support Team (LIST). Whilst it was acknowledged that the team may reduce the immediate pressure on the service, the Children, Young People and Maternity Programme Board recognised that a comprehensive review of the existing CAMHS pathway should be undertaken to inform longer term specifications and resourcing of the services.

This review has not operated within the vacuum of child and adolescent mental health; there are a number of developments that have been taken into account. These include the Special Educational Needs and Disabilities (SEND) reforms and the Milton Keynes Council review of commissioned Early Help services. In addition it has considered the increasing number of children with complex social and behavioural difficulties that don't meet thresholds for intervention.

2 The CAMHS Pathway Review; Governance, Scope and Methodology

2.1 Governance

The CAMHS pathway review reports into the Children, Young People and Maternity Programme Board. A CAMHS Project Board was established to oversee the review with wide representation from MKCCG, MKC, Healthwatch, Patient Congress, Parent and Carer Alliance (PACA); regular feedback was received from the three projects working with children, young people and their families. Formal reporting to the Children, Young People and Maternity Board is on a monthly basis.

2.2 Scope

The scope of the review included:

- Children and young people up to the age of 18, and their families (acknowledging the flexibility required in transition arrangements for clearly defined groups)
- Tier 1-4 provision (acknowledging that the commissioning of Tier 4 is the responsibility of NHS England)
- Service pathways (including the transition into adulthood), service criteria and referral process.
- Children within the Milton Keynes population for whom the CCG/LA is the responsible commissioner
- The outcome of recent service reviews undertaken/being undertaken by CNWL and MKC

2.3 Methodology

A wide range of methods were employed in the process of conducting this review some of these were undertaken by the Joint MKC & CCG children's commissioning team. Other workstreams were completed by members of the project team which includes provider services. It is to be acknowledged that this pathway review was preceded by a compressive internal review undertaken by CNWL who are the provider of tier 2&3 CAMHS in Milton Keynes.

Table 1 – work contributing to the whole system review:

No	Workstreams	Undertaken by	Report section
1	Children and Adolescent Mental Health Service (CAMHS) Needs Assessment	Public Health	6.1
2	Independent service user and stakeholder consultation and analysis; through 1:1 interviews, group consultation and survey questionnaires	Independent consultant commissioned by TVSCN	6.2
3	Healthwatch/Hazeley School project regarding emotional well-being and mental health of Young People	Healthwatch MK	6.3
4	MKC Youth Service project regarding emotional well-being and mental health of Young People	MKC Youth Service	6.4
5	CCG/MKC Pathways mapping with services and a range of providers	Children's Commissioning Team MKC/CCG	6.5
6	Analysis of data and performance Tier 2 (MKC) and Tier 3 (CCG) 2013/14	T2- Joint Commissioning Team MKC/CCG T3- Arden and GEM CSU	6.6

No	Workstreams	Undertaken by	Report section
7	Clinical audit of referrals to CAMHS and Community Paediatrics not meeting service thresholds	Children's Commissioner Nene & Corby CCG	6.7
8	Review of Tiers 2 and 3 CAMHS undertaken by CNWL	CNWL	6.8
9	Interim evaluation of the Tier 3+ Liaison and Intensive Support Team (LIST)	CNWL	6.9
10	Benchmarking MK CAMHS against regional and national performance and data	CCG/MKC	6.10
11	National Children and Young People's Mental Health and Wellbeing Taskforce: Sep 2014- April 2018	National CAMHS Taskforce	6.11

The MKC/CCG Children's Commissioning Team has reviewed and evaluated all workstreams and validated the data prior to its inclusion in this report. Analysis of all the reports and data has been undertaken using a variety of methods appropriate to either the qualitative or quantitative natures of the available information.

3 National Context

There is a wealth of information at a national level that demonstrates the complexity of the CAMHS system and the issues faced by all those who are undertaking work to improve outcomes for children and young people. The following section aims to provide an overview of the national evidence and current debate in which to consider the local picture.

3.1 Child Health and Wellbeing

UNICEF published the latest Child Wellbeing report in 2013 which is an overview of child wellbeing in 29 of the worlds most advanced economies. The UK came 16th, below Slovenia, Czech Republic and Portugal.

Good mental health and resilience is fundamental to physical health, relationships, education, work and to individuals achieving their potential. Mental ill health has a significant impact on a range of outcomes. In the case of children and young people, this includes poor educational achievement and a greater risk of suicide and substance misuse, antisocial behaviour, offending and early pregnancy. Poor mental health in childhood and adolescence is further associated with a broad range of poor health outcomes in adulthood (Royal College of Psychiatrists 2010).

3.2 Perinatal Effects

There is also considerable evidence that what happens before pregnancy, in the early years and childhood affects children's health and wellbeing in later life and has a major impact on their life chances as adults.

One of the strongest predictors of wellbeing in early years is the mental health and wellbeing of the mother or caregiver (GLA 2014). During pregnancy and in the first year after birth, mothers can be affected by a range of mental disorders. Collectively, these issues are termed perinatal mental disorders.

Perinatal mental disorders are particularly significant as they have the potential to interfere with or prevent the development of mother-child attachment and the caregiving relationship. This can lead to longstanding, harmful effects on the child's emotional, social and cognitive development (GLA 2014). For example in a recent study the prevalence of depression at the age of 18 years was 41.5% in children of postnatally depressed mothers' vs. 12% in controls (Murray et al 2011). The provision of perinatal mental health services in Thames Valley is currently subject to a separate review.

3.3 During Childhood

Children are subject to considerable emotional stresses during childhood.

The national charity Relate, published a report in 2011 stating that by the time an average class of 30 young people reach their 16th birthdays:

- 10 of them will have witnessed their parents separate
- 3 will have suffered from mental health problems
- 8 will have experienced severe physical violence, sexual abuse or neglect
- 3 will be living in a step-family
- 1 will have experienced the death of a parent
- 7 will report having been bullied

There is a significant increase in the incidence of mental health issues in young people who have experienced more than 4 adverse childhood events (12 fold increased risk of attempted suicide as adults; 10 fold increased risk of injecting drugs; 7 fold increased risk of alcoholism; 4 fold increase of depression in the last year and 2 fold increased risk of smoking.)

3.4 Prevalence of Mental Health Disorder in Children and Young People

Prevalence estimates for mental health disorders in children aged 5-16 have been estimated in a report by Green et al (2005). Prevalence rates are based on the ICD-10 Classification of Mental and Behavioural Disorders with strict impairment criteria – the disorder causing distress to the child or having a considerable impact on the child’s day to day life.

- Prevalence rates vary by age and sex with boys more likely (11.4%) to have experienced or be experiencing a mental health problem than girls (7.8%).
- Rates increase as children reach adolescence. Disorders affect 10.4% of boys aged 5-10, rising to 12.8% of boys aged 11-15, and 5.9% of girls aged 5-10, rising to 9.65% of girls aged 11-15.
- Among teenagers, rates of depression and anxiety have increased by 70% in the past 25 years.
- Children of single-parent families are twice as likely to have a mental health problem as children of two parent families (16%, compared with 8%). Also at higher risk are children in large families, children of poor and poorly-educated parents and those living in social sector housing.
- Behavioural problems have been found to be higher among homeless children living in temporary accommodation, and mental health problems are significantly higher among homeless mothers and children.
- Children in poor households are three times as likely to have mental health problems as children in well-off households.
- Between a third and two thirds of children whose parents have mental health problems will develop problems either in childhood or adult life.
- Almost half of Looked After Children (LAC) - children in the care of the State have a mental health problem. Children in care are 4 to 5 times as likely to have a mental health problem as other children (Fundamental Facts, 2007).

Figure 1 Children and Young People Mental Health Facts



Adapted from Dr Cass (NHS Confederation Conference Slides, 2013)

3.5 Conduct Disorders

Nationally conduct disorders and associated antisocial behaviour, are the most common mental and behavioural problems in children and young people, and also the one which leads to the most

referrals to specialist child and adolescent mental health services. In 2013 the National Institute for Health and Care Excellence (NICE) produced extensive guidance for recognition, intervention and management of conduct disorders and a full costing assessment for implementation. The Centre for Mental Health has also summarised the evidence on conduct disorders in children (Brown et al, 2012).

Severe behavioural problems affect about 5 per cent of children under 11 to an extent which is sufficiently severe, frequent and persistent to justify diagnosis as a mental health condition ('conduct disorder'), with a further 15% suffering from less serious problems which nevertheless put them at increased risk of poor long-term outcomes. Prevalence increases with age. Children vulnerable to these problems may be identified either on the basis of risk factors such as maternal mental illness or at the first signs of emerging behavioural difficulties. Conduct disorders are more prevalent in those children from lower socio-economic backgrounds, and a 2004 survey found that almost 40% of looked-after children, those who had been abused and those subject to a child protection plan had a conduct disorder. There is also an ethnic difference with a decreased incidence reported in children from Asian families.

Conduct disorder during childhood is associated with a broad range of negative outcomes including a greater likelihood of:

- experiencing intellectual and developmental delay in school;
- being identified with special educational needs;
- being excluded from school: 30–40% compared to 1–2 per cent in the broader population;
- School non-attendance: around 40% in comparison with 2 per cent on average (Green et al, 2005).

Childhood behavioural problems are associated with a wide range of adverse long-term outcomes. For example:

- twice as likely to leave school with no qualification;
- three times more likely to become a teenage parent;
- four times more likely to be dependent on drugs;
- six times more likely to die before age 30 years;
- eight times more likely to be subject to a child protection plan;
- twenty times more likely to end up in prison.

Childhood behavioural problems are also associated with continuing mental health difficulties; severe childhood behavioural problems are a risk factor for almost every known adult mental illness (Kim-Cohen et al, 2006).

Children presenting with early onset conduct disorder impose an increased economic burden over their lifetime. Data estimates amalgamated from several studies give costs per child to the various agencies (Parsonage et al, 2012).

Table 2 - Costs per Child per Year

Education	£3000
Public Services	£5000
NHS	£1400
Crime (to age 28yr)	£5000
Life time cost	£260,000

NICE 2013 highlights that interventions are successful and recommends a number of different types of intervention for children and young people with conduct disorders. These include:

- Parent training programmes
- Foster carer/guardian training programmes
- Parent and child training programmes for children with severe and complex needs child-focused programmes
- Multimodal interventions

3.6 Liaison Psychiatry

Liaison psychiatry has been defined as a “partnership of child psychiatrists, paediatricians and other specialities concerned with children to provide integrated medical and psychological care for children” (Black, 1993). In an ideal world a child psychiatrist would be a regular member of each paediatric hospital team but given financial and personnel constraints there are a few areas where joint working is essential to prevent:

- Unnecessary hospital admissions;
- Unnecessarily prolonged hospital admissions;
- Unnecessary investigations.

There are a group of conditions and presentations where the integration between the acute paediatricians and CAMHS becomes essential.

Table 3- Conditions and presentations for integrated working

Deliberate self-harm.

NICE guidance (2004) recommends that all cases of self-harm should receive a full psychological assessment. The rate of self-harm in UK is among the highest in Europe and the incidence of self-harm is particularly high among young people, with a peak age of 15-19 among females. Repetition of self-harm is very common. About a fifth of cases repeat within a year and the risk of suicide after any one episode is 1% in the following year, which is 100 times higher than in the general population. Prompt assessment avoids or shortens hospital stay.

Psychiatric disorders which present with physical symptoms (e.g. anorexia nervosa and other eating disorders).

Admission to hospital can be avoided in many cases if there is prompt joint assessment with psychiatry and management plans established on outpatient/day case basis.

Physical symptoms with psychological causes (e.g. conversion disorders, headaches, recurrent abdominal and other pains).

There are significantly increased costs of health care especially among children with severe and complex somatoform disorders and medically unexplained symptoms. Prompt joint consultations can avoid prolonged, expensive and unnecessary investigations and hospital admissions.

Severe mental illness.

Although rare the first episode of psychosis in a young person is extremely difficult to manage in a general paediatric ward. Liaison psychiatry has an important role to play in the identification of severe mental illness and to arrange prompt engagement with crisis and or early intervention teams.

A paediatric liaison service therefore needs to provide as a minimum:

- A clinical emergency service with out of hours capability; where the first port of call out of hours is an adult service then there should be access to assessment by a CAMHS professional the following day (including weekends and bank holidays)
- Regular psychosocial joint meetings / consultation on individual cases or groups of cases
- Joint working with paediatricians on other direct referrals
- Paediatric staff training and support to increase the abilities of general hospital staff to recognise and cope with disturbed children and young people.

3.7 Economic Case for Investment in Children and Young People

The Chief Medical Officer published a report in October 2013 ‘Our Children Deserve Better: Prevention Pays’. The report strongly states that much more needs to be done to improve UK children’s health and acting early will save taxpayers money.

“Three-quarters of adult mental disorders are in evidence by the age of 21, but three quarters of children and young people with these disorders are not detected or treated... ..It is clear that effective early intervention can be essential in preventing the development of ill health and disability”

- Young people with mental ill health who have poorer educational outcomes are more likely to find themselves not in education, employment or training (NEET). It is estimated that the lifetime resource cost of being NEET is around £104,000, most of which is due to reduced employment and productivity. Future worklessness of children with mental health problems could lead to substantial output losses (Royal College of Psychiatrists, 2010, No health without mental health).
- A review of economic evaluations of mental illness in childhood and adolescence, such as emotional and behavioural disturbances or antisocial behaviour, found that the mean costs to UK society range from £11,030 to £59,130 annually per child.
- Costs associated with child conduct disorder have been described in section 3.5
- Parenting interventions for parents who have children with conduct disorder cost about £1,200 per child. They have been shown to produce savings of around £8,000 for each child over a 25-year period (14% of the savings are in the NHS, 5% in the education system and 17% in the criminal justice system).
- Early intervention in psychosis programmes show better outcomes with reduced relapse, reduced admissions and higher employment levels but also produce cost savings of £4814 per patient compared to care provided by generic CAMHS (McCrone, et al 2013).
- Overall because half of lifetime mental illness arises by the age of 14, prevention and promotion interventions during childhood and adolescence are particularly cost-effective, with economic returns of early childhood intervention programmes exceeding cost by an average ratio of 1:6.

However despite prominence within government policy and a good evidence base spend is virtually absent for interventions to prevent mental disorder and promote mental well-being (Campion, 2013). Only 6% of the entire mental health budget is spent on children’s mental health services.

3.8 Policy Drivers

There are over 15 years of policies that are related to improving children’s emotional, physical and mental health.

In September 2003, the *Every Child Matters* Green Paper was published, leading to the 2004 *Children Act* which heralded a programme of reform in children’s services led by local authorities to safeguard children and promote their welfare. The Act identified five key areas to focus and improve the well-being of children:

- Being healthy (physical/mental health and emotional well-being);
- Staying safe (protection from harm and neglect);
- Enjoying and achieving (education, training and recreation);
- Making a positive contribution (the contribution made by children/young people to society);
- Achieving economic well-being (social and economic well-being).

In 2004 the National Service Framework for Children, Young People and Maternity Services was published with a 10 year programme to raise standards. Standard 9 which related to the Mental Health and Psychological Wellbeing of Children and Young People identified that: ‘All children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders have access to timely, integrated, high quality multidisciplinary mental health services to ensure effective assessment, treatment and support, for them and their families.’

Sir Ian Kennedy published a report in 2010 ‘Getting it right for children and young People; Overcoming cultural barriers in the NHS so as to meet their needs’. It highlighted that priority is often given to adult care due to larger numbers and this impacted on outcomes for children.

It stated that the system needed to be redesigned to meet the needs of children and young people. The Children’s and Young People’s Health Outcome forum was launched in January 2012 to respond to the challenges set by the Kennedy, 2010 report. The forum identified key indicators for child health and wellbeing and these are now supported by the NHS and Public Health (PH) outcomes framework.

The Health and Social Care Act 2012 explicitly recognises the Secretary of State's duties in relation to both physical and mental health, and this has become synonymous with the principle of 'parity of esteem' for mental health.

The government published the mental health strategy in February 2011. This strategy aims to improve mental health in all ages, and in people from all backgrounds.

In 2014 the government published 'Closing the gap: priorities for essential change in mental health' which stated "People who use mental health services, and those that care for them, continue to report gaps in provision and long waits for services. There is still insufficient support within communities for people with mental health problems. In some areas there have been stories of people of all ages being transferred sometimes hundreds of miles to access a bed. Therefore we are not yet making an impact on the enormous gap in physical health outcomes for those with mental health problems. And so much more could be done to promote good mental health and prevent mental ill health."

Legislation

There are 2 key pieces of legislation - the Children Act in 1989 (amended by the Children Act 2004) and the Mental Health Act 1983 (amended by the Mental Health Act 2007).

The Children Act sets out the responsibilities of local authorities and their partners to cooperate to promote the wellbeing of children (this specifically includes their mental health and emotional wellbeing). It also made provision for the establishment of local safeguarding boards and the National Children's Commissioner.

The Mental Health Act 1983, 2007 provides for the treatment and care of people with mental disorders including children and young people. It sets out the circumstances in which a person may be compulsorily admitted and treated in hospital. The 2007 Mental Health Act includes a new duty on hospital managers to ensure that young patients (those aged under 18) are accommodated in an environment which is suitable for their age (subject to need). The purpose is to prevent the inappropriate admission of children and young people to adult psychiatric wards. This duty commenced in April 2010.

National Tier 4 Report

Since April 2013 when CAMHS Tier 4 (inpatients) became the responsibility of NHS England the following issues emerged:

- quality concerns about services resulting in temporary closure to admissions;
- closure to admissions impacting upon capacity;
- children and young people having to travel long distances to access a bed;
- anecdotal information suggesting some decommissioning of Tier 3 and other children's services may be impacting demand;
- poor environmental standards;
- disparity in education input to CAMHS Tier 4;
- inequity in provision.

A national review of Tier 4 provision was undertaken and concluded in 2014. A comprehensive report was produced which contained 20 recommendations in relation to:

- The interaction of geography subspecialty and age in influencing admissions
- Contracting issues
- Standards
- Procurement
- Further recommendations for consideration by commissioners working with the wider system

Action is now underway to implement the recommendations.

Commons Select Committee Children and Adolescent Mental Health

In the light of concerns that were expressed by the Chief Medical Officer and others about both the extent to which children and adolescents are affected by mental health problems and difficulties with

gaining access to appropriate treatment, the Health Committee has decided to undertake an inquiry into children's and adolescent mental health and CAMHS. Specifically, the inquiry considered:

- the current state of CAMHS, including service provision across all four tiers, access and availability, funding and commissioning, and quality;
- trends in children's and adolescent mental health, including the impact of bullying and of digital culture;
- data and information on children's and adolescent mental health and CAMHS;
- preventative action and public mental health, including multiagency working;
- concerns relating to specific areas of CAMHS provision, including perinatal and infant mental health; urgent and out-of-hours care; the use of S136 detention for under 18s; suicide prevention strategies; and the transition to adult mental health services.

The Select Committee report, 'Future in Mind', was published in March 2015. The recommendations are specifically referred to in the findings and recommendations section of this report.

National Programmes of Work

- **Children and Young Peoples Improving Access to Psychological Therapies (IAPT)**

Children and Young People's IAPT is a service transformation project for Child and Adolescent Mental Health Services (CAMHS) that aims to improve collaborative practice between therapists and children, young people and their families for Tier 2 and 3 (Tier 4 is out of scope).

It is not the same as the adult programme as it does not create stand-alone services but aims to improve existing services and focuses on extending training to staff and service managers in CAMHS, and embedding evidence based practice and NICE guidance across services and making sure that the whole services uses session-by-session outcome monitoring.

TVSCN are supporting the implementation of children and young people's IAPT across the network.

- **MindED**

In response to the great need for understanding, identification and help for young people MindEd was launched in April 2014 as an online educational resource.

The aim is to provide simple, clear guidance on children and young people's mental health, wellbeing and development to any adult working with children, young people and families, to help them support the development of young healthy minds.

MindEd provides free, completely open access, online education, available on tablets, phones or computers – bite sized chunks of 'e-learning' - to help adults to support wellbeing and identify, understand and support children and young people with mental health issues. In addition MindEd also provides a state of the art evidence based review of e-therapies. This comprehensive report and its recommendations are based on an international review using NICE approved methodologies. It is aimed at anyone and everyone working regularly with children or young people, 0-18 years of age. There are a range of materials extending from the general level to more specialised levels.

MindEd was built by a Consortium of organisations with money from the Department of Health. The learning material is written and edited by leading experts from the UK and around the world.

- **Mental Health and Behaviour in Schools June 2014**

New guidance published in June 2014 will help teachers better identify underlying mental health problems in young people – meaning fewer pupils will wrongly be labelled as trouble-makers.

The guidance, created by the Department for Education in consultation with head teachers, mental health professionals and the Department of Health, is designed to ensure teachers are confident in finding help for at-risk pupils.

The guidance outlines to schools that they could use pupil questionnaires, teacher training toolkits and mental health factsheets to help identify potential issues. This means problems can be tackled before they become more serious, as well as helping schools know when to refer pupils to mental health experts, such as the Child and Adolescent Mental Health Services (CAMHS).

The guidance also outlines what schools can do to provide a stable environment for their pupils. This includes:

- clear bullying and behaviour policies;
- working with parents and carers as well as pupils;
- introducing peer mentoring systems;
- discussing mental health issues as part of the wider curriculum.

3.9 Information and data

CAMHS minimum data set (MDS)

The more data and information available on children's mental health the more effectively services can be commissioned. The Health and Social Care Information Centre (HSCIC) are currently awaiting high level agreement within NHS England that will enable funding to flow that is crucial to the infrastructure required for the Maternity and Children's Data Set and in particular the CAMHS data set. Until the agreement is in place, flow of CAMHS data is delayed.

The CAMHS Secondary Users Data Set sets out national definitions for the extraction of data in relation to:

- demographics;
- background;
- family history;
- targeted needs;
- referrals to CAMH services;
- encounters;
- care planning;
- interventions;
- outcome measures;
- inpatient stays;
- presenting problems and diagnoses.

This CAMHS data set should allow valuable insight into care provision to be addressed.

Taskforce Report

The Future in Mind report of the national CAMHS taskforce identified significant gaps in data, information and system levers. In addition that there has been significant delay in national collection of outcome metrics, access standards, development of payment and other incentive systems, and the alignment of these across the health, education and social care systems.

It also identified that whilst information is collected at a local level, there is a general lack of clarity about what is provided by whom, for what problem, for which child.

4 Local context

4.1 Current Services

Tier 1 is provided by universal providers, e.g. schools, GPs.

Tier 2 provision is commissioned from CNWL by Milton Keynes Council (MKC) as a key component of 'Early Help' commissioned services. This current contract runs to March 2017.

Tier 3 and 3+ provision is delivered by CNWL and commissioned by Milton Keynes Clinical Commissioning Group (MKCCG).

Tier 4 provision is commissioned by NHS England. On occasions of high demand and uncertainty of need, young people are admitted into the wards of Milton Keynes Foundation Trust Hospital (MKFTH) or the local adult Mental Health Unit – the Campbell Centre. The nearest unit for young people is The Sett in Northampton.

4.1.1 Service Specifications

The current service objectives as defined by the Service Specifications include:

Table 4: Service specifications

TIER 2 SERVICE SPECIFICATION	TIER 3 SERVICE SPECIFICATION
Provide counselling for children/young people within 13 secondary schools in Milton Keynes, providing a minimum of 108 sessions and seeing at least 432 children per annum.	Promote the mental health of children and young people and meet the needs of those children and young people with severe mental health problems, at Tier 3 with or without an additional learning need.
Provide at least 156 drop in sessions for staff at Children and Families Practices per annum.	Manage conditions where safe and possible within the community and shall make appropriate referrals to in-patient care in line with the agreement with commissioners and East Midlands Specialist Commissioning Team
Provide 1000 family counselling sessions a year as well as a small number receiving more focused family work. In each case, where progress or an outcome has not been achieved within 6 weeks, consideration should be given to using a different approach or a referral on to more specialist services.	Work collaboratively with other services to meet the needs of children, younger people and their families.
Strive to improve the emotional and psychological well-being of children and young people.	Provide a quality driven CAMHS for children and young people with complex mental health needs, and emotional & behavioural problems (i.e. Tier 3).
Work with Milton Keynes Council to set up a monitoring dataset which will include an outcome focused monitoring system as well as course delivery and linked coaching and mentoring information.	Support Tier 2 services by providing specialist consultation, advice and training – with the aim of increasing accessibility of services for children and young people with mental health needs.
The outcome focused monitoring will include (but not be limited to) the following: <ul style="list-style-type: none"> - The number of young people receiving early intervention advice and support; - The number of young people assessed and passed through to Tier 3 specialist CAMHS; - Treatments and interventions will be evidence based and in line with established good practice, taking full 	Meet the full range of mental health needs of children and young people through a multi-agency, multi-disciplinary approach for those eligible for Tier 3 services.

TIER 2 SERVICE SPECIFICATION	TIER 3 SERVICE SPECIFICATION
account of NICE Guidance.	
	Intervene early by working with families and other involved agencies to prevent problems escalating.
	Provide urgent mental health care when required, by provision of a specialist mental health assessment as necessary and within a 24 hour period of referral.
	Co-ordinate the provision where children and young people who require admission to hospital for mental health care have access to appropriate care in an environment suited to their age and development.
	Ensure that all services, assessment, diagnosis and treatment, are delivered in a joined up fashion with the key agencies involved with children and young people.
	Review service provision regularly and at a minimum annually, taking feedback from the child/young person, their carers and involved agencies which shall inform such review.
	Provide crisis management in the community.
	Provide specific services to Young Offenders of people known to Youth Offenders Service.
	Participate actively in formal inspections i.e. OFSTED/CQC.
	Provide performance information to commissioners as set out in the performance schedule.
	The Commissioner recognises the need to look at capacity for the commissioning intentions and the Provider shall work with the Commissioner to identify 'Invest to Save' plans for 2013/14.

In addition, the aims and objectives of the more recently commissioned Liaison and Intensive Support Team (LIST) are as below:

- To provide support to children and young people and their parents/carer within their home or own environment for a time limited period of up to 72 hours or longer if capacity allows. This is to allow for a further period of assessment and brief intervention during the acute crisis stage and support would include visit/s and telephone support during this period.
- To provide a single point of access through the Emergency Department (ED) or Milton Keynes Hospital Foundation Trust (MKHFT) for rapid assessment between the hours of 9am and 1am to those young people who meet the specified criteria experiencing a mental health crisis. There will be a team member "On Call" after 1am, to respond if necessary.
- To aim to avoid admission of young people to the Campbell Centre, where possible and clinically appropriate.
- To offer an alternative, where clinically appropriate, to hospital admission for individuals experiencing acute mental health problems, whether that be support in the service users' home, or in another resource outside in the community.
- To ensure assessment at the point of referral within the ED/MKHFT.
- Reduction of children/young people's vulnerability to crisis and maximisation of resilience.
- Active involvement of children and young people and parents/carers in treatment.

4.1.2 CAMHS Settings

Services are delivered from two out-patients and administrative bases: one at Eaglestone Health Centre and the other at Cripps Lodge. In addition staff, particularly those working in Tier 2, travel to a range of venues and settings in the community which include:

- Milton Keynes secondary schools (thirteen in total)
- Children and Families Practices (three in total)
- Two Children's Centres in the most vulnerable areas
- Cripps Lodge, Eaglestone Health Centre and the Campbell Centre.
- The Youth Offending Team
- MKHFT A&E, and wards 4 and 5
- Children/young person's homes

4.1.3 CAMHS Interfaces

MK CAMHS interface with a range of health and social care providers, key interfaces include:

- Adult Mental Health
- Community Health
- Children's Social Care
- Children and Families Practices
- Children with Disabilities Team
- Commissioners
- Community Paediatricians
- GPs
- Health Visiting, School Nursing
- Milton Keynes Foundation Trust Hospital
- Schools
- School Psychological Service
- Tier 4 Providers
- Voluntary organisations
- Youth Offending Team

4.1.4 Current Challenges

At the commencement of the review there were a number of significant issues impacting on CAMHS service provision locally and an emerging view that the current service model is unsustainable in this context:

- Increased demand for outpatient appointments leading to a 22 week waiting list (including increasing numbers of vulnerable children and young people who are known to Children's Social Care and those who find services difficult to access)
- Children and Young People with Special Educational Needs and Disabilities with complex social and behavioural difficulties that don't meet the threshold for CAMHS intervention
- Provision of a child/young person centred approach
- Increased demand for emergency assessments both within and out of hours
- Increasing waits in A&E
- Limited national Tier 4 provision
- Use of the Campbell Centre for emergency admissions
- High levels of stress reported in the CNWL staff survey
- High sickness rates within the service
- Increased reporting requirements
- Feedback from young people which indicates that they do not know how to access the service

4.2 Local demographics

The majority of this section has been formulated through use of national prevalence data and MK population statistics. This approach has been taken in the absence of reliable published local prevalence data for CAMHS.

4.2.1 Prevalence of Child Mental Health Disorders in MK

According to a 2004 study carried out for the Office for National Statistics, one in ten children aged 5 to 16 has a clinically significant mental health problem:

- 5.8% have clinically significant conduct disorders
- 3.7% have clinically significant emotional disorders
- 1.5% have clinically significant hyperkinetic disorders

Applying these rates to the local population, including the 2011 census, identifies that (CAMHS) must have the capacity to provide care for almost 3,900 children and young people aged 5-16 who are estimated to have one or more mental health disorders.

Table 5: Estimated prevalence rates of mental health disorders in Milton Keynes in 2013 among 5 - 16 year olds (using data from Public Health England's Children and Young People's mental health and wellbeing profile for Milton Keynes)

Disorder	Estimated prevalence rate among 5 – 16 year olds
Any mental health disorder	9.06%
Emotional disorders	3.48%
Conduct disorders	5.45%
Hyperkinetic disorders	1.5%

Source: Public Health England's Children and Young People's Mental Health and Wellbeing Profile October 2014

Applying the above prevalence rate, the number of children and young people with mental health problems in Milton Keynes are shown in table 7. Emotional disorders include anxiety, depression and obsessions. Conduct disorders are characterised by awkward, troublesome, aggressive and antisocial behaviours. Hyperactivity disorders involved inattention and over-activity.

Please note that the figures in the following tables provide an indication of numbers due to data from different sources covering slightly different age groups.

Table 6: Estimated numbers of children and young people (5 – 17 year olds) in Milton Keynes with mental health disorders

Disorder	Estimated number of children and young people (5 – 17 year olds) in Milton Keynes
Any mental health disorder	3,789
Emotional disorders	1,455
Conduct disorders	2,279
Hyperkinetic disorders	627
Total	8,150

Population figures used from ONS Census 2011; prevalence figures from Public Health England for 5-16 year olds

4.2.3 Prevalence of mental health illness among children and young people in Milton Keynes by age, gender and type of disorder

The National Child and Maternal Health Intelligence Network states that the prevalence of mental health disorders among children and young people varies by age and sex, with boys more likely (11.4%) to have experienced or be experiencing a mental health problem than girls (7.8%). Children aged 11 to 16 years olds are also more likely (11.5%) than 5 to 10 year olds (7.7%) to experience mental health problems. Using these rates, table 8 shows the estimated prevalence of mental health disorder by age group and sex in NHS Milton Keynes.

Please note that the numbers in the tables do not always add up as rates are different and the numbers are indicative.

Table 7: Estimated numbers of children with mental health disorders by age group and gender in Milton Keynes in 2012

	All	Boys	Girls
Estimated number of children aged 5-10 yrs with mental health disorder (2012)	1,645	1,120	535
Estimated number of children aged 11-16 yrs with mental health disorder (2012)	2,285	1,285	995
Estimated number of children aged 5-16 yrs with mental health disorder (2012)	3,955	2,410	1,565

Source: General Practice (GP) registered patient counts aggregated up to CCG level (2012). Office for National Statistics mid-year population estimates for 2012 (local authority report). Green, H. et al (2004) provided by CHIMAT

These prevalence rates of mental health disorders have been further broken down by prevalence of conduct, emotional, hyperkinetic and less common disorders (Green, H. et al, 2004). The following tables 9-12 show the estimated number of children with conduct, emotional, hyperkinetic and less common disorders in NHS Milton Keynes, by applying these prevalence rates.

Please note the numbers in this table do not add up to the numbers in the previous table because some children have more than one disorder.

Table 8: Estimated numbers of children with conduct disorders by age group and sex in Milton Keynes in 2012

	All	Boys	Girls
Estimated number of children with conduct disorders aged 5-10 yrs (2012)	1,050	760	295
Estimated number of children with conduct disorders aged 11-16 yrs (2012)	1,310	825	495

Source: General Practice (GP) registered patient counts aggregated up to CCG level (2012). Office for National Statistics mid-year population estimates for 2012 (local authority report). Green, H. et al (2004) provided by CHIMAT

Table 9: Estimated numbers of children with emotional disorders by age group and sex in Milton Keynes in 2012

	All	Boys	Girls
Estimated number of children with emotional disorders aged 5-10 yrs (2012)	515	245	265
Estimated number of children with emotional disorders aged 11-16 yrs (2012)	995	410	590

Source: General Practice (GP) registered patient counts aggregated up to CCG level (2012). Office for National Statistics mid-year population estimates for 2012 (local authority report). Green, H. et al (2004) provided by CHIMAT

Table 10: Estimated numbers of children with hyperkinetic disorders by age group and sex in Milton Keynes in 2012

	All	Boys	Girls
Estimated number of children with hyperkinetic disorders aged 5-10 yrs (2012)	345	300	45
Estimated number of children with hyperkinetic disorders aged 11-16 yrs (2012)	280	245	40

Source: General Practice (GP) registered patient counts aggregated up to CCG level (2012). Office for National Statistics mid-year population estimates for 2012 (local authority report). Green, H. et al (2004) provided by CHIMAT

Table 11: Estimated numbers of children with less common disorders by age group and sex in Milton Keynes in 2012

	All	Boys	Girls
Estimated number of children with less common disorders aged 5-10 yrs (2012)	280	245	45

Estimated number of children with less common disorders aged 11-16 yrs (2012)	280	165	110
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Source: General Practice (GP) registered patient counts aggregated up to CCG level (2012). Office for National Statistics mid-year population estimates for 2012 (local authority report). Green, H. et al (2004) provided by CHIMAT

A study conducted by Singleton et al (2001) has estimated prevalence rates for neurotic disorders in young people aged 16 to 19 inclusive living in private households (i.e. not in institutional care system). Tables 13 and 14 show how many 16 to 19 year olds would be expected to have a neurotic disorder if these prevalence rates were applied to the population of NHS Milton Keynes.

Table 12: Estimated number of boys aged 16 to 19 with neurotic disorders in Milton Keynes in 2012

	Mixed anxiety and depressive disorder (males 16-19 yrs) (2012)	Generalised anxiety disorder (males 16-19 yrs) (2012)	Depressive episode (males 16-19 yrs) (2012)	All phobias (males 16-19 yrs) (2012)	Obsessive compulsive disorder (males 16-19 yrs) (2012)	Panic disorder (males 16-19 yrs) (2012)	Any neurotic disorder (males 16-19 yrs) (2012)
NHS Milton Keynes	345	110	65	45	65	35	575

Source: General Practice (GP) registered patient counts aggregated up to CCG level (CCG report); Office for National Statistics mid-year population estimates for 2012 (local authority report). Singleton, N. et al (2001).

Table 13: Estimated number of girls aged 16 to 19 with neurotic disorders in Milton Keynes in 2012

	Mixed anxiety and depressive disorder (females 16-19 yrs) (2012)	Generalised anxiety disorder (females 16-19 yrs) (2012)	Depressive episode (females 16-19 yrs) (2012)	All phobias (females 16-19 yrs) (2012)	Obsessive compulsive disorder (females 16-19 yrs) (2012)	Panic disorder (females 16-19 yrs) (2012)	Any neurotic disorder (females 16-19 yrs) (2012)
NHS Milton Keynes	765	70	170	130	195	40	1,185

Source: General Practice (GP) registered patient counts aggregated up to CCG level (CCG report); Office for National Statistics mid-year population estimates for 2012 (local authority report). Singleton, N. et al (2001).

4.2.4 Personal circumstances associated with child mental health

Children and young people with learning disabilities have high rates of mental health problems and behavioural difficulties, and studies suggest that 20% of children and adolescents have mental health problems at some point. The Count Us Inquiry, reported that 40% of 13–25-year-olds with a learning disability also have mental health problems. Co-morbid disorders such as epilepsy, autism and attention-deficit hyperactivity disorder (ADHD) are also common in this group.

4.2.5 Distribution of risk factors and wider determinants of child mental health

A significant number of children have an increased risk of developing mental health problems as a result of their difficult family and social circumstances.

Recent estimates of child poverty rates found 20.1% of children in MK live in poverty in the wards with the highest Index of Multiple Deprivation with the highest (40.9%) reported for Eaton Manor Ward and lowest (6.2%) for Sherington Ward. Approximately 74% of children living in poverty belong to lone-parent households. In 2011, 3.16% (3,115) of households in MK with dependent children were led by an unemployed lone parent. Further in 4,643 households with dependent children, one person in the household had a long-term health problem or disability.

The Community Mental Health Profile (CMHP) reveals that one social determinant of mental health problems of 16-18 year olds is 'Not in Education, Employment or Training' (NEET) in MK is 5.10% compared to the England average 5.98%. A young person who is NEET is more likely to have poor diet, smoke, drink alcohol and suffer from mental health problems.

5 Benchmarking

There is very limited national data on which to base local benchmarking.

There have been two national NHS CAMHS Benchmarking Reports published in 2012 and 2013 however, not all trusts provided information and the information in these reports lacks clarity and is not directly comparable. There is variability in the definition of what is included in the benchmarking data with the 2012 report apparently including tier 4 in some areas and not in others. This issue is then resolved in the 2013 report but a different issue is introduced with the inclusion of Tier 1 data. There is also a lack of definition in these reports regarding the model of CAHMS provided. A good example of this variability is whether ASD or ADHD services are included, or excluded because they may be provided by alternative medical teams such as Community Paediatricians.

As identified in section 3.9 the national CAMHS taskforce identified a number of challenges due to significant gaps in data, information and system levers across the system.

Another way to bench mark is to draw comparisons between the recommended levels of staffing suggested in professional guidance and the staffing levels in MK. This is the approach taken by CNWL in the internal review conducted in 2014. The key issue with this approach is that the guidance is, at best, 8 years out of date and precedes the Quality Innovation Productivity Performance (QIPP) agenda which has led to significant reduction in health service expenditure.

In conclusion, and in acknowledgement that it is less than ideal, it is not possible to make any direct comparisons with other areas in terms of benchmarking activity, outcomes or investment and work will continue both locally and nationally to progress this.

6 Findings from the workstreams

This review has been conducted using a range of methodologies and is an amalgamation of workstreams and information provided by several organisations, professional groups and service users. Some of this information in its original format contains commercially sensitive information and in some cases patient or staff identifiable data. This section of the report has therefore been structured to provide an overview of each of these workstreams in a format that can be shared with a wider audience.

The summaries in this section have been structured to show:

- What was done
- What this told us
- What this means

These have been checked with the workstream leads to confirm that the summaries reflect the workstream findings and that the analysis draws out the salient points.

6.1 Children and Adolescent Mental Health Service Needs Assessment undertaken by Public Health

What was done

- Undertook a Needs Assessment between May 2014 and April 2015.
- Identified the estimated prevalence of mental health disorders among children and young people in Milton Keynes.
- Identified service gaps.
- Formulated recommendations for the future commissioning of CAMHS in Milton Keynes.

What this told us

- There is no up-to-date mental health disorder prevalence data available.
- There is no universal mental health promotion in Milton Keynes schools.
- The number of referrals to the CAMHS service in 2014 for Tiers 2 and 3 (estimate based on 5 months of activity) compared to estimated prevalence figures (2012) suggest that there was a difference of around 1,750 between those who had a need and the number of referrals to the service.
- There has been a marked increase in the number of referrals not meeting referral thresholds over the last 6 years.
- There is an increased need for targeted services for children and young people with specific needs.
- Young people with mental health problems approaching their 18th birthday do not have their transition planning meeting at least 6 months prior to their 18th birthday as recommended by Royal College of Psychiatrists.

This means that

- There is a need for up-to-date mental health disorder prevalence data (as well as a range of other relevant data).
 - Universal mental health promotion should be available in primary, special and secondary schools in Milton Keynes.
 - There should be targeted services for children and young people with specific needs including learning difficulties or disabilities, school attendance problems, family difficulties, behaviour difficulties, long term physical conditions, sensory impairment and looked after children.
 - Specialist services should work with children and young people with complex, severe and/or persistent needs, reflecting the needs rather than necessarily the 'specialist' skills required to meet those needs.
 - The process for transition should follow recommended guidelines.
-

6.2 Independent service user and stakeholder consultation and analysis; through 1:1 interviews, group consultation and survey questionnaires

What was done

- Thames Valley Strategic Clinical Network (SCN) commissioned an independent service user and stakeholder consultation which took place between January and March 2015.
- Invited four groups of stakeholders to participate: 1,500 children and young people currently known to CAMHS: parents and carers: professionals who come into contact with CAMHS: professionals who work within the CAMHS service.
- Received 323 responses; 96 children and young people completed the survey and 9 were interviewed; 107 parents and carers completed the survey and 10 were interviewed; 91 referrers completed the survey; 10 CAMHS staff completed the survey.
- Asked whether CAMHS provides timely, effective and efficient services which meet the needs of Milton Keynes children, young people and their families/carers.

What this told us

- Many children/young people had to wait an excessive length of time from being referred to getting a first appointment.
- There is a lack of understanding about the referral process, service thresholds and the effectiveness of signposting for those who do not get treatment.
- Concern about the assessment and diagnosis process.
- Concern about the lack of post-diagnosis support.
- The poor accessibility to particular services at different times (including out of hours and weekends).
- The lack of clarity about what is available particularly for vulnerable groups.
- Lack of quality information.
- Many experienced poor communication.
- The physical environments are not welcoming children/ young-person-friendly.
- Concern about the lack of coordinated working across the Tiers and between agencies resulting in gaps in provision.
- There is a need for coordinated training and support for the wider workforce and parents and carers to prevent and reduce escalation of difficulties (including GPs, teachers, social workers).

This means that

- Clear information is required about the CAMHS pathway including referral process and criteria for access.
 - Waiting times need to decrease.
 - There is a need for increased capacity of Tier 2 'Early Help' to prevent escalation into specialist services.
 - Better post diagnostic support, particularly for children and young people with Autism Spectrum Disorder (ASD) should be available.
 - There is a need for improved environments both for where children and young people wait and are seen.
 - Children and young people require better access to services when they are in crisis and out of hours.
 - There is a need for improved support for children and young people in schools.
 - There is a need for improved multi agency working to promote a whole family approach.
 - There is a need for improved communication with agencies, children, young people and their families
 - There is a need for improved access to training opportunities for referrers/parents and others.
-

6.3 Healthwatch/Hazeley School project regarding emotional well-being and mental health of Young People

What was done

- Healthwatch Milton Keynes and Hazeley Academy developed and implemented a project exploring young people's views about emotional wellbeing and mental health.
- Received two presentations to hear their views, including what a young people's mental health service should look like.

What this told us

- They (young people) found that it's really difficult to find information about mental health organisations in Milton Keynes. They thought information should be available in a range of formats and easier to find.
- A young mental health organisation's target audience should be teens and young adults that need help with problems such as home and relationships.
- The service should be homely and private:
 - Homely: Include sofas, painted walls and posters, this is what makes a young person feel at home.
 - Private: Young people don't want anyone else to find out about it. This service is for young people with mental health issues who need someone to talk to in confidence
- They want a service which offers choice and flexibility.
- They want the service to be easily accessible whilst also offering privacy and confidentiality.
- They want the service to be available after school and at weekends.

This means that

- Services should use a variety of methods, including social media, to communicate with young people and share information about the service.
 - Schools and others should develop a culture which demystifies mental health and encourages discussion about mental health issues.
 - Services should provide choice and flexible access options, including opening out of school hours.
 - Services need to be accessible and at the same time private and welcoming to young people.
 - Parents, carers and school staff should be able to access training and support to enable them to better understand mental health issues and respond appropriately to the needs of children and young people.
 - Children and young people should be routinely involved in the planning and development of services.
-

6.4 Milton Keynes Council Youth Service Project regarding emotional well-being and mental health of young people

What was done

- Worked with 9 Youth Work Projects across Milton Keynes and met with 22 young women and 15 young men (4 of whom had disabilities).
- Young people independently interviewed 5 young men following a focus group.

What this told us

- Young people want to talk about their feelings.
- Young people want services to be available earlier to stop things from getting worse.
- Young people think that schools should have a programme for 'Curriculum for Life' which would include relationships, feelings about parents, partners and friends.
- Young people have to deal with many difficulties both historical and current.
- Young people hide their feelings including shame and confusion about how they feel.
- Young people want to talk in schools and for everyone to understand the broad issues that affect others. There is ignorance and lack of awareness about:
 - Disability including dyslexia
 - The role of young carers
 - Self harm
 - Bullying
 - Drugs and alcohol
 - Parental separation and divorce
 - Puberty and feelings
- Young people say their mobility is restricted because of parental fears.
- Sexual inequality and stereotyping continues to be an issue for young people.
- There is greater availability of drugs and young people's knowledge is patchy.
- Young people want help from people who care about and understand them.
- There is a need for better promotion of services and the help available.
- There is divided opinion about whether it is easier to talk to someone you don't know or someone you know and knows your peers.

This means that

- Organisations and services should create environments in which children and young people feel, able to talk about emotional wellbeing and mental health.
 - Young people are our experts; they know what is required to improve services.
 - Many required changes do not have financial implications; they do however require a shift in thinking and organisational cultures.
 - Young people are often burdened by the experiences of their parents/carers; services should understand this.
 - Schools significantly influence children and young people's experiences.
 - Services should be provided early to prevent escalation of difficulties and they should offer choice.
-

6.5 CCG/MKC Pathway mapping with services and a range of providers

What was done

- Worked with a range of services including GPs and schools to understand:
- How they contribute to the emotional wellbeing and mental health of children and young people.
- What supports them to achieve this.
- What barriers they face.
- What they require to support the pathway more effectively and efficiently.

What this told us

The importance of early intervention and prevention

- Intervening earlier is a priority for agencies (although resources are required) with a more collaborative approach seen as providing greater efficiency and effectiveness.
- There is enthusiasm to develop a campaign with children and young people to raise the profile of emotional well-being and mental health in our community.

The importance of a whole family and a whole system approach

- Children and young people receive a range of services and support through schools.
- This approach is considered in the commissioning and delivery of children's services.

The importance of communication between services and families

- There is a need to improve opportunities to network.
- Opportunities for practitioners to work jointly with families would be appreciated.
- There is a need for clear pathways and referral criteria.
- Clarity should be provided about thresholds.
- Information about services should be developed available through a range of media.

The importance of multi agency learning and training opportunities

- Toolkits should be available across services.
- Build capacity within the CAMHS service to deliver more training events and provide other learning opportunities.
- Ensure that learning from training is fed back into services.

This means that

- There should be a whole family and whole system approach in the commissioning and delivery of children's services.
 - Opportunities should be available for practitioners to work jointly with children, young people and their families.
 - There is great potential for the development of a more collaborative multi agency approach especially in Tiers 1 and 2.
 - The CAMHS service requires clear pathways, referral criteria and clarity about thresholds.
 - Information should be provided using a range of social media.
 - The toolkits developed by CAMHS (I.e. self-harm) should be accessed more widely across children's services (Schools etc.).
 - Tier 1 staff need to develop confidence and skills through increased training and learning opportunities.
 - There should be a more collaborative approach between services and improved opportunities to network.
 - We should work with children and young people to develop a campaign to raise the profile of mental health including the importance of being open and talking about it.
-

6.6 Analysis of data and performance of Tiers 2 and 3, 2013/14

What was done

- Milton Keynes Council has a contract with CAMHS to deliver Tier 2 services, they receive quarterly data about performance which has been analysed for the review.
- The Clinical Commissioning Group has a contract with CAMHS to deliver Tier 3 services they receive quarterly data about activity which has been analysed for the review.

What this told us

- Tier 3 data is very limited and provided only basic information about activity:
 - Majority of cases (60%) are 9-15 year olds with the second highest percentage 16+
 - Males generally represent 50-60% of cases, females 40-50%
 - Total number of cases fluctuated from 638 (Q3 2013/4) to 525 (Q2 2014/5)
 - The number of Looked after Children receiving a service halved from 30 to 15 between Q3 2013/4 and Q2 2014/15
 - The number of referrals accepted each quarter have been relatively stable for the last 4 quarters with urgent referrals peaking to 54 in Q1 2014/15 and then decreasing to 36 in Q2 2014/15
 - The number of routine referrals waiting more than 18 weeks to assessment increased sharply in Q1 2014/15 to 29 and then decreased to 23 in Q2 of 2014/15
- Tier 2 data and performance information is more comprehensive and demonstrates that the service has exceeded all targets, whilst also evidencing increasing unmet need. Of particular note is the success of the telephone helpline, services provided in schools, Tier 1 training, and the sub contracted Relate Family Counselling Service. In addition, the service has been developed in response to emerging needs.

This means that

- The number of referrals rejected by Tier 3 is increasing suggesting that service thresholds continually rise. However, we acknowledge that this is complex to analyse and a number of contributing factors include a general rise in referral rates.
 - The waiting list for Tier 3 services is high.
 - The numbers of Looked after Children receiving a service is surprisingly low.
 - The Tier 2 service has been particularly successful but demand now exceeds capacity'
 - Data and performance information for Tiers 2 and 3 should be merged with particular focus on increasing intelligence about Tier 3.
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6.7 Clinical audit of referrals to CAMHS and Community Paediatrics not meeting service thresholds

What was done

- Randomised sample of referrals rejected by CAMHS and Community Paediatric service
- Period of audit between July and December 2014
- 25 referrals to each service, 50 in total reviewed

What this told us

- Behaviour and Aggression accounted for 64% of referrals to CAMHS and 36% Community Paediatrics. Behaviour and Anxiety accounted for 24% of referrals to CAMHS and 16% to Community Paediatrics. This accounts for 70% of all the referrals considered.
- Challenging behaviour does not meet the threshold for accessing tier 2 or 3 CAMHS unless there is an additional presenting clinical need.
- Behaviour and Aggression can take many forms from self-harm, aggression, sleeplessness, risk taking behaviours, anti-social behaviour which may lead to poor outcomes such as school and social exclusion.
- Two of the fifty cases were referred to both services and not accepted by either.
- The majority of referrals were from GP's, some were letters and others completed a referral form; the quality and detail of information was variable. This is significant as referrals may be rejected because of the quality of information provided.
- 48% of referrals had no information about the child/young people's school.
- The decision about each referral is sent to the GP's but not consistently to other professionals involved.
- The audit revealed that the majority of children/young people referred were aged
 - 6-14.
 - A small number of referrals had met the criteria for services in other areas but were then rejected by MK services.

This means that

- Children and young people with behaviour difficulties are unlikely to meet service thresholds.
 - The needs of this group of children/young people should be more clearly understood.
 - Consultation and training should be available to GPs and others to ensure that they understand referral criteria and are able to assess need.
 - The outcome of referrals should be shared with key professionals (when known) as well as GPs
 - Support should be available to primary and special schools, other Tier 1 providers and families to ensure that they are able to manage behaviour (secondary schools already have CAMHS clinics on site).
 - A range of training and learning opportunities should be available for practitioners and families as part of a multi- agency training programme.
 - Consider offering consultation sessions to colleagues in health, social care and education.
 - Children, young people and families should be consulted to ensure that services are able to meet their needs.
 - A further audit of referrals made by schools and settings could be usefully undertaken to inform service development.
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6.8 Review of Tiers 2 and 3 CAMHS undertaken by CNWL

What was done

- An internal review of the Child and Adolescent Mental Health Service (CAMHS) was undertaken by Central and North West London Foundation Trust (CNWL) - Milton Keynes between October 2013 and July 2014.
- The outcome of the review was intended to inform the whole pathway review which commenced in September 2014.

What this told us

- Benchmarking data indicated that the Milton Keynes CAMHS establishment is well below every other region in the country, with a marked gap in staffing requirement.
- There is an evident cycle of escalating need due to limited early intervention, increased demand on the service, and a more complex service user profile.
- There is an urgent need for rapid and responsive, assessment, especially for children and families in crisis.
- There are tensions in the system, such as competing priorities, and managing stakeholder expectations i.e. lack of understanding regarding eligibility criteria.
- There are evidenced gaps in provision for specific demographic groups.
- The service could achieve increased productivity through joint commissioning and changes to process.
- There is an issue with CAMHS current estates, involving severe lack of space and disrepair of buildings. This means that maximum productivity will be impossible to achieve whilst this situation remains.

This means that

- Jointly commissioning Tiers 2 and 3 could provide greater efficiency and effectiveness for both commissioners and providers.
 - Tier 2, early help resource, should be increased.
 - Service criteria and thresholds should be revised and clarified.
 - Referral, assessment and allocations processes should be revised and alternative models considered.
 - A review of Tier 4 services should be undertaken with specialist commissioning.
 - A review of CAMHS estates should be undertaken with options considered.
 - A communications strategy should be developed and implemented.
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6.9 Interim evaluation of the Tier 3+ Liaison and Intensive Support Team (LIST) undertaken by CNWL

What was done

- The Liaison and Intensive Support Team pilot was commissioned to avoid admissions to local resources by Milton Keynes Clinical Commissioning Group (MKCCG) for an eighteen month period from September 2014 to March 2016.
- CNWL undertook an interim evaluation of the first six months of operation .with a further evaluation planned at 12 months.

What this told us

- There is evidence that suggests children and young people (C&YP) are aware of LIST and are accessing the service earlier.
- Referrals to the service have rapidly increased over the first six months
- LIST has helped to prevent admissions to the Campbell Centre and Tier 4 units
- Support for young people in acute crisis has improved in terms of speed and intervention
- The waiting list for CAMHS Tier 3 has decreased significantly since LIST's inception.
- There is improved stakeholder communication and feedback since LIST's inception
- Safeguarding issues have been captured resulting in referrals to Children's Social Care
- It has been challenging for the team to adhere to the specification which is to avoid admission to local resources rather than Tier 4 provision
- There is a need to expand the circle of care and support for young people in building their emotional health and resilience, to prevent further readmissions.
- High numbers of C&YP access LIST out of hours, many with complex and high risk needs
- Staff need to have the skills to offer a range of evidenced interventions
- There is a risk of rapid 'burn-out' and increased staff-turnover with LIST due to the intensive nature of their work.
- Service data collection and quality needs to be improved
- There is demand from health colleagues to receive specialist training support

This means that

- The LIST produces positive outcomes for children and young people and most report a good experience
 - The emerging evidence suggests that financial savings have been realised for the wider health economy (mainly NHS England) through prevention of unnecessary hospital admissions, reduced lengths of stay and reduced rates of readmission
 - The CCG and CNWL will continue to work in partnership to review the models of provision and staffing and the CCG will adjust the specification accordingly.
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6.10 National Children and Young People's Mental Health and Wellbeing Taskforce, September 2014 - April 2015

What was done

- The Minister of State for Care and Support established the National Taskforce to consider ways to make it easier for children, young people, parents and carers to access help and support when needed and to improve how children and young people's mental health services are organised, commissioned and provided.
- The Taskforce brought together professionals from across the education, health and care system. In addition they worked with charities and community organisations and children, young people and their families.

What this told us

- There are significant gaps in data and information and delays in the development of payment and other incentive systems.
- There is a treatment gap with less than 25%-35% of those with a diagnosable mental health condition accessing support.
- There are difficulties in access with increasing numbers of referrals, with increased complexity and severity of presenting problems and long waiting times.
- There is a complexity of commissioning arrangements with a lack of accountability arrangements for children's mental health across agencies including CCGs and Local Authorities.
- Access to crisis, out of hours and liaison psychiatry services are variable.
- There are specific issues facing highly vulnerable groups.

This means that

- Government has developed a stated aspiration that by 2020 it wishes to see:
 - Improved public awareness and understanding about children and young people's mental health issues.
 - Timely access to clinically effective and efficient mental health support for children and young people across the country.
 - A move away from a tiered model approach to one that is built around the needs of children, young people and their families.
 - Increased use of evidence-based treatments focussed on outcomes.
 - More visible and easily accessible mental health support.
 - Improves care for children and young people in crisis in the right place at the right time.
 - Improved access for parents/carers to evidence-based programmes of intervention and support.
 - A better offer for the most vulnerable children and young people including those who have been sexually abused or exploited.
 - Improved transparency and accountability.
 - Professionals who work with children and young people are trained in child development and mental health and understand what can be done to provide help and support.
 - Local areas will be required to develop and agree Transformation Plans for Children and Young People's Mental Health and Wellbeing.
 - It is anticipated that the Clinical Commissioning Groups will take the lead in drawing up the plan working closely with Local Authorities and Health and Wellbeing Board members.
 - Milton Keynes CAMHS review will provide rich information about the local picture ensuring that we are well placed to respond to the expected requirements.
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7 FINDINGS AND RECOMMENDATIONS OF THE REVIEW

This section of the report describes the findings and recommendations from the review; it also identifies the high level actions required to implement the recommendations. These are significant pieces of work; each recommendation will require a more detailed plan of work.

Since the Milton Keynes CAMHS pathway review commenced the national CAMHS taskforce has concluded and the finding and recommendations have been published in 'Future in Mind'. There is significant correlation between the local pathway findings and recommendations, and those in Future in Mind. The opportunity has been taken in this section to demonstrate this correlation. The last column shows related key themes and the numbers of the related recommendations from Future in Mind. Those in **bold** text indicate where the correlation is strongest

No	Findings; MK CAMHS Pathway review	Recommendations of the MK CAMHS Pathway review	High level actions	Recommendations of "Future in Mind"
7.1	There was scope to improve the pathway by developing a more collaborative multi-agency approach to the commissioning and delivery of services to support children, young people and their families.	Consideration should be given to the development of a whole system and whole family approach to the commissioning and delivery of services to ensure that the emotional and mental health needs of children and young people are met. This should involve key partners from universal to specialist provision and include schools, GP's, adult services, the voluntary and community sector as well as children, young people and their families.	<p>Establish a multi-agency Transformation Board with clear governance and sign up from organisations and strategic partnerships (as recommended by 'Future in Mind')</p> <p>Develop a system wide transformation plan which describes the actions required to implement the recommendations from this review</p> <p>Develop agreed commissioning priorities and most critical areas for redesign / investment.</p>	<p>Promoting resilience, prevention and early intervention</p> <p>Improving access to effective support – a system without tiers</p> <p>Care for the most vulnerable</p> <p>Accountability and transparency</p> <p>Developing the workforce</p> <p>Making it Happen</p> <p>2, 4,7, 8, 10, 21, 22, 25, 26, 28, 29, 30, 43, 44, 48</p>

No	Findings; MK CAMHS Pathway review	Recommendations of the MK CAMHS Pathway review	High level actions	Recommendations of “Future in Mind”
7.2	The review found varied and inconsistent experience, understanding and expectations of the care pathway, within universal services, particularly schools. Children and young people were clear that the culture within schools can influence their experiences and that schools had a critical role to play in supporting their mental health and emotional wellbeing. Children and young people specifically articulated a view that there was great potential to improve the offer available in schools focussing on providing support early to prevent escalation of difficulties.	<p>Consideration should be given to re-designing and/or commissioning provision to;</p> <ul style="list-style-type: none"> Promote good mental health, wellbeing and resilience. Prevent mental health difficulties from arising. Ensure needs are identified early. Provide early intervention and support. 	<p>Co-ordinate the universal offering.</p> <p>Agree and mobilise the Public Health offer</p> <p>Identify named points of contact in mental health services and schools</p> <p>Explore the development of peer support networks for young people.</p>	<p>Promoting resilience, prevention and early intervention</p> <p>Improving access to effective support – a system without tiers</p> <p>Care for the most vulnerable</p> <p>Developing the workforce</p> <p>1, 2, 3, 4, 5, 8, 9, 10, 16,27, 40, 41, 42, 43, 44, 45</p>
7.3	There is a lack of confidence, knowledge and skills within universal services to meet the needs of children and young people with mild to moderate emotional, behavioural and mental health difficulties.	<p>Organisations should ensure that their workforce strategies include meeting the learning and development needs of staff working with children and young people</p> <p>Organisations should work together to develop learning opportunities for staff across organisational boundaries.</p>	<p>Relevant organisations should review their workforce strategies and if appropriate undertake a training needs analysis and provide relevant training and learning opportunities as required</p> <p>Ensure that the local multi -agency training programme provides a range of training opportunities for those working across the pathway</p> <p>Facilitate further focussed work to support universal providers in developing their skills and confidence e.g. a training needs analysis.</p>	<p>Improving access to effective support – a system without tiers</p> <p>Accountability and transparency</p> <p>Developing the workforce</p> <p>Making it Happen</p> <p>9, 34, 40, 41, 42, 43, 44, 45, 46, 49</p>

No	Findings; MK CAMHS Pathway review	Recommendations of the MK CAMHS Pathway review	High level actions	Recommendations of “Future in Mind”
7.4	The review found interventions provided by Tier 2 are effective but there is insufficient capacity to meet existing and increasing demand, along with a more complex service user profile.	Consideration should be given to increasing the allocated resource for Tier 2 provision to develop the skills and confidence of Tier 1 and reduce demand on Tier 3.	Jointly commission Tier 2 and 3 provision Explore options across local children’s economy to maximise opportunities to ensure most efficient use of resource	Promoting resilience, prevention and early intervention Improving access to effective support – a system without tiers 1, 2, 6, 7
7.5	There is identified un-met need within the pathway of care for children displaying significant behavioural difficulties who may have conduct disorder or require post diagnostic ASD and ADHD support and intervention	Consideration should be given to re-designing and commissioning provision to meet these needs which include a multi-agency support and training programme.	Scope the options to provide support for children with these specific needs Develop and agree care pathways Create co-ordinated multi agency assessment and planning process Develop training programme to support practitioners/parents/ carers/children and young people Prepare business case for resource to meet identified gaps	Improving access to effective support – a system without tiers 8, 10, 14

No	Findings; MK CAMHS Pathway review	Recommendations of the MK CAMHS Pathway review	High level actions	Recommendations of “Future in Mind”
7.6	<p>There are a range of internal clinical and non-clinical processes within the CAMHS service which are experienced as not effective or efficient and these impacts on the length of time children and young people are waiting to access the service.</p> <p>The review found there were gaps in the pathway for young people in transition from CAMHS to adult services</p>	<p>The existing CAMHS provider should:</p> <ul style="list-style-type: none"> • Adopt an evidence base model of care delivery including CYP IAPT alongside actions to increase clinical effectiveness, resilience and sustainability. • Progress their action plan to improve efficiencies within non-clinical processes • Improve arrangements for young people in transition to adult services 	<p>The commissioner to work with the existing CAMHS provider to:</p> <ul style="list-style-type: none"> • Agree and implement an evidence based model of care. • Agree the desired outcomes and mechanisms to monitor impact as a result of the provider’s internal action plan • Review the impact of the provider’s workforce strategy to ensure staff are competent to meet agreed service standards • Meet national guidelines on transition 	<p>Improving access to effective support – a system without tiers Care for the most vulnerable Accountability and transparency Developing the workforce Making it Happen</p> <p>6, 7, 8, 10, 13, 14, 15, 16,17,18, 19, 20, 22, 37, 43, 44, 45, 48</p>
7.7	<p>Children and young people say that the physical environment of CAMHS is not welcoming and they want greater choice about the wider service offer including:</p> <ul style="list-style-type: none"> • Confidential environments which are welcoming and easily accessible. • Flexible opening times outside school hours • Choice of who they see 	<p>The CAMHS service should ensure that the physical environment and the service offer meets the needs identified by children and young people.</p>	<p>To monitor impact of provider’s action plan to update the physical environment and improve the service offer.</p>	<p>Improved access to effective support</p> <p>6, 7, 8</p>

No	Findings; MK CAMHS Pathway review	Recommendations of the MK CAMHS Pathway review	High level actions	Recommendations of "Future in Mind"
7.8	<p>There is a lack of local provision for children and young people with specific needs for example:</p> <ul style="list-style-type: none"> • Children with long term conditions. • Children with sensory impairment • Children with trauma and attachment difficulties where the presenting needs are behavioural in nature e.g. Child Sexual Exploitation (CSE) • Children displaying sexually harmful behaviours 	<p>Consideration should be given to re-designing and/or re-commissioning provision to meet the needs of these children and young people.</p>	<p>Scope the options to provide more specialist support for children with these specific needs</p> <p>Ascertain whether there are qualitative and financial benefits of commissioning currently outsourced activity more locally</p> <p>Prepare business case for resource to meet identified gaps</p>	<p>Care for the most vulnerable</p> <p>20, 21, 22, 23, 24, 25, 26, 27, 28, 29</p>
7.9	<p>There is emerging evidence that the provision of an intensive liaison support team keeps young people out of in-patient units and provides positive outcomes for children and young people.</p>	<p>The evaluation of the pilot should continue to inform the future commissioning of this service.</p>	<p>The CAMHS provider to undertake two further pilot LIST service reviews at 12 and 18 months.</p>	<p>Improving access to effective support</p> <p>13, 14, 15</p>
7.10	<p>Children and young people placed out of area in tier 4 placements should continue to be case managed by local providers to ensure continuity of care and to facilitate and expedite care being provided closer to home.</p>	<p>There needs to be a more robust approach to monitoring children in Tier 4 placements and supporting their return to community services</p>	<p>To improve the system wide Tier 4 placement monitoring process</p>	<p>Care for the most vulnerable</p> <p>23, 24</p>

No	Findings; MK CAMHS Pathway review	Recommendations of the MK CAMHS Pathway review	High level actions	Recommendations of “Future in Mind”
7.11	Children and young people have very strong views about every aspect of the care they receive from universal through to specialist provision	Children and young people must be involved in all aspects of system and service redesign and should be central to the implementation of the recommendations from this review. This includes consideration of an MK children and young people’s campaign to raise the profile of emotional wellbeing and mental health issues.	System established to ensure that children and young people are systematically supported to be part of the planning and commissioning of services Work with the MK Youth Cabinet to explore the feasibility of a local campaign	Accountability and transparency 30, 38
7.12	There are significant issues with communication between agencies across the pathway. Many young people and their families have experienced poor communication	There needs to be a system wide communication strategy in place which include: <ul style="list-style-type: none"> • Communication around the care of a child or young person should involve all relevant agencies through the delivery of a whole family approach. • Clarifying and communicating thresholds and referral processes • Ensure outcomes of referrals are shared with all relevant key professionals to enable a coordinated approach to care • Ensuring that information is available in a range of formats. • Services should fully utilise social media. 	Develop a system-wide communication strategy and implementation plan which has a number of strands; <ul style="list-style-type: none"> • Promoting positive mental health messages and reducing stigma. • Improving communication around individual children and family’s needs. • Monitoring impact of provider’s communication strategy, developed as part of CNWL review. 	Promoting resilience, prevention and early intervention Improving access to effective support – a system without tiers 3, 5, 8, 16, 18

No	Findings; MK CAMHS Pathway review	Recommendations of the MK CAMHS Pathway review	High level actions	Recommendations of “Future in Mind”
7.13	<p>There is lack of robust local and national data to enable:</p> <ul style="list-style-type: none"> • Identification of the needs of children young people in MK • Analysis and monitoring of performance • Benchmarking of services. 	<p>Develop an agreed set of local indicators which enables understanding of needs and monitors the impact of interventions and outcomes for children, young people and their families.</p> <p>Contribute to nationally led work to ensure Milton Keynes is consistent with other areas</p>	<p>Develop joint MKC/CCG reporting framework</p> <p>Develop and agree quality and outcome indicators.</p> <p>Ensure informatics providers can analyse CAMHS data and provide commissioners with the required support to effectively manage the contract</p> <p>Ensure successful implementation of the CAMHS minimum data set</p>	<p>Accountability and transparency</p> <p>31, 35, 36, 37, 39</p>
7.14	<p>The current arrangements for commissioning and monitoring Tier 2 and 3 provision through separate contracts (MKC & CCG) impacts negatively on capacity and flexibility of both providers and commissioners.</p> <p>There is a new national Tier 2&3 service specification</p>	<p>Tiers 2 and 3 should be jointly commissioned to increase resilience and sustainability across the pathway, moving away from a tiered model to a whole family approach which meets the needs of individual children and their families</p> <p>The new national specification should inform the service specifications in future re-procurement.</p>	<p>Strengthen joint commissioning arrangements between MKC and CCG to maximise resilience and sustainability for commissioners and providers</p> <p>Develop formal agreement re lead commissioner and pooling of budgets (Section 75).</p> <p>Work with existing CAMHS provider to revise the existing service specifications in line with national model (with procurement advice)</p>	<p>Accountability and transparency</p> <p>30, 38</p>

7.15 Recommendations from 'Future in Mind'

Resilience, Prevention and early intervention for the mental wellbeing of children and young people

- 1** Promoting and driving established requirements and programmes of work on prevention and early intervention, including harnessing learning from the new 0-2 year old early intervention pilots.
- 2** Continuing to develop whole school approaches to promoting mental health and wellbeing, including building on the Department for Education's current work on character and resilience, PSHE and counselling services in schools.
- 3** Building on the success of the existing anti-stigma campaign led by Time to Change, and approaches piloted in 2014/15, to promote a broader national conversation about, and raise awareness of mental health issues for children and young people.
- 4** Enhancing existing maternal, perinatal and early years health services and parenting programmes to strengthen attachment between parent and child, avoid early trauma, build resilience and improve behaviour by ensuring parents have access to evidence-based programmes of intervention and support.
- 5** Supporting self-care by incentivising the development of new apps and digital tools; and consider whether there is a need for a Kitemarking scheme in order to guide young people and their parents in respect of the quality of the different offers.

Improving access to effective support

- 6** Moving away from the current tiered system of mental health services to investigate other models of integrated service delivery based on existing best practice.

- 7** Enabling single points of access and One-Stop-Shop services to increasingly become a key part of the local offer, harnessing the vital contribution of the voluntary sector.
- 8** Improving communications and referrals, e.g., local mental health commissioners and providers should consider assigning a named point of contact in specialist children and young people’s mental health services for schools and GP practices; and schools should consider assigning a named lead on mental health issues.
- 9** Developing a joint training programme to support lead contacts in specialist children and young people’s mental health services and schools.
- 10** Strengthening the links between children’s mental health and learning disabilities services and services for children and young people with special educational needs and disabilities (SEND).
- 11** Extending use of peer support networks for young people and parents based on comprehensive evaluation of what works, when and how.
- 12** Ensuring the support and intervention for young people being planned in the Mental Health Crisis Care Concordat are implemented.
- 13** Implementing clear evidence-based pathways for community-based care, including intensive home treatment where appropriate, to avoid unnecessary admissions to inpatient care.
- 14** Include appropriate mental health and behavioural assessment in admission gateways for inpatient care for young people with learning disabilities and/or challenging behaviour.
- 15** Promoting implementation of best practice in transition, including ending arbitrary cut-off dates based on a particular age.
- 16** Improving communications, referrals and access to support through every area having named points of contact in specialist mental health services and schools, single points of access and one-stop-shop services, as a key part of any universal local offer.

17 Putting in place a comprehensive set of access and waiting time standards that bring the same rigour to mental health as is seen in physical health services.

18 Enabling clear and safe access to high quality information and online support for children, young people and parents/carers, for example through a national, branded web-based portal.

19 Legislating to ensure no young person under the age of 18 is detained in a police cell as a place of safety.

Caring for the most vulnerable

20 Making sure that children, young people or their parents who do not attend appointments are not discharged from services. Instead, their reasons for not attending should be actively followed up and they should be offered further support to help them to engage. This can apply to all children and young people.

21 Commissioners and providers across education, health, social care and youth justice sectors working together to develop appropriate and bespoke care pathways that incorporate models of effective, evidence-based interventions for vulnerable children and young people, ensuring that those with protected characteristics such as learning disabilities are not turned away.

22 Making multi-agency teams available with flexible acceptance criteria for referrals concerning vulnerable children and young people. These should not be based only on clinical diagnosis, but on the presenting needs of the child or young person and the level of professional or family concern.

23 Mental health assessments should include sensitive enquiry about the possibility of neglect, violence and abuse, including child sexual abuse or exploitation and, for those aged 16 and above, routine enquiry, so that every young person is asked about violence and abuse.

24 Ensuring those who have been sexually abused and/or exploited receive a comprehensive assessment and referral to appropriate evidence-based services. Those who are found to be more symptomatic who are suffering from a mental health disorder should be referred to a specialist mental health service.

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- 25 Specialist services for children and young people's mental health should be actively represented on Multi-Agency Safeguarding Hubs to identify those at high risk who would benefit from referral at an earlier stage.
 - 26 For the most vulnerable young people with multiple and complex needs, strengthening the lead professional approach to co-ordinate support and services to prevent them falling between services.
 - 27 Improving the skills of staff working with children and young people with mental health problems by working with the professional bodies, NHS England, PHE and HEE, to ensure that staff are more aware of the impact that trauma has on mental health and on the wider use of appropriate evidence-based interventions.
 - 28 Piloting the roll-out of teams specialising in supporting vulnerable children and young people such as those who are looked after and adopted, possibly on a sub-regional basis, and rolling these out if successful.
 - 29 Improving the care of children and young people who are most excluded from society, such as those involved in gangs, those who are homeless or sexually exploited, looked-after children and/or those in contact with the youth justice system, by embedding mental health practitioners in services or teams working with them.

To be accountable and transparent

- 30 Having lead commissioning arrangements in every area for children and young people's mental health and wellbeing services with aligned or pooled budgets by developing a single integrated plan for child mental health services in each area, supported by a strong Joint Strategic Needs Assessment.
 - 31 Health and Wellbeing Boards ensuring that both the Joint Strategic Needs Assessments and the Health and Wellbeing Strategies address the mental and physical health needs of children, young people and their families, effectively and comprehensively.
 - 32 By co-commissioning community mental health and inpatient care between local areas and NHS England to ensure smooth care pathways to prevent inappropriate admission and facilitate safe and timely discharge.
 - 33 Ensuring Quality Standards from the National Institute for Health and Care Excellence (NICE) inform and shape commissioning decisions.
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34 By Ofsted and CQC working together to consider how to monitor the implementation of the proposals from this report in the future.

35 The Department of Health fulfilling its commitment to complete a prevalence survey for children and young people's mental health and wellbeing, and working with partner organisations to implement the Child and Adolescent Mental Health Services dataset within the currently defined timeframe.

36 Developing and implementing a detailed and transparent set of measures covering access, waiting times and outcomes to allow benchmarking of local services at national level, in line with the vision set out in Achieving Better Access to Mental Health Services by 2020.

37 Monitoring access and wait measurement against pathway standards – linked to outcome measures and the delivery of NICE-concordant treatment at every step.

38 Making the investment of those who commission children and young people's mental health services fully transparent.

39 Committing to a prevalence survey being repeated every five years.

Developing the workforce

40 Targeting the training of health and social care professionals and their continuous professional development to create a workforce with the appropriate skills, knowledge and values to deliver the full range of evidence-based treatments.

41 Implementing the recommendations of the Carter Review of Initial Teacher Training (ITT) to commission a sector body to produce a framework of core content for ITT which would include child and adolescent development.

42 By continuing investment in commissioning capability and development through the national mental health commissioning capability development programme.

43 Extending the CYP IAPT curricula and training programmes to train staff to meet the needs of children and youth people who are currently not supported by the existing programmes.

44 Building on the success of the CYP IAPT transformation programme by rolling it out to the rest of the country and extending competencies based on the programme's principles to the mental wellbeing workforce, as well as providing training for staff in schools.

45 Developing a comprehensive workforce strategy, including an audit of skills, capabilities, age, gender and ethnic mix.

Making it Happen

46 Establishing a local Transformation Plan in each area during 2015/16 to deliver a local offer in line with the national ambition. Conditions would be attached to completion of these Plans in the form of access to specific additional national investment, already committed at the time of the Autumn Statement 2014.

47 Establishing clear national governance to oversee the transformation of children's mental health and wellbeing provision country-wide over the next five years.

48 Enabling more areas to accelerate service transformation.

49 The development of an improved evidence base, on the safety and efficacy of different interventions and service approaches, supported by a world class research programme.

8 Glossary of Terms

ADHD	Attention Deficit Hyperactivity Disorder
ASD	Autism Spectrum Disorders
CAMHS	Child and Adolescent Mental Health Services
CCG	Clinical Commissioning Group
CNWL	Central and North West London (Foundation Trust)
CSE	Child Sexual Exploitation
C&YP	Children and Young People
CQC	Care Quality Commission
DH	Department of Health
ED	Emergency Department (A&E)
GEM CSU	Greater East Midlands Commissioning Support Unit
GPs	General Practitioners
HEE	Health Education England
HSCIC	Health and Social Care Information Centre
IAPT	Improving Access to Psychological Therapies
LA	Local Authority
LD	Learning Disorder
LAC	Looked After Children
LIST	Liaison and Intensive Support Team
MK	Milton Keynes
MKHFT	Milton Keynes Hospital NHS Foundation Trust (now Milton Keynes University Hospital NHS Foundation Trust)
NEET	Not in Employment, Education or Training
NICE	National Institute for Clinical Excellence
ONS	Office of National Statistics
PACA	Parents and Carers Alliance
PH	Public Health
PHE	Public Health England
PSHE	Personal, Social and Health Education
QIPP	Quality, Innovation, Productivity and Prevention
SEND	Special Educational Needs and Disability
TVSCN	Thames Valley Strategic Clinical Network

9 Appendices

Appendices have been removed from this version of the CAMHS Review report in order to facilitate easy electronic transfer of this document.

Copies of this report (including the relevant appendices) are available on request.

10 References

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