  
Newbury and District  
Clinical Commissioning Group

  
North and West Reading  
Clinical Commissioning Group

  
South Reading  
Clinical Commissioning Group

  
Wokingham  
Clinical Commissioning Group

## **Local Transformation Plan for Children and Young People's Mental Health and Wellbeing-REFRESH**

**Berkshire West CCG area with Reading, West Berkshire and Wokingham Local Authorities**

## Executive summary

Following the publication of “Future In Mind” – *promoting, protecting and improving our children and young people’s mental health and wellbeing*, the report of the government’s Children and Young People’s Mental Health Taskforce in 2015, Berkshire West Clinical Commissioning Groups worked with partners to develop Local Transformation Plans for Children and Young People’s Mental Health and Wellbeing for the period 2015 -2020. These plans were approved by the respective Health and Wellbeing Boards in October 2015 and were subsequently published on CCG websites.

Links to the original Transformation Plans can be found here

<http://www.nwreadingccg.nhs.uk/mental-health/camhs-transformation>

<http://www.southreadingccg.nhs.uk/mental-health/camhs-transformation>

<http://www.wokinghamccg.nhs.uk/mental-health/camhs-transformation>

<http://www.newburyanddistrictccg.nhs.uk/mental-health/camhs-transformation>

This refresh document provides an overview of progress against the original transformation plans and identifies further work which is required by 2020.

## Our starting point

*Future in Mind – promoting, protecting and improving our children and young people’s mental health and wellbeing*, the report of the government's Children and Young People’s Mental Health Taskforce, was launched in March 2015.

The report sets out the case for change in mental health services for children and young people. It makes recommendations for improving a number of things about mental health services for children and teenagers: the quality of services; how quickly and easily services can be accessed when they are needed; better co-ordination between services; and, a significant improvement in meeting the mental health needs of children and young people no matter what their background.

By addressing all these areas the report aims to promote good mental health and wellbeing for children and young people and ensure there are high quality services in place to care for children and young people if they need them.

In spring 2014 Clinical Commissioning Groups in Berkshire West asked service users, schools, doctors and mental health workers [what they thought about local mental health services](#).

Their responses suggested that many children, young people and their families thought that services weren’t good enough – explaining that waiting times were too long, that it was difficult to find out how to access help and, sometimes, that they didn’t like the way that they were treated by staff. They said that there were delays in referrals and the advice given to families while waiting for their child’s assessment was insufficient.

*Future in Mind* provided a structure for planned changes in Berkshire West. The ambition became not simply to adjust existing services, but to transform them. Our original Transformation Plans provide a snapshot of where we were in the Autumn of 2015, how we arrived at our plan and articulates the actions we felt were required. This document provides an overview of progress against the original transformation plans and identifies further work which is required by 2020. A section on wider BHFT transformation of Children, Young People and Families service is included

The Local Transformation Plans cover the whole spectrum of services for children and young people’s emotional and mental health and wellbeing in each local authority area including

- How we will improve prevention and early identification of difficulties for all children

- How we will improve targeted working for more vulnerable groups such as children in care, those in contact with the criminal justice system, victims of crime, young people who are at risk of exclusion from school, traveller communities. These youngsters are most at risk of health inequalities.
- How we will work with Local Authorities and partners to provide early help when issues become apparent
- How we will improve the quality and timeliness of specialist CAMHs
- How we will improve care for children and young people experiencing a mental health crisis or psychosis
- How we will reshape services for children and young people with eating disorders to enable quicker and better specialist support outside hospital
- How we will collaborate with other commissioners to provide more streamlined and cost effective care pathways with care delivered closer to home

While the three original local transformation plans share many common elements, the route into emotional health and wellbeing services in each area is being reviewed, based on the services available in each local community.

#### **Local need identified in JSNAs**

<http://www.reading.gov.uk/article/9485/Children-and-Adolescent-Mental-Health>

<http://jsna.wokingham.gov.uk/developing-well/children-and-adolescent-mental-health/>

<http://info.westberks.gov.uk/CHttpHandler.ashx?id=37350&p=0>

Children's social and emotional wellbeing is not only important in its own right but also as a contributor to good physical health and as a factor in determining how well they do at school (National Institute for Health and Care Excellence, 2008).

Social and emotional wellbeing refers equally to:

- Emotional wellbeing (e.g. feeling happy and confident)

- Psychological wellbeing (e.g. feeling in control of one's life, being resilient, and displaying assertiveness)
- Social wellbeing (e.g. the ability to have good relationships with family and friends)

About half of adults with mental health conditions experienced their first symptoms before they reached 14 years of age. Children who develop mental health problems will need additional timely treatment from the appropriate mental health service supported by the wider services around the child. Just like physical health, where inequalities often exist between different groups of the population, this is equally apparent in the emotional health of children with poorer outcomes often in the most vulnerable members of society.

Our local JSNAs recognise that the section on Child and Adolescent Mental Health cannot be read in isolation and further reading needs to be carried out around, adult mental health, drug use, alcohol issues, domestic abuse, children in need and safeguarding to name a few.

There is compelling evidence of the effectiveness of interventions to improve children's and young people's resilience and emotional wellbeing that demonstrates getting the right help at the right time.

Nationally the number of children and young people presenting with emotional health and wellbeing issues is increasing. This is also reflected locally in services provided across the system.

Recommendations from the JSNA analysis have a focus on whole system working with an emphasis on prevention and early intervention. This is reflected in our Local Transformation Plan-

#### **Reading recommendations-**

- Engineer a new model of delivery that tackles access and prevents young people being lost in the system.
- Invest in our staff and workforce, strengthening the working culture and level of support at all levels of service delivery, but in schools in particular.
- Build a stronger Early Intervention offer that builds the resilience in children and young people and providing support as early as possible.
- Include families in the support process as well as include peers and friends in supporting the delivery of services, particularly to help young people feel and think differently about mental health issues, achieving less fear, stigma and discrimination.

- Reading's JSNA will be refreshed in January 2017 to capture changes since Future In Mind was initiated.

#### **West Berkshire** recommendations-

Currently there is a resource gap for Chronic School Refusers, some of whom have late diagnosis of autism. Autism is a lifelong disability that affects how a person makes sense of the world, processes information and relates to other people.

- Schools have indicated they want more early help for pupils with a range of mental health issues, and more training for school staff.
- Currently there are difficulties accessing tier 4 provision for our young people (including LAC), who have most severe types of mental health problems.

#### **Wokingham** recommendations-

Alongside the recognition from CAMHS of the need to improve its service offer, partnership reviews have identified the need for all tiers of emotional health and wellbeing provision to work together as a better system, so that children and young people are identified early and access any support they need is provided quickly at the lowest and least restrictive tier possible.

All agencies should realise the benefits of co-production and working together to improve the mental health of children and young people.

- Reduce waiting times
- Increase tier 2 provision to ensure early intervention
- Increase resources to meet demand
- Free up CAMHS staff time to work with partner agencies
- Improve support in schools Encourage positive mental health in our schools and colleges •Create MH hubs in schools - training package offered by PMHW and EPs in schools to all staff and parents.
- Improve information about services on offer and how to access them
- Improve communications and administration
- Create a more young-person-friendly environment
- Provide better post-diagnostic support particularly around a diagnosis of ASD or ADHD
- Provide better out of hours access and crisis support

- Provide a local 24/7 inpatient services

## Prevalence Reading data

Table 2: Current mental health prevalence

Indicator	Reading	South East	England	Year
Perinatal mental health: Estimated number of women requiring support during pregnancy or postnatal period	326	N/A	N/A	2012
Estimated prevalence of any mental health disorder: % population aged 5-16	9.0%	8.5%	9.3%	2014
Estimated prevalence of emotional disorders: % population aged 5-16	3.5%	3.3%	3.6%	2014
Estimated prevalence of conduct disorders: % population aged 5-16	5.5%	5.1%	5.6%	2014
Estimated prevalence of hyperkinetic disorders: % population aged 5-16	1.5%	1.4%	1.5%	2014
Prevalence of potential eating disorders among young people: Estimated number of 16 - 24 year olds	3,000	126,533	N/A	2013
Prevalence of ADHD among young people: Estimated number of 16 - 24 year olds	3,134	134,099	N/A	2013
Fixed period exclusion due to persistent disruptive behaviour: % of school pupils	1.1%	1.2%	1.0%	2011/12
Fixed period exclusion due to drugs/alcohol use: % of school pupils	0.08%	0.13%	0.10%	2011/12
Children who require Tier 3 CAMHS: estimated number of children <17	635	N/A	N/A	2012
Children who require Tier 4 CAMHS: estimated number of children <17	30	N/A	N/A	2012

## Prevalence data for West Berkshire Council area

**Table 2: Children estimated to have a mental health disorder**

Category	Count
Boys aged 11 to 16	780
Boys aged 5 to 10	580
Girls aged 11 to 16	615
Girls aged 5 to 10	280

Source: ChiMat CAMHS Needs Assessment Profiles

Table 2 shows the estimated number of children in West Berkshire who have a mental health disorder, by age and gender. These figures are based on annual modelling performed by Child and Maternal Health Intelligence Network (ChiMat). In this modelling, national estimates have been applied to the local population size.]

**Table 3: Boys aged 16 to 19 estimated to have a neurotic disorder**

Category	Count
Mixed anxiety and depressive disorders	200
Generalised anxiety disorder	65
Depressive episode	40
All phobias	25
Obsessive compulsive disorder	40
Panic disorder	20
Any neurotic disorder	340

Source: ChiMat CAMHS Needs Assessment Profiles

Table 3 shows that among the boys aged 16 – 19 years in West Berkshire who from neurosis, an estimated 59% suffer from mixed anxiety and depressive disorders, and another 19% suffer from generalised anxiety disorder.

**Table 4: Girls aged 16 to 19 estimated to have a neurotic disorder**

<b>Category</b>	<b>Count</b>
<b>Mixed anxiety and depressive disorders</b>	<b>455</b>
<b>Generalised anxiety disorder</b>	<b>45</b>
<b>Depressive episode</b>	<b>100</b>
<b>All phobias</b>	<b>80</b>
<b>Obsessive compulsive disorder</b>	<b>35</b>
<b>Panic disorder</b>	<b>25</b>
<b>Any neurotic disorder</b>	<b>705</b>

*Source: ChiMat CAMHS Needs Assessment Profiles*

Table 4 shows that among the girls aged 16 to 19 years in West Berkshire, an estimated 64.5% suffer from mixed anxiety and depressive disorders and another 14% suffer from depressive disorder.

Currently there is no information about how many of these children have parents with mental health or alcohol/ substance misuse problems, or live with domestic violence

The following table shows the estimated current prevalence of mental health problems in children and young people in Wokingham.

Indicator	Wokingham	South East	England	Year
Perinatal mental health: Estimated number of women requiring support during pregnancy or postnatal period	233	#N/A	#N/A	2012
Estimated prevalence of any mental health disorder: % population aged 5-16	7.3	8.5	9.3	2014
Estimated prevalence of emotional disorders: % population aged 5-16	2.9	3.3	3.6	2014
Estimated prevalence of conduct disorders: % population aged 5-16	4.1	5.1	5.6	2014
Estimated prevalence of hyperkinetic disorders: % population aged 5-16	1.2	1.4	1.5	2014
Prevalence of potential eating disorders among young people: Estimated number of 16 - 24 year olds	1,889	126,533	#N/A	2013
Prevalence of ADHD among young people: Estimated number of 16 - 24 year olds	2,026	134,099	#N/A	2013
Fixed period exclusion due to persistent disruptive behaviour: % of school pupils	0.6	1.2	1.0	2011/12
Fixed period exclusion due to drugs/alcohol use: % of school pupils	0.04	0.13	0.10	2011/12
Children who require Tier 3 CAMHS: estimated number of children <17	670	#N/A	#N/A	2012
Children who require Tier 4 CAMHS: estimated number of children <17	30	#N/A	#N/A	2012

Data sourced from Public Health England profiles available at <http://fingertips.phe.org.uk/>

## **Our ambition**

The vision for Berkshire West is to ensure that every child or young person gets the help they need when and where they need it. By 2020 support will be individually tailored to the needs of the child, family and community – delivering significant improvements in children and young people's mental health and wellbeing.

The Local Transformation Plans are about integrating and building resources within the local community, so that emotional health and wellbeing support is offered at the earliest opportunity. This will reduce the number of children, young people and mothers requiring specialist intervention, a crisis response or in-patient admission. Help will be offered as soon as issues become apparent.

Successful delivery of the plans will mean that:

- Good emotional health and wellbeing is promoted from the earliest age
- Children, young people and their families are emotionally resilient
- The whole children's workforce including teachers, early years providers, youth justice, social care, third sector and GPs are able to identify issues early, enable families to find solutions, provide advice and access help
- Help is provided in a coordinated, easy to access way. All services in the local area work together so that children and young people get the best possible help at the right time and in the right place. The help provided takes account of the family's circumstances and the child or young person's views.
- Pregnant women and new mothers with emerging perinatal mental health problems can access help quickly and effectively, as can their partners.
- More children and young people with a diagnosable mental health condition are able to access evidence based services
- Vulnerable children can access the help that they need more easily. This includes developing better links between agencies who support victims of sexual assault and victims of crime; enhancing emotional and physical healthcare service to young people who are in contact with criminal justice and developing services to support Liaison and Diversion for young people who have had a brush with the law. Ensuring that the needs of Looked After Children, children at the edge of care and children who are at risk of exclusion are met.

- Fewer children and young people escalate into crisis. Fewer children and young people require in patient admission.
- If a child or young person's needs escalate into crisis, good quality care will be available quickly and will be delivered in a safe place. After the crisis the child or young person will be supported to recover in the least restrictive environment possible, as close to home as possible.
- When young a person requires in patient care, this is provided as close to home as possible. There is a smooth and safe transition into and out of Tier 4 services. Local services support timely transition back into the local area.
- More young people and families report a positive experience of transition in to adult services.

#### **How will services change to deliver the local transformation plan?**

The way services are organised will transform from a traditional tiered model, where care and support is delivered and commissioned by separate organisations, to a model where the community itself and the volunteer and professionally-led-services within Berkshire West take an active role. This will not only look different on paper, but also feel different for those using children's and young people's mental health services.

Collaboratively commissioned pathways will result in service users' experience of care becoming increasingly seamless, more coordinated and quicker to access. Collaborative commissioning is a crucial factor in making the transformation happen- partners are working together to identify then minimise gaps and areas of duplication; jointly agreeing new and improved ways of working; holding each other to account for delivery of the new care pathways; jointly reviewing service user outcomes and feedback then adjusting care pathways accordingly.

#### **How will we know that we are making a difference?**

Our commissioning decisions and transformation plan is outcomes focussed

- more people will have good mental health
- more people with mental health problems will recover
- more people with mental health problems will have good physical health

- more people will have a positive experience of care and support
- fewer people will suffer avoidable harm
- fewer people will experience stigma and discrimination.

Each local transformation plan was signed off by the respective Health and Wellbeing Board. Progress is being overseen by the Health and Wellbeing Boards. The Future In Mind multidisciplinary group meets monthly to consider, challenge and champion the changes. The Future In Mind group is chaired by the Director of Joint Commissioning NHS Berkshire West CCGs.

Appendix 1 provides links to the latest reports to the various Health and Wellbeing Boards

## **What has happened since Autumn 2015?**

Since our initial Transformation Plans were published we have worked together to make sure that the actions we had initially commissioned are on track to deliver improvements and to identify further areas that we need to develop across the system.

A range of new and enhanced services have been commissioned. Each initiative has a project plan with Key Performance Indicators and expected outcomes. Original project plans can be found in Appendix 3. Providers report quarterly to commissioners and the Future In Mind group. This allows partners to learn from good practice, discuss and challenge progress to date, explore risks and collectively find solutions to mitigate risks. Highlights of Q1 reports are in Appendix 4. NHS providers and providers of CYP IAPT compliant services flow data for the MH Services data set. Smaller voluntary sector organisations provide quarterly reports containing numbers of individuals seen, demographic information and outcomes.

Meaningful service user participation embedded within all services and at service planning level is a core principle of CYP IAPT. CYP IAPT is well established in Berkshire West and the importance of meaningful service user participation is reflected in how we approach service development and delivery across all of Future In Mind thinking (not just CYP IAPT). Each organisation represented at the Future In Mind group is required to demonstrate how service user engagement has shaped service design and delivery. Providers are required to present

1. What service provision challenges have service users and families identified?
2. What have you done as a result of the feedback?
3. What has been the impact?
4. What opportunities/skills have service users and families provided you with?
5. How have you used the opportunity?
6. What has been the impact?

A joint outcomes framework has been developed by providers from the voluntary sector, LAs and NHS. All providers are required to report on outcomes as part of their contract agreement. The outcomes framework has been presented at regional learning events.

An example of this is the development of a pocket sized emotional health and wellbeing advice, guidance and sign posting booklet for secondary aged pupils commissioned through Future In Mind resources. Young people told us that they do not always know where to go for help and advice, even though services have been promoted over recent years. Commissioners heard that services need to be promoted constantly as children move between year groups in school and between schools/ settings. Some young people like using apps like SAM, visiting websites such as Young Minds and downloading materials but others prefer to have something that they discretely put in their blazer pocket and read later. Some young people told us that they had seen a booklet that had been distributed in Reading schools in 2016 and would like a version tailored to their LA area. Others liked a booklet that had been produced in London. Commissioners are working with service user groups and young people generally to develop and produce a booklet for distribution by the end of March 2017 (start of exam study leave). Links to apps and websites will be included as well as information on local face to face/ telephone services. Booklets will be available to download as well as in printed version. Distribution will be via peer mentors, School Link workers, Primary Mental Health Workers, Emotional Health Academy staff and the voluntary sector. We hope to promote the materials via a bus campaign in order to reach young people who are not in education- this idea came from the young people themselves.

#### **Progress to date (October 2015 until September 2016) - headlines**

- Waiting times for specialist CAMHs have reduced. More children and young people are having evidence based treatment ( Appendix 5).
- Additional specialist CAMHs staff have been recruited and trained
- We are working to reduce crisis presentations via better risk mitigation of new and existing cases
- The Common Point of Entry is now open Monday to Friday 8am until 8pm
- In West Berkshire, the Emotional Health Academy is now operational. In Reading and Wokingham, school link projects have been commissioned. The impact of these initiatives will be evaluated over time. Quarterly reports are considered at the Future In Mind group.
- PPEPCare training has been commissioned and is rolling out across the workforce. This is part of a wider workforce development programme which includes an online workforce support hub.
- Workforce development plan for improving emotional health and wellbeing is under development following a workforce training and skills audit questionnaire for workers across the system. There is a recognition that providers need to work with commissioners and Health Education England to model the future skill mix and staffing numbers required to deliver the required changes to deliver Future In Mind. Staffing requirements are already understood for CAMHs Urgent care, CAMHs Community Eating Disorders and Autism

Assessment teams. Gaps in availability of staff on these care pathways are understood. We are already broadening out skill mix on the anxiety and depression care pathway using low intensity PWP workers, mirroring adult IAPT.

- Voluntary sector youth counselling is now commissioned in each area via 2 year contracts to provide more stability for providers. In Reading and Wokingham youth counselling has been jointly commissioned with the Local Authorities.
- Young SHaRON online platform has been developed and is now operational for a wider range of service users including those experiencing perinatal mental health issues, families who are waiting for autism assessment , advice and consultation for professionals who are worried about children and young people and adults with eating disorders.
- The number of in-patient beds at Berkshire Adolescent Unit has been increased. The unit is now open 7 days a week.
- The community perinatal mental health service is now operational with an associated Young SHaRON online support service.
- Emotional Health and Wellbeing Outcomes framework has been developed and agreed across partners. This has been implemented in contracts from 1 April 2016.
- Two voluntary sector organisations have been commissioned to provide support to families whose children are waiting for autism or ADHD assessment. We have undertaken an Appreciative Inquiry into services for children and young people with autism, including those who are waiting for an assessment.
- The neurodevelopmental care pathway (ADHD and ASD) is being reviewed within BHFT with learning from the Appreciative Inquiry work.
- Shared care arrangements between GPs and CAMHs for children and young people with ADHD have been updated.
- School exclusion data has been analysed to identify which young people are most likely to be excluded and where more help in schools might make a difference
- Additional Webster Stratton Incredible Years parenting courses have been commissioned in Reading and Wokingham.
- The children's toolkit is being expanded to include mental health and wellbeing. The CAMHs website has been expanded and updated.
- Learning from the Strengths and Difficulties Questionnaire review has been shared across partners and working practices are changing in light of learning.
- CAMHs Urgent Response service is being piloted at RBFT.
- Enhanced CAMHs Community Eating Disorders service has been jointly commissioned with Berkshire East CCGs and is now operational.
- A contract clause relating to service user satisfaction following transition into adult services was implemented in the 15/16 contract and is now "business as usual".

- New Early Intervention in Psychosis service is in place for all ages including children and young people and is meeting national targets
- Community health services for children and young people are being integrated into a single team.
- We have improved arrangements for authorising CAMHs support for Looked After Children who are placed out of area
- Service users are on interview panels for staff appointments.
- As service changes have been implemented, newsletters have been circulated to partners to keep them informed and engaged.
- A business case has been developed and submitted to NHS England Health and Justice Commissioners to enhance local services for young people who are in contact with the criminal justice system. We hope that an enhanced service will be in place for 17/18.
- We have reviewed local support arrangements for victims of crime and sexual exploitation.
- We have ensured that our Future In Mind plans are aligned to SEND reforms and Transforming Care arrangements.

Project plans for each of the new services are in Appendix 3.

**More detailed update on progress against the Local Transformation Plan October 2015- September 2015**

<b>Aspiration in the original Transformation Plan</b>	<b>Where are we now?</b>
<p>Good emotional health and wellbeing is promoted from the earliest age</p> <p>Children, young people and their families are emotionally resilient</p>	<p>An enhanced perinatal mental health service has been commissioned and is fully operational.</p> <p>Service users and their families have told us that we need to change the way we work together with them to provide services in a way that is more joined up, makes more sense and gives lots of information clearly when it is needed most. Community health services for children and young people are being integrated into a single team. This means that physical health (e.g. occupational therapy, speech and language therapy, community nurses) and mental health workers are working much more closely and providing a more holistic service to children and families.</p> <p>Reading Youth Cabinet has a CYP mental health awareness campaign underway in schools.</p> <p>MindEd is being promoted across agencies. We are unable to assess how many people have accessed this online resource, although commissioners have received positive feedback on the content.</p> <p>Additional Webster Stratton parenting courses have been commissioned in Reading and Wokingham. This work is linked to a University of Reading research project aimed at developing a wider range of evidence based parenting interventions for young children with challenging behaviour. In the long term it is hoped that this work will reduce the number of children who go on to have involvement with the criminal justice system and the number of young people who are excluded from school.</p> <p>Emotional Health Academy has been co-commissioned and launched in West Berkshire. Its purpose is to help children, young people and families to find support for emotional wellbeing earlier, faster and more easily.  <a href="http://info.westberks.gov.uk/index.aspx?articleid=32142">http://info.westberks.gov.uk/index.aspx?articleid=32142</a></p> <p>School Link projects are underway in targeted Reading and Wokingham schools- this trains school staff in PPEPCare emotional health and wellbeing modules, encourages the development of resilience in pupils, provides consultation to school staff and improves links between school staff, Primary Mental Health</p>

	<p>Workers, Educational Psychologists and specialist CAMHs clinicians. The impact of these initiatives will be evaluated over time.</p> <p>PPEPCare training is being delivered across the children's workforce including school nurses, GP's, school staff, Local Authority staff. New modules being developed include "building resilience in children and young people "and "working with families". <a href="http://tvscn.nhs.uk/psychological-perspectives-in-education-and-primary-care-ppep-care/">http://tvscn.nhs.uk/psychological-perspectives-in-education-and-primary-care-ppep-care/</a></p> <p>A variety of online Young SHaRON subnets are being developed to support professionals and families in promoting and supporting good emotional and mental health and wellbeing. <a href="http://www.sharon.nhs.uk/default.asp?fldArea=0&amp;fldMenu=0&amp;fldSubMenu=0&amp;fldKey=1">http://www.sharon.nhs.uk/default.asp?fldArea=0&amp;fldMenu=0&amp;fldSubMenu=0&amp;fldKey=1</a></p> <p>Two voluntary sector groups- Autism Berkshire and Parenting Special Children- have been commissioned to provide advice, training and support to families whose children are awaiting Autism and ADHD assessment. Autism Berkshire are also providing post diagnostic support to families with teenagers as needs often change during this period. Both organisations are also commissioned to provide wider support and advice to families.</p>
<p>The whole children's workforce including teachers, early years providers and GPs are able to identify issues early, enable families to find solutions, provide advice and access help</p>	<p>A Children's workforce training needs survey has been undertaken in West Berkshire. A training programme is being rolled out in response via the Emotional Health Academy and the Children's Delivery Group <a href="http://info.westberks.gov.uk/index.aspx?articleid=32142">http://info.westberks.gov.uk/index.aspx?articleid=32142</a> .</p> <p>A workforce training needs survey is underway in Reading and Wokingham. A training programme will be developed in response. In the meantime PPEPCare training is being delivered alongside emotional first aid training.</p> <p>During the first 3 months of 16/17, 220 people were trained in PPEPCare modules. Subjects included self-harm, conduct disorder, anxiety and depression. Between May and December 2015, 562 delegates from Berkshire received PPEPCare training on a range of topics delivered in modules. Attendees included GPs, school nurses, teachers and SENCos, voluntary sector, youth workers and educational psychologists.</p> <p>School Link projects are underway in targeted Reading and Wokingham schools- this trains school staff in PPEPCare emotional health and wellbeing modules, encourages the development of resilience in pupils,</p>

	<p>provides consultation to school staff and improves links between school staff, Primary Mental Health Workers, Educational Psychologists and CAMHs clinicians. The impact of these initiatives will be evaluated over time.</p> <p>Emotional Health Academy has been co-commissioned and launched in West Berkshire. Its purpose is to help children, young people and families to find support for emotional wellbeing earlier, faster and more easily. Training and support is offered to schools. A dedicated emotional health worker for Looked After Children is in post.</p> <p><a href="http://info.westberks.gov.uk/index.aspx?articleid=32142">http://info.westberks.gov.uk/index.aspx?articleid=32142</a></p> <p>BHFT and Local Authority staff are able to access CYP IAPT training locally, increasing the availability of evidence based interventions for children.</p> <p>Berkshire Healthcare CAMHs will shortly be launching a non-urgent on-line advice and consultation service through their Young SHaRON network for all professionals working with children, young people and families. This highly secure platform will offer the opportunity for professionals to discuss health concerns with BHFT clinicians, gather and share information to ensure that the family's needs are met by the most appropriate service(s).</p> <p>In 2016 we undertook an Appreciative Inquiry into services for children and young people with autism, including those who are waiting for an assessment. We are using the learning from this inquiry to work with partners to develop improved care for these children across the system and across settings. Learning will be developed into an action plan to be delivered in 2017 and beyond.</p> <p>Two voluntary sector organisations have been commissioned to provide support to families whose children are waiting for autism or ADHD assessment. We have also commissioned post diagnostic support to families whose children have a diagnosis of autism and other neurodevelopmental issues. The neurodevelopmental care pathway (ADHD and ASD) is being reviewed within BHFT.</p>
Help is provided in a coordinated, easy to access way. All services in the local area work together so	The multiagency Future In Mind Group meets monthly to develop, challenge and champion coordinated working across the system.

<p>that children and young people get the best possible help at the right time and in the right place. The help provided takes account of the family's circumstances and the child or young person's views.</p>	<p>Early Help services in each area provide multiagency triage of referrals to ensure that families access the most suitable help and support to meet their individual circumstances more quickly. The response might include family support, youth counselling, school support or specialist CAMHs. The emphasis is on finding solutions <i>with</i> the family, giving thought to the "whole child" and the "whole family" through a strengths based empowerment model.</p> <p>Additional specialist CAMHs staff have been recruited and trained. Waiting times for specialist CAMHs have reduced. More children and young people are having treatment. In 17/18 we expect waiting times to reduce further and there to be an increase in the number of children accessing help.</p> <p>Specialist CAMHs Common Point of Entry staff are now available 8am to 8pm Monday to Friday for advice and consultation. Referrals from workers who know the child best (such as teachers and SENCOs) are particularly encouraged in order to swiftly form a fuller picture of the child's needs and family circumstances. This information enables CAMHs to identify the most suitable type of help.</p> <p>Waiting times for specialist CAMHs have reduced in all CCG areas and across all care pathways since additional staff were recruited even though referrals into specialist CAMHs have continued to rise (up 18% compared to the same quarter 2014/15- Berkshire West figures). The total number of people waiting has reduced by 32% over the past 12 months (Berkshire West figures). There are more children are in treatment.</p> <p>An Appreciative Inquiry into how services to children with Autism are delivered across the system has been undertaken. Recommendations will be considered and developed into an action plan during 16/17.</p> <p>The CAMHs Urgent Response Pilot has increased availability of CAMHs staff in A and E, reducing delays in accessing Mental Health assessments at times of crisis. This service is being developed jointly between the acute hospital (RBFT) and community provider (BHFT). Frequent attenders are being proactively identified and more multiagency discussions are taking place to better understand and meet the needs of these service users. The service is developing stronger links with Children's Social Care and NHS England Specialised Commissioning.</p> <p>A CAMHs outcomes framework has been developed in partnership with Primary Mental Health workers,</p>
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	<p>voluntary sector youth counselling organisations, educational psychologists and specialist CAMHs. Outcome measures take account of the service user views.</p> <p>All services that have been commissioned via Future In Mind resources are required to provide evidence of how engagement with children, young people and families has shaped service delivery and what the impact of these changes has been on outcomes for service users.</p> <p>BHFT community health services for children, young people and families (e.g. therapies, CAMHs) have integrated into a single team. The needs of children and young people referred to services are considered in a more holistic and collaborative manner with a greater emphasis on agreeing a joint care plan with meaningful outcomes with families.</p>
Pregnant women and new mothers with emerging perinatal mental health problems can access help quickly and effectively.	<p>Local perinatal mental health service has been launched.</p> <p>An online platform (SHaRON) for service users with perinatal mental health issues and their partners is up and running. Links to adult IAPT have been enhanced for this group.</p>
Vulnerable children can access the help that they need more easily.	<p>Early Help hubs and Multi Agency Safeguarding Hubs (MASHs) are operational in each area. The needs of children and their families are being considered in a more holistic manner with greater emphasis on supporting families to achieve jointly agreed care aims.</p> <p>Partners are working together on a THRIVE based audit of children and young people with significant emotional health needs, requiring the support of other statutory partner agencies. The outcome of this work is being reported to LSCBs. The purpose of the audit is to:</p> <ol style="list-style-type: none"> <li>1) explore how well we identify emotional wellbeing and mental health difficulties, as individual services and collectively across multiple-agencies;</li> <li>2) evaluate how effectively partner agencies identified need and risk;</li> <li>3) assess the impact and effectiveness of single and multi-agency planning and impact on outcomes for children;</li> <li>4) test the applicability of the THRIVE model in supporting enhanced inter-agency early identification</li> </ol>

	<p>and intervention, assessment and planning; to improve outcomes for children. Learning will shape service developments going forward.</p> <p>A process is now in place to ensure that funding requests for CAMHs services for Looked After Children who are placed out of area are considered and approved more swiftly. Likewise a process is in place to consider funding requests for vulnerable children with exceptional emotional and mental health needs who require bespoke care packages.</p> <p>Looked After Children and children subject to child protection plans have always been prioritised in Berkshire CAMHs.</p> <p>We have been liaising with the Office of the Police and Crime Commissioner, police, voluntary sector and Health and Justice commissioning to ensure that the emotional and mental health needs of children who are victims of crime or are involved in the criminal justice system are being met. We are working with partners in Specialised Commissioning and the youth justice system to develop the infrastructure required to support Liaison and Diversion schemes for young people by improving access to health services for young people who are in touch with criminal justice services. It is anticipated that these services will go live in 17/18 subject to the approval of a bid to NHS England (see Appendix 6).</p> <p>School exclusion data has been analysed with partners in West Berkshire to identify which young people are most likely to be excluded from school and where more emotional health and wellbeing support in schools might make a difference. This work will be carried forward into 17/18.</p> <p>Additional Webster Stratton parenting courses have been commissioned in Reading and Wokingham. This work is linked to a University of Reading research project aimed at developing a wider range of evidence based parenting interventions for young children with challenging behaviour. In the long term it is hoped that this work will reduce the number of children who go on to have involvement with the criminal justice system and the number of young people who are excluded from school.</p>
Fewer children and young people escalate into crisis. Fewer children and young people	<p>We are working to reduce CAMHs crisis mental health presentations through swifter risk assessment of new referrals and better risk mitigation of new and existing cases. Referrals are being triaged more quickly and urgent cases access help on the same day. Referrals are triaged for risk on the same day. Our Common Point</p>

<p>require in patient admission.</p>	<p>of Entry is now open 8am until 8pm Monday to Friday. A trial of a short term care team has been evaluated and learning has shaped service transformation.</p> <p>The Crisis Care Concordat plan includes steps to agree and implement a plan to improve crisis care for all ages, including investing in places of safety.  <a href="http://www.crisiscareconcordat.org.uk/areas/reading/#action-plans-content">http://www.crisiscareconcordat.org.uk/areas/reading/#action-plans-content</a></p> <p>A NICE compliant enhanced Early Intervention in Psychosis community service is in place and is delivering in accordance with the national access and waiting time standard targets.</p> <p>The new Berkshire Community CAMHs Eating Disorders Service has been commissioned jointly with Berkshire East CCGs in line with the new national requirements. All new referrals are triaged within 1 working day by a specialist eating disorders clinician. The service is on track to meet the access targets. Assurance work is required to ensure that primary care is aware and implementing the new care pathway. A paediatric ward liaison service to assess and support to young people admitted to a medical ward as a result of an Eating Disorder is going live as part of the wider CAMHs Urgent Response pilot.</p>
<p>If a child or young person's needs escalate into crisis, good quality care will be available quickly and will be delivered in a safe place. After the crisis the child or young person will be supported to recover in the least restrictive environment possible, as close to home as possible.</p>	<p>The CAMHs Urgent Response Pilot has a full rota in place covering bank holidays and weekends, providing timely mental health assessments and care. The service is integrated with Royal Berkshire Hospital to maximise joined up working and training opportunities. Short term intensive interventions in the community are provided to young people who have experienced a mental health crisis with the aim of reducing the number of children and young people who have a second or subsequent crisis. The service also provides wrap around support when there are delays in sourcing a Tier 4 in CAMHS patient bed. In late 16/17 the service will be evaluated and a sustainable model will be agreed and commissioned for implementation in 17/18. We are working with neighbouring CCGs and NHSE Specialised Commissioning to ensure best use of resources and implement a care pathway that reduces the need for out of area placements.</p> <p>Benchmarking and analysis of data on admissions to A+E, paediatric wards and Place Of Safety to enable targeted admission avoidance work is being undertaken.</p> <p>Berkshire CCGs jointly commission 3 places of safety (POS) with BHFT; these are based at Prospect Park</p>

	<p>Hospital. One of these is dedicated for Children and Young Person with facilities for parents to stay with their child during assessment period. The POS is managed by BHFT inpatient staff and has support system in place to effectively manage mental health patient with high risk presentation.</p>
<p>When young a person requires in patient care, this is provided as close to home as possible. Local services support timely transition back into the local area.</p>	<p>Improved links are being developed with in patient providers, commissioners and social care to strengthen step up and step down arrangements.</p> <p>Additional beds are open at Berkshire Adolescent Unit. The Unit is now open 24/7.</p> <p>Pre admission Care and Treatment Reviews are undertaken for young people with Learning Difficulties and/or autism.</p> <p>Future In Mind plans are aligned to Transforming Care plans.</p>
<p>More young people and families report a positive experience of transition in to adult services.</p>	<p>Ready Steady Go has been rolled out for young people across several long term condition care pathways. Learning is being disseminated across other specialities including CAMHs.</p> <p>A workshop has taken place to consider how Ready Steady Go can be embedded into Education Health and Care Plans for young people with Special Education Needs and Disabilities.</p> <p>Shared care arrangements between CAMHs and GPs for children and young people with ADHD have been updated.</p> <p>More young people and families have reported a positive experience of transition in to adult services – this has been measured since the CCG introduced a change into the BHFT contract.</p>

## What new information has shaped our refreshed transformation plan?

Our refreshed plan has been developed over time in response to a range of engagement events, investigations, local initiatives and reports including

- Ongoing feedback from our CAMHs service user group
- Campaigns by the Reading Youth Cabinet on improving access and reducing stigma in emotional health and wellbeing
- Engagement with experts by experience
- Reading Families' Forum report on the impact of assessment waiting times on families- "Can children and young people get support at school without a diagnosis of ADHD or ASC?" January 2016
- Engagement work in West Berkshire - "Brilliant West Berkshire: Building Community Together" comprising of workshops, community conversations and workforce skills mapping throughout 2015 and 2016. This work has resulted in the commissioning of an Emotional Health Academy.
- West Berkshire Health and Wellbeing Board CAMHs Hot Topic event February 2016
- Healthwatch Wokingham's comprehensive engagement programme with Wokingham children and young people to help us better understand the emotional wellbeing of our children and young people.  
[http://www.healthwatchwokingham.co.uk/sites/default/files/totes\\_emosh\\_april\\_2015\\_2\\_1.pdf](http://www.healthwatchwokingham.co.uk/sites/default/files/totes_emosh_april_2015_2_1.pdf)
- Autism system wide service review leading to an Appreciative Inquiry event held June 2016. This work has resulted in the formation of a Berkshire West Together for Children with Autism Group.
- Pan Berkshire Transforming Care work
- Refreshed JSNA chapters on Child and Adolescent mental health  
<http://www.reading.gov.uk/article/9485/Children-and-Adolescent-Mental-Health>  
<http://info.westberks.gov.uk/CHttpHandler.ashx?id=37350&p=0>  
<http://jsna.wokingham.gov.uk/developing-well/children-and-adolescent-mental-health/>

The Reading JSNA is in the process of being refreshed (Jan 2017).

- Dr Anthony Hewitt's review of Health and Justice Pathways in NHS England South (South West and South Central)- June 2016
- A Berkshire West CCG review of health input into Youth Offending Teams and consideration of how services could be improved

- Engagement with NHS England Health and Justice Commissioning in preparation for a future Liaison and Diversion services for children and young people in Berkshire.
- Learning from performance monitoring and service development reports from providers
- Publication of the Government's Five Year Forward View and the Mental Health Five Year Forward View
- Development of wider Sustainability and Transformation Plans across Berkshire, Oxfordshire and Buckinghamshire
- Engagement with academics from University of Reading on evidence based interventions
- Emerging learning from a THRIVE based audit of children and young people with significant emotional health needs, requiring the support of other statutory partner agencies.

#### **Alignment of our plan with the Buckinghamshire, Oxfordshire and Berkshire West (BOB) Sustainability and Transformation Plan (STP 44)**

Our BOB STP has a focus on

- Shifting the focus of care from treatment to prevention, self-care, advice and earlier support before issues exacerbate
- Enabling service users to access services every day of the week
- Improving the coordination of services across providers particularly when service users require an urgent response, resulting in fewer people being admitted to hospital, reduced lengths of stay, care closer to home with fewer admissions outside BOB.
- Reducing suicide rates by building resilience in children, young people and families, improving childhood mental wellbeing, raising awareness of mental health issues and the help that is available, improving urgent care for people in crisis and creating a momentum for change that eliminates the notion that suicides are inevitable. (Note we have below average suicide rates across all ages in BOB).

The STP simultaneously addresses the in-year challenge of delivering the 16/17 position as well as putting in train the actions that will be needed to ensure a high quality, financially sound health system by 2020/21. All the national 'must dos' for 2016/17 described in the planning guidance are addressed by the operational plans of each CCG.

This transformation plan is aligned with the BOB STP.

#### **Alignment of this plan with Local Authority and LSCB plans and priorities**

All three LAs and LSCBs have priorities related to improving access to early help and emotional health and wellbeing of children and young people- particularly those with additional vulnerabilities. Progress against our transformation plans is reported regularly to the respective organisations.

### **How BHFT have transformed care for children, young people and families**

Our community health provider, BHFT are undertaking a major service transformation across all services for children, young people and families to deliver a vision that has been co-produced with service users and families. BHFT provide physical and emotional/ mental health services to the population of Berkshire.

“All children, young people and families in Berkshire will receive early and consistent information and healthcare that is available via a range of technologies and interventions, is joined up and wherever possible is delivered as part of everyday living.” Co design with partners and service users has been integral to the service changes. The new model of service delivery is based on an increasingly collaborative approach with children, families and other significant people (early year’s staff, teachers, care workers, voluntary sector etc) with physical and emotional health and wellbeing being considered jointly rather than separately throughout the child’s life:

## 6: Key Stakeholder experience

### Service users and families

#### Early years

- Antenatal contact from health visitors (HV) with Toolkit available immediately for advice and information.
- New birth, 6 week, 9 month and 2 year reviews supported by Toolkit, and Young SHaRON peer support.
- Single phone number for immediate advice / help from duty health visitor or other clinician.
- Integrated drop in clinics in children's centres and nurseries – universal nursing and SALT. Advice on emotional wellbeing.
- Therapy care planning carried out with family members as equal partners, with families determining their priorities (same for school age and families below).
- Children with complex CND needs would have one single assessment and care plan.

#### School age and families

- Single service triage, assessment and care planning carried out with a new focus on the family's priorities.
- Children and young people with complex CND need would have one single assessment and care plan.



### Nurseries, schools and colleges



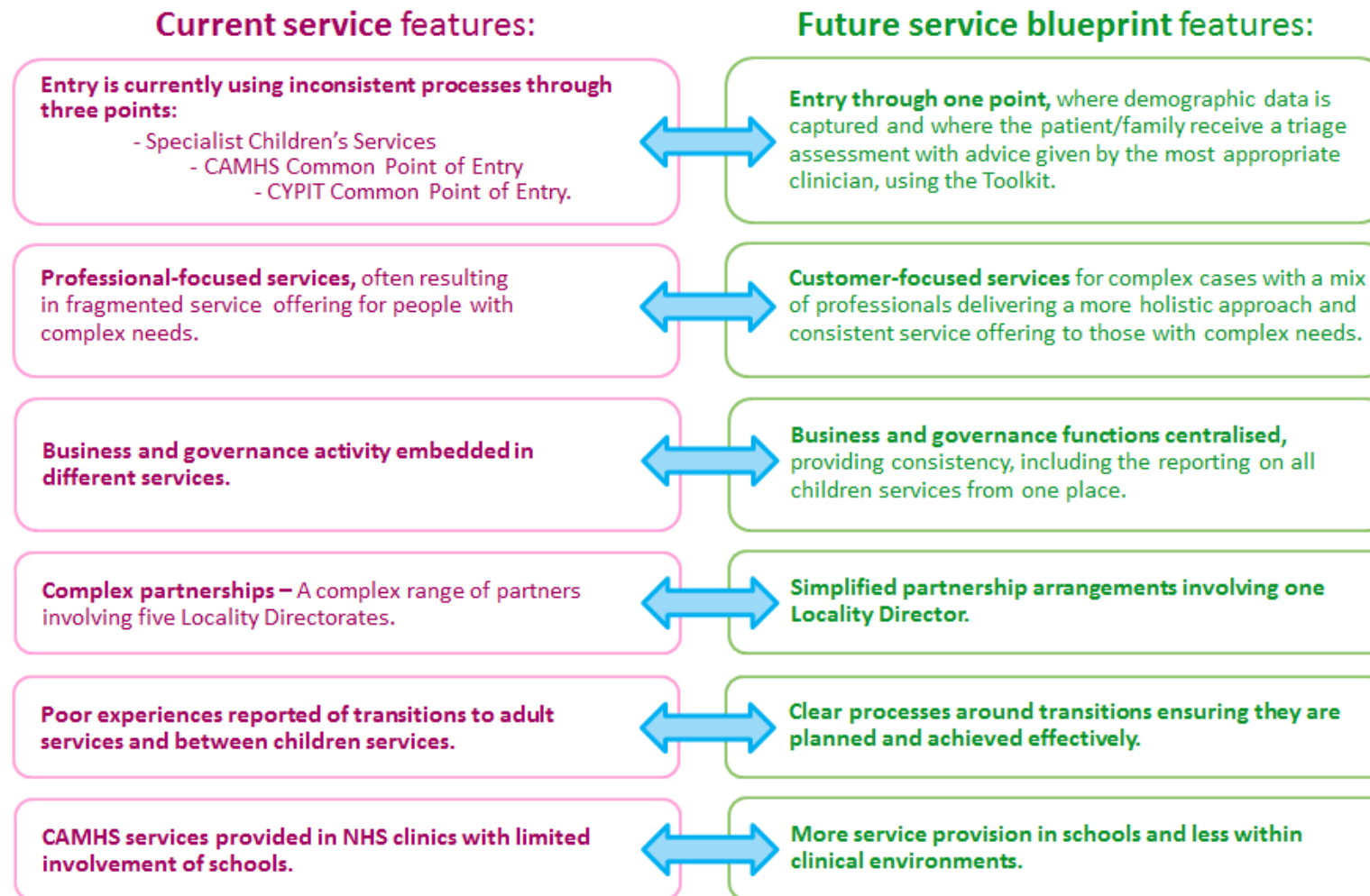
- CYPF link for service development and monitoring for each nursery, school or college (schools in clusters if possible).
- 'Offer' to meet the wider health needs of the nursery, school or college – could include child / group / class assessment and interventions, training to staff, school community, parents, drop in sessions.
- Integrated training packages for ADHD, ASD, SLI, anxiety, phonology, dyspraxia.
- Integrated training package for colleges and / or youth offending teams re: language, communication and regulation of emotion / behaviour.
- Regular planning and negotiation with nursery, school or college, to identify CYPF health priorities for the school, and examine options for delivery.

### Referrers and partner organisations

- Single referral point
- Single number for advice and help
- Clear thresholds for entry
- Integrated common point of entry for all cases
- One Berkshire Healthcare senior manager (director level) for all issues re: children (LAC, CAMHS, therapies, EHC plans, KPIs, contracts)
- Consistent representation at LSCBs and CYP forums, with reps who have an understanding of ALL children's services.
- Single data reporting source.
- Integrated reporting.



## 7: Service comparisons



### Current service features:

Waits between services and pathways, with limited information provided regarding the 'process' of waiting.

A number of separate health services supporting nurseries, schools and colleges with no consistency regarding the services offered. Unnecessary duplication of services, multiple training offers for staff and recipients. Multiple assessments and care plans for the same child

Multiplicity of leaflets, websites, information platforms giving information and advice to service users and families.

### Future service blueprint features:

Swifter access to specialist services with reduced waits and information provided regarding the process and what users should expect.

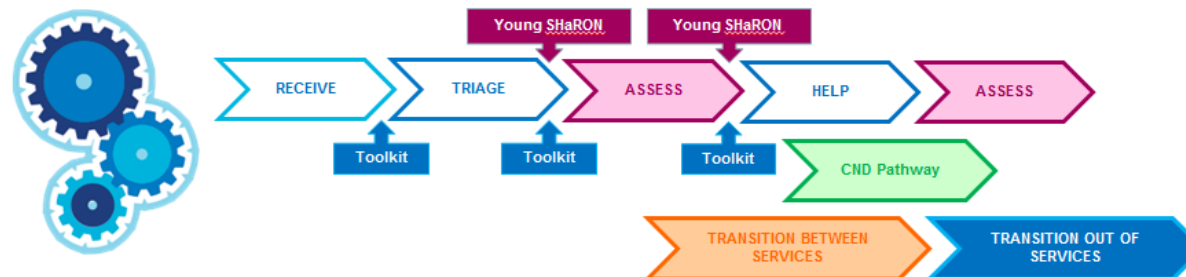
Schools and nurseries will be served by one service and they will influence the content of services they receive. We will offer streamlined, holistic service, with combined professional support and training

One source of well-regarded expert information (the Toolkit) which is readable, understandable and provides users with what they need. Advice and information covering developmental 'milestones' and early strategies will be available for families, GP practices, nurseries, schools and other professionals  
The Toolkit offers strategies for families which may result in successfully avoiding a need to seek expert help.

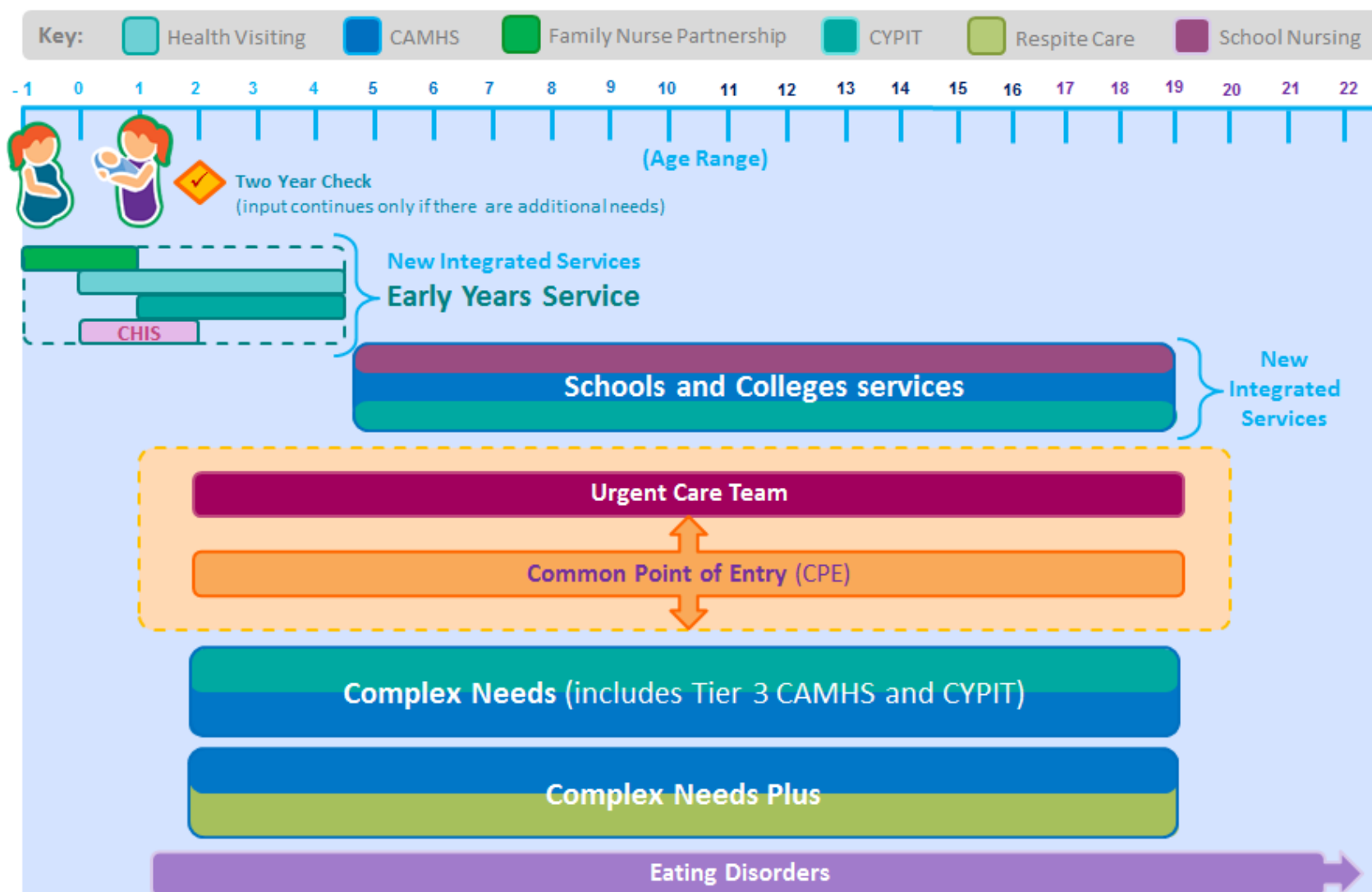
## 3: The CYPF process

Berkshire Healthcare **NHS**  
NHS Foundation Trust

Increasing collaborative approach with children and families along with other significant people (early years staff/ teachers).



## 8: CYPF service – final service organisation



## Further work anticipated from 17/18 onwards

	Status at end Sept 2016	17/18 targets	18/19 targets	19/20 and beyond
Waiting times for Specialist CAMHs treatment	<p>All referrals are risk assessed on receipt. 100% urgent cases seen within 24 hours</p> <p>80% referrals assessed at CPE within 6 weeks. All referrals breaching the 95% target are referrals to the Autism Assessment Team. Business case has been submitted to NHSE to reduce autism waits. Current average wait time to be seen by Specialist Community Team is 6 weeks.</p> <p>Current average wait time to be seen by Anxiety and Depression team is 13 weeks. We are working with University of Reading to develop an enhanced service- bid in with NHSE. Current average wait time to be seen by ADHD team is 10 weeks. The service is reviewing current working practices to identify opportunities for more</p>	<p>Agreed targets-</p> <p>100% urgent cases within 24 hours</p> <p>95% triaged at CPE within 6 weeks</p> <p>95% seen by specialist team within 6 weeks</p> <p>95% seen by anxiety and depression team within 6 weeks</p> <p>95% seen by ADHD team within 6 weeks</p>	<p>Proposed targets</p> <p>100% urgent cases within 24 hours</p> <p>95% triaged at CPE within 6 weeks</p> <p>95% seen by specialist team within 6 weeks</p> <p>95% seen by anxiety and depression team within 6 weeks</p> <p>95% seen by ADHD team within 6 weeks</p>	<p>Proposed targets</p> <p>100% urgent cases within 24 hours</p> <p>95% triaged at CPE within 6 weeks</p> <p>95% seen by specialist team within 6 weeks</p> <p>95% seen by anxiety and depression team within 6 weeks</p> <p>95% seen by ADHD team within 6 weeks</p>

	streamlined working including a pharmacy review.			
Waiting time for autism spectrum assessment	95% seen within 18 months. Current average wait time for ASD assessment is 37 weeks. Business case has been submitted to NHSE to reduce these waits.	By April 2017 95% seen within 11 months By Oct 2017 95% seen within 12 weeks	Targets to be agreed	Targets to be agreed
Increase the number of children accessing high quality mental health services	3638 (end Q1) Agree trajectory for expansion with NHSE – this work is in train	Increase TBC	Increase TBC	Increase TBC
CAMHs urgent response- includes developing admission avoidance care pathways and improving access to timely support and treatment pathways	Pilot urgent response service. Gather baseline data. Q3- BHFT to develop proposal to mainstream the service from 17/18. Proposal to consider opportunities for collaborative commissioning with neighbouring CCGs as well as Berkshire West only option. Service must form part of collaborative care pathway with Specialised Commissioning. Q4 make required service specification changes in	Commission urgent response service.  Monitor progress in improving timeliness and quality of assessments, treatment and support; multiagency working; reducing the number of preventable admissions to hospital/ Place of Safety; improve patient experience  Make any required changes	Monitor and amend as required	Monitor and amend as required

	preparation for new contract year. Agree KPIs.			
Improve step down arrangements from in-patient care	Linked to urgent response work. Review multiagency working.	Improve multiagency working (if required). Agree care pathway (if change is required)	Monitor and amend as required	Monitor and amend as required
Community eating disorders service	Service co-commissioned by Berkshire East and West CCGs in line with national requirements. Service will be fully staffed by November 2016. Urgent cases are already being seen within 1 week. Awareness raising and promotion with GPs.	Service to meet all national service requirements so that 95% of routine cases are seen within 4 weeks and urgent cases continue to be seen within 1 week. Assurance work to check that primary care is aware of and adhering to the revised care pathway	Monitor and amend as required	Monitor and amend as required
Early Intervention in Psychosis service	NICE compliant EIP service in place for all ages. EIP reporting in line with national requirements	Monitor and amend as required	Monitor and amend as required	Monitor and amend as required
Health and Justice care pathways	Baseline work undertaken. Bid for funding submitted to NHSE Engagement with needs assessment for a future Liaison and Diversion (L & D) scheme for CYP in Berkshire. Liaison with OPCC and NHSE on emotional health services for victims of	Assuming successful bid to NHSE, commission additional skill mix to Youth Offending Teams. Develop single service specification with KPIs for health services into YOTs. Work in partnership with NHSE Health and Justice to ensure success of CYP L & D scheme	Evaluate new services.  Monitor and amend as required	Monitor and amend as required

	sexual assault. Publicise new care pathways to partners.			
Improving access to evidence based psychological therapies	Established member of IAPT collaborative.  Multiagency staff encouraged to train in CYP IAPT courses.  Consider training of PWP workers with University for CYP with anxiety and depression (AnDY service).	Explore “pay to train” and match funding for CYP IAPT training.  If we decide to commission AnDY, monitor and evaluate outcomes.  Support CYP IAPT expansion	Support CYP IAPT expansion	Support CYP IAPT expansion
Outcome measures in youth counselling	Outcomes framework agreed. Contract monitoring of outcomes in place. ARC youth counselling to lead on the development of tool to support outcome collection.	Roll out of the outcome collection tool to other youth counselling organisations.	Monitor and amend as required	Monitor and amend as required
School Link projects	Projects initiated in Reading and Wokingham. Staff recruited. Commenced training in identified schools. Establish MH consultation “surgeries” in schools.  Establish pre and post	Explore outcomes from other School Link projects nationally.  Test and review the training and interventions provided.  Promote and expand the	Monitor and amend as required	Monitor and amend as required

	<p>measures for staff trained and pupils involved.</p> <p>Launch Milky Way, the BHFT consultation sub-net for local referrers.</p>	<p>project to other schools if outcomes are good</p> <p>Review and evaluate progress – decide whether to continue project into 18/19 and beyond</p>		
Emotional Health Academy (EHA) in West Berkshire	<p>EHA launched and is operating in 23 schools. Staff recruited.</p> <p>EHA exploring options for increasing self-referrals by CYP.</p> <p>Outcome measures being collected.</p>	<p>Expand into more schools and settings if outcomes are good</p> <p>Test and review the Interventions provided.</p> <p>Review and evaluate progress – decide whether to continue Future In Mind funding of the project into 18/19 and beyond</p>	Monitor and amend as required	Monitor and amend as required
Provision for children with autism or suspected autism	<p>Voluntary sector commissioned to provide support to families.</p> <p>Jupiter, the sub-net for parents and carers of young people referred to the ASD Pathway, launched.</p> <p>Review and Appreciative Inquiry work completed. Together for Children with</p>	<p>Implement multiagency action plan to improve services</p> <p>Monitor and assess the impact of initiatives</p>	<p>Implement multiagency action plan to improve services</p> <p>Monitor and assess the impact of initiatives</p>	<p>Implement multiagency action plan to improve services</p> <p>Monitor and assess the impact of initiatives</p>

	<p>Autism group established.</p> <p>Multiagency action plan to improve services to be developed</p> <p>BHFT care pathway revised</p>			
Provision for children with ADHD	<p>BHFT care pathway being revised</p> <p>Pharmacy review to be undertaken</p> <p>Voluntary sector commissioned to provide support to families.</p> <p>Shared care agreement with GPs updated</p>	<p>Consider whether to undertake review and Appreciative Inquiry work for this client group</p> <p>Implement any multiagency action plan that is developed to improve services</p>	<p>Implement any multiagency action plan that is developed to improve services</p>	<p>Implement any multiagency action plan that is developed to improve services</p>
Provision for children with conduct disorder/ challenging behaviour	<p>Webster Stratton parenting programmes delivered in Reading and Wokingham in conjunction with a University of Reading research project (children aged 4-8 years).</p> <p>Local Authority staff trained in Webster</p>	<p>University of Reading undertake research activities (not funded through Future In Mind) with families identified through the Webster Stratton courses.</p> <p>Develop conduct disorder/ challenging behaviour pathway across the</p>	<p>Develop and implement conduct disorder/ challenging behaviour pathway across the system.</p>	

	<p>Stratton</p> <p>THRIVE audit</p> <p>Some links to Transforming Care work</p> <p>Some links to Health and Justice work.</p>	<p>system. Consider implications for children and young people with Learning Difficulties. Work to be linked to Transforming Care work where relevant.</p> <p>Some links to Health and Justice work</p>		
<p>Early identification and early help</p> <p>Improve integrated working</p> <p>Care for the most vulnerable</p>	<p>Consider the impact of proposed changes to commissioning arrangements for Health Visiting and School Nursing in relation to Future In Mind. Work with partners to mitigate risks.</p> <p>Map the collective resilience, prevention and early help offers across the system. Consider how we make the system easier to navigate. This work may proceed at different paces across the 3 Local Authorities.</p> <p>BHFT services for children, young people and families</p>	<p>To be continued and developed</p> <p>Embed BHFT single point of access.</p> <p>Monitor and evaluate BHFT integrated services through the contract</p> <p>Roll out of Transforming Care</p>	<p>To be continued and developed</p> <p>Evaluate BHFT single point of access.</p> <p>Roll out of Transforming Care</p>	<p>To be continued and developed</p> <p>Roll out of Transforming Care</p>

<p>have now integrated into a single team. A single point of access for all CYP issues is planned.</p> <p>Action has been taken to improve knowledge and understanding of referral criteria across all partner agencies, to reduce the number of referrals that should be managed through Tier 2/early intervention services and to improve partnership working with these services.</p> <p>Newsletters raising awareness of referral systems , providing information on the referral process and links to more detailed referral guidelines on the service website has been sent out to key partners.</p> <p>Information to support improvements in referral quality is being provided via PPEPCare</p>				
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	<p>training sessions, ad hoc training and service meetings with key agencies.</p> <p>As part of the wider Transforming Care work, implement person centred planning to reduce the number of young people with Learning Difficulties and/or autism placed out of area or in residential care.</p>			
Workforce development across agencies	<p>PPEPCare commissioned and being delivered across agencies.</p> <p>Additional PPEPCare modules being developed.</p> <p>Undertake workforce questionnaire</p> <p>Evaluate responses</p> <p>Develop workforce plan</p> <p>Some of this work has already been completed in West Berkshire prior to</p>	<p>Implement workforce plan</p> <p>Evaluate progress</p> <p>Subject to approval of the Health and Justice bid, increase awareness of how communication difficulties and autism can impact on the behaviour of young people who are in contact with criminal justice system.</p>	<p>Implement workforce plan</p> <p>Evaluate progress</p>	<p>Implement workforce plan</p> <p>Evaluate progress</p>

	<p>the establishment of the Emotional Health Academy.</p> <p>Links to CYP IAPT</p> <p>Launch Milky Way, the BHFT consultation sub-net for local referrers.</p>			
Workforce planning and recruitment	<p>BHFT and partners have recruited additional staff where required. Use of agency staff has reduced as permanent staff have come into post. Skill mix within the workforce is being considered and implemented where appropriate. A workforce plan is in place within BHFT. Recruitment and retention strategy is in place. Staff turnover is low. Staffing is monitored through quarterly reporting. Current workforce is in appendix 7.</p> <p>The capacity and</p>	<p>Monitor and continue to develop workforce plan.</p> <p>Implement decision relating to whether to continue to utilise PWP's in CYP anxiety and depression care pathways.</p> <p>Providers need to work with commissioners and Health Education England to model the future skill mix and staffing numbers required to deliver the required changes to deliver Future In Mind. Staffing requirements are already understood for CAMHs Urgent care, CAMHs Community Eating Disorders and Autism</p>	Monitor, deliver and continue to develop workforce plan.	Monitor, deliver and continue to develop workforce plan.

<p>capability of the wider system is being addressed through workforce training (including the voluntary sector) and the implementation of the School Link projects and Emotional Health Academy. We aim to build capacity so that needs are addressed before they escalate into more severe and enduring issues.</p> <p>We trialling PWP's in CYP anxiety and depression pathways.(Jan 2017)</p> <p>Workforce development plan for improving emotional health and wellbeing is under development following a workforce training and skills audit questionnaire for workers across the system.</p> <p>There is a recognition that providers need to work with commissioners and Health Education England</p>	<p>Assessment teams.</p>			
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	<p>to model the future skill mix and staffing numbers required to deliver the required changes to deliver Future In Mind.</p> <p>Staffing requirements are already understood for CAMHs Urgent care, CAMHs Community Eating Disorders and Autism Assessment teams. Gaps in availability of staff on these care pathways are understood.</p>			
Accurately capturing activity- data quality	<p>BHFT are submitting data to the MHMDS.</p> <p>Non NHS providers are submitting data to CCGs but currently this activity is not captured on MHMDS. Non NHS providers do not currently have the IT infrastructure to submit data onto MHMDS. CCGs are in discussion with NHSE on how to resolve this issue.</p>	Better data quality submissions to MHMDS	Assured data submissions to MHMDS	Assured data submissions to MHMDS

## Key risks to delivery, controls and mitigating actions

Any major service transformation has challenges. Some organisations and individuals are more open to change than others. Schools in particular have competing demands on their time so while there may be a desire and recognition to change, external factors prevent change from happening at the pace required.

Each project reports on key risks to delivery and mitigating actions on a quarterly basis.

The key risks identified are (this list is not exhaustive)

Risk	Mitigating actions
Inability to recruit / retain sufficient staff with experience required to undertake the work.	Specialist CAMHs agency staff were retained until new starters commenced. Skill mix utilised when appropriate. Membership of local CYP IAPT collaborative- prospective staff find this attractive, existing staff are encouraged and supported to undertake additional training. Voluntary sector partners have recruited and trained additional staff/ volunteers. Supervision arrangements in place for practitioners. Providers held to account when projects/ milestones delayed- recovery plans required and monitored via the contract process Bid accepted to fund a trial of low intensity treatment for anxiety and depression delivered by skill mix staff (similar to the use of PWPs in adult IAPT) Providers need to work with commissioners and Health Education England to model the future skill mix and staffing numbers required to deliver the required changes to deliver Future In Mind
Poor system engagement	Director level sponsor. Improving emotional health and wellbeing in CYP is a multiagency priority and is championed by system leaders. Service users and champions contacting partners e.g. schools Promotion of evidence base and ready made tools (e.g. Young Minds building Academic Resilience tools)

Risk that there is a further peak in crisis/Urgent Care presentations which continues to be higher than additional capacity	Investment in whole system training and working to enable earlier intervention and crisis prevention
Financial- insufficient funds to cover all required investments	CCGs and partners working collaboratively across Berkshire/BOB to identify opportunities for economies of scale. CCGs and partners proactively bidding for grants and resources.
Poor quality of referrals resulting in delays in the child accessing the right help at the right time	Training for referrers. Regular communication updates to referrers. Proactive outreach by providers to referrers Updated referral guidelines and forms put on DXS. Use of early help hubs to identify issues more quickly and ensure that child is seen by the most appropriate service provider
Schools underestimating the level of staff involvement required to implement the School Link project, leading them to step away from the programme	Project manager assigned Utilise the strong relationships between Educational Psychologists, Primary Mental Health Workers and schools to help to facilitate the project. Publicise outcomes from other areas of the country that have seen a link between strong emotional health/ resilience amongst pupils and better academic outcomes. Promote project with governors.
Submissions to MHMDS to not capture non NHS delivered treatment resulting in our cover data being reported as lower than the reality	Non NHS providers are submitting data to CCGs but currently this activity is not captured on MHMDS. Non NHS providers do not currently have the IT infrastructure to submit data onto MHMDS. CCGs are in discussion with NHSE on how to resolve this issue.
Staff reluctant to implement the required changes	Change management programme in place with our main community provider. Supervision arrangements in place for practitioners. Improving emotional health and wellbeing in CYP is a multiagency priority and is championed by system leaders. Service user feedback to staff and organisations Promotion of CYP IAPT training Evidence of positive changes in outcomes for service users

## Appendix 1 Health and Wellbeing Board Reports

Reading Borough Council 18 March 2016



item06 HW board  
CAMHs report March

<http://www.reading.gov.uk/article/9585/Health-and-Wellbeing-Board-15-JUL-2016>

Wokingham Borough Council 14 April 2016



Wokingham HWB  
Emotional Health and



Appendix 2  
Wokingham Emotiona

<http://wokingham.moderngov.co.uk/ieListDocuments.aspx?CId=140&MeetingId=1404>

West Berkshire Council- Hot Focus session on Emotional Wellbeing 11 February 2016



CAMHS hot topic  
session- sally expand

West Berkshire Council 7 July 2016



Children's Delivery  
Group Report 7th July


<http://decisionmaking.westberks.gov.uk/ieListDocuments.aspx?CId=345&Mid=3471&Ver=4>

## **Appendix 2 Terms of reference of the Berkshire West Future In Mind group**




Paper 2 - Future In  
Mind Group TOR v 5.0


Appendix 3 Future In Mind project plans




Project Brief  
template for CYP MH




Wok school Link  
Project Brief template




Project Brief Reading  
schools transformatio




EHAccgsapplic  
Vfinal.docx




Project Brief  
template for CYP MH




Project Brief  
template for CYP MH




G Autism Berks  
Project\_Brief\_templat




**RE Amended Budget  
From Autism Berkshir**



PPEPCare project  
brief fin vs(3).pdf



CAMHS Future in  
Mind Transformation



Eating Disorders  
Business Case FINAL

Early Intervention in Psychosis and Perinatal services were commissioned through wider Parity of Esteem funding.

#### Appendix 4 Performance reporting- services commissioned from partners

Partner	Service commissioned 16/17	Performance Q4 15/16	Performance Q1 16/17
<b>Autism Berkshire</b>	<p>Monthly Pre-Assessment Workshops: 36 in total, 12 in each locality</p> <p>Training on Supporting Teenagers with Autism with University of Reading (UoR) Centre for Autism: 6 in total, one training session to take place every two months, with two taking place in each locality over the project year.</p> <p>Three 2 day Mental Health First Aid courses: one to be held in each locality for parent/carers</p>	<p>7 Pre-Assessment workshops were held, attended by 52 parent/carers.</p> <p>6 families received a home visit</p> <p>6 families preferred to meet the Home Visit worker in the office</p> <p>43 parent/ carers attended a parent support group.</p>	<p>9 Pre-Assessment workshops were held</p> <p>Supporting Teenagers workshop developed, ready for delivery from Q2</p> <p>Promotional materials prepared, website developed, promoted via Twitter and Facebook</p> <p>Workers trained as mentors on SHaRON</p>
<b>Parenting Special Children</b>	<p>PSC will offer 20 pre diagnosis ADHD workshops which will include:</p> <p>Entry Level: 2 hour workshop: What is ADHD (Attention Deficit Hyperactivity Disorder) from May 2016</p> <p>Level 1: 2 hour workshops: Understanding and Managing ADHD behaviours from June 2016</p> <p>Monthly topic based information and support workshops West Berkshire &amp; Reading/Wok from September 2016</p>		<p>3 Introduction to ADHD workshops held with 19 attendees</p> <p>PSC has recruited 12 new peer supporters for the Diagnosis Support Service, some of whom have children or young people with ADHD, the new peer supporters training starts in mid-September.</p>

	Pre Diagnosis Support 1-1 peer support from September 2016		
<b>Youth Counselling- ARC (predominantly Wokingham area)</b>	<p>250 clients aged 0-24 seen per quarter</p> <p>1500 counselling sessions delivered per quarter</p> <p>5 summer workshops for parents attended by 30 parent/ carers</p> <p>Target of maximum 12 week waiting time for help</p> <p>2 peer mentor training sessions for young people <i>per annum</i></p> <p>Implement outcomes framework during 16/17</p>	Not applicable	<p>271 clients seen</p> <p>On track</p> <p>6 anxiety workshops delivered to 100 parents of anxious children</p> <p>Achieved</p> <p>Scheduled for later in the year</p> <p>In development- on track</p>
<b>Youth Counselling- Adviza Time To Talk (predominantly Reading area)</b>	<p>170 clients seen in first 6 months</p> <p>1500 counselling sessions delivered in 6 months</p> <p>Target 3 week waiting time for assessment</p> <p>Target of 8 week waiting time for</p>	Not applicable	<p>73 clients seen in Q1</p> <p>448 sessions offered in Q1 325 attended- recovery plan sought</p> <p>Off track- on track to achieve this by end Q2</p> <p>Off track- recovery plan sought</p>

	<p>counsellor allocation</p> <p>Implement outcomes framework during 16/17</p>		In development- on track
<p><b>Youth Counselling- Time To Talk (West Berkshire)- predominantly West Berkshire area</b></p>	<p>108 clients seen at Broadway House within 6 months</p> <p>750 sessions held at Broadway House within 6 months</p> <p>2 clients seen each week at Lambourn Surgery</p> <p>2 week max waiting time for assessments</p> <p>8 week max waiting time for regular sessions</p> <p>Min of 25 counsellors maintained</p> <p>Reduction in CORE score of 7 points minimum</p> <p>Publication and distribution of new marketing materials</p> <p>Implement outcomes framework during 16/17</p>	Not applicable	<p>55 clients concluded counselling in Q1- on track</p> <p>535 sessions held in Q1</p> <p>Achieved</p> <p>The current average waiting time for young people for an assessment is 1.8 weeks</p> <p>The current average waiting time for young people to start a regular session is 8.4 weeks</p> <p>Currently 24 counsellors with one new counsellor starting Q2</p> <p>Achieved</p> <p>Website and logo redesigned in Q1. Materials to be launched in Q2</p> <p>On track</p>

	Run two courses (mindfulness and Being Me) using underspend from 2015/16		Both courses ran in Q1, due to conclude in Q2.
<b>PPEPCare training</b>	<p>Deliver PPEPCare training to support School Link Projects in Wokingham and Reading</p> <p>Train trainers to support School Link Projects</p> <p>Deliver PPEPCare to support Emotional Health Academy and West Berkshire schools</p> <p>Deliver PPEPCare training for non CAMHs staff including practice staff and GPs</p> <p>Piloting of new modules (Resilience and ASD)</p> <p>Potentially developing new modules (to be explored with stakeholders)</p>	Not applicable	<p>220 staff attended PPEPCare sessions of average 2 hours although it also included a whole day for school nurses. Subjects included self-harm, conduct disorder, anxiety and depression.</p> <p>Train the trainers sessions have taken place so that LA staff and school nurses can deliver PPEPCare sessions.</p> <p>A subnet of SHaRON for PPEPCare trainers using a protected space on SHaRON to share materials, feedback from training sessions and support trainers in delivering training and this has been agreed and will go live in July/ August.</p>
<b>School Link Project -Wokingham</b>	<ol style="list-style-type: none"> <li>1. To train school staff in the PPEP care model.</li> <li>2. To identify, train and support a key person per school to take a lead on emotional and mental health issues in school. Establish a support menu for this</li> </ol>	Not applicable	<p>40 teachers attended a PPEPCare training day</p> <p>Recruitment of PMHW has delayed the project</p>

	<p>key person that includes regular training, network meetings &amp; supervision and this work be underpinned by a role description.</p> <p>3. To hold regular joint consultation sessions on concerning children in identified schools. These are joint between key professions in Early Help services as well as BHFT as the specialist provider.</p> <p>4. To identify a clear model of school based stepped care interventions that the school should be offering from their resources or in partnership with others. The School Link project will enable pilots of interventions in identified schools, which are then written up to confirm that they are the interventions required. Once the interventions have been agreed the project will then be clear on the training and support required within schools who agreed to offer these interventions in their school.</p>		
<b>School Link Project- Reading</b>	<p>1. To train school staff in the PPEP care model.</p> <p>2. To identify, train and support a key person per school to take a lead on emotional and</p>	Not applicable	3 PMHWs and 1 Educational Psychologist commenced PPEPCare train the trainer training.

	<p>mental health issues in school. Establish a support menu for this key person that includes regular training, network meetings &amp; supervision and this work be underpinned by a role description.</p> <p>3. To hold regular joint consultation sessions on concerning children in identified schools. These are joint between key professions in Early Help services as well as BHFT as the specialist provider.</p> <p>4. To identify a clear model of school based stepped care interventions that the school should be offering from their resources or in partnership with others. The School Link project will enable pilots of interventions in identified schools, which are then written up to confirm that they are the interventions required. Once the interventions have been agreed the project will then be clear on the training and support required within schools who agreed to offer these interventions in their school.</p>		<p>11 schools have agreed to engage in the project. Schools are identifying key staff members to lead on EWB in each school</p> <p>Training dates for academic year 16/17 agreed</p> <p>Arrangements for mental health consultations being negotiated.</p>
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<p><b>Webster Stratton – Reading</b> Personalised assessment and intervention packages for children with conduct problems in child mental health services</p>	<ul style="list-style-type: none"> <li>• 6 practitioners trained to delivery Webster Stratton 14 week course – March 6</li> <li>• Identify 20 adults to join course 1 – March 16</li> <li>• Course 1 started in April 16 and ends July 16</li> <li>• Identify 20 adults to join course 2 – July 16</li> <li>• Course 2 started in Late Sept 16 and ends Dec 16</li> <li>• Identify 20 adults to join course 3 – Dec 16</li> <li>• Course 3 started in Late Jan 17 and ends March 17</li> <li>• Identify 20 adults to join course 4 – Dec 16</li> <li>• Course 4 started in Late Jan 17 and ends March 17</li> <li>• Identify 20 adults to join course 5 – March 17</li> <li>• Course 5 started in April 17 and ends July 17</li> </ul>	<p>Not applicable</p>	<ul style="list-style-type: none"> <li>- 9 facilitators have been trained in Incredible Years Parenting</li> <li>- Pilot group has been completed – 11 started, 8 finished</li> <li>- Parenting Group Programme for 16/17, 17/18 has been organised with 4 Incredible Years groups scheduled – 2 in South and 2 in West</li> <li>- Facilitators have been identified and contingency in place to cover leave/absence</li> <li>- Pilot group has been evaluated with practitioners and learning shared with newly trained facilitators</li> <li>- All materials/tools have been delivered and there are resources in both locality teams</li> <li>- Relevant admin support has been identified</li> <li>- Relevant managers/facilitators are clear on time dedicated to group and this is factored in to their case weighting</li> </ul>
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<b>Webster Stratton- Wokingham</b> Personalised assessment and intervention packages for children with conduct problems in child mental health services	The Wokingham project will consist of two experienced Incredible Years Facilitators working in the Early Help Team to deliver 2 – 3 courses offering a service to 55 parents over 12 months.	Not applicable	9 families completed a 14 week Pilot Incredible Years Parenting Course  Courses planned and recruited to from Sept 16  Staff and researchers have been recruited and trained
<b>Emotional Health Academy- West Berkshire</b>	The Emotional Health Academy will act as a hub for training and interventions. The EHC will initially train 4-6 emotional health workers to work in schools and the community as early intervention practitioners. The Emotional Health Academy will offer: <ul style="list-style-type: none"> <li>• Induction, initial training and continuing professional development for the EH workers</li> <li>• Training for schools (Mental Health First Aid, PPEPCare, bespoke training)</li> <li>• A quick, co-ordinated, multi-agency response via a weekly Triage</li> <li>• Response and intervention within the schools and community</li> <li>• A wider range of interventions and universal advice, support and signposting incl. web-</li> </ul>	Not applicable	Emotional Health Academy has been launched; staff have been recruited and trained; and the EHA is now operational in schools and community settings across West Berkshire.  Waiting list reduced from 120 to zero.  More schools have bought into the service

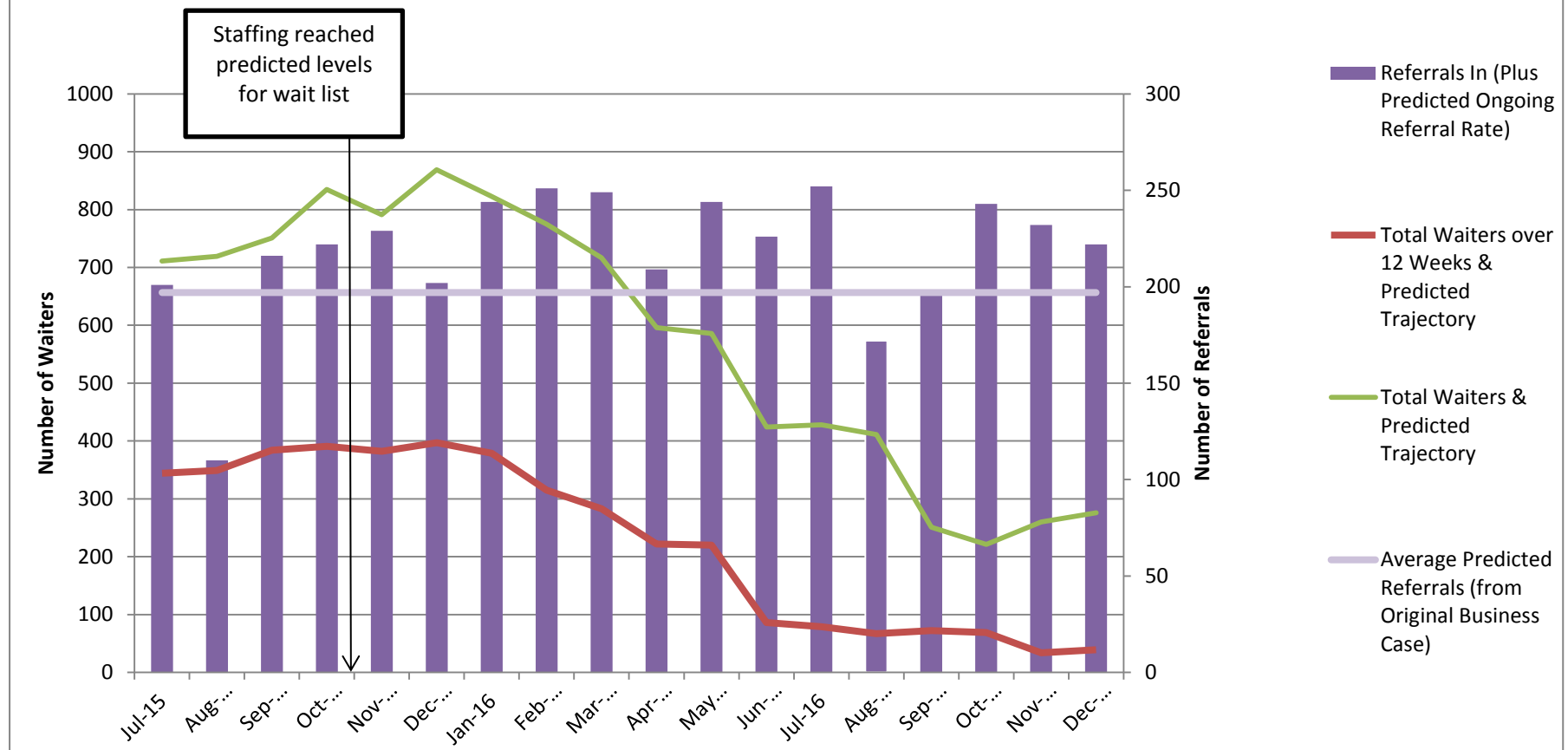
	<p>based help</p> <ul style="list-style-type: none"> <li>• A family focus with links to adult Community Mental Health Team.</li> </ul> <p>Key performance indicators include:</p> <ul style="list-style-type: none"> <li>• A reduction in specialist CAMHS referrals</li> <li>• A wider range of partner agencies offering a wider range of early interventions in the community</li> <li>• Positive outcomes as rated by the young people themselves, family and school</li> <li>• Lower rates of reported bullying</li> <li>• A reduction of pupils recording significant levels of anxiety using standardized measures (Spence) and DSM -5 definitions</li> <li>• A greater number of trained staff in schools</li> </ul>		
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## Appendix 5 Waiting Times and service data

### Berkshire West CCG specialist CAMHS waiting time targets 16/17 contract

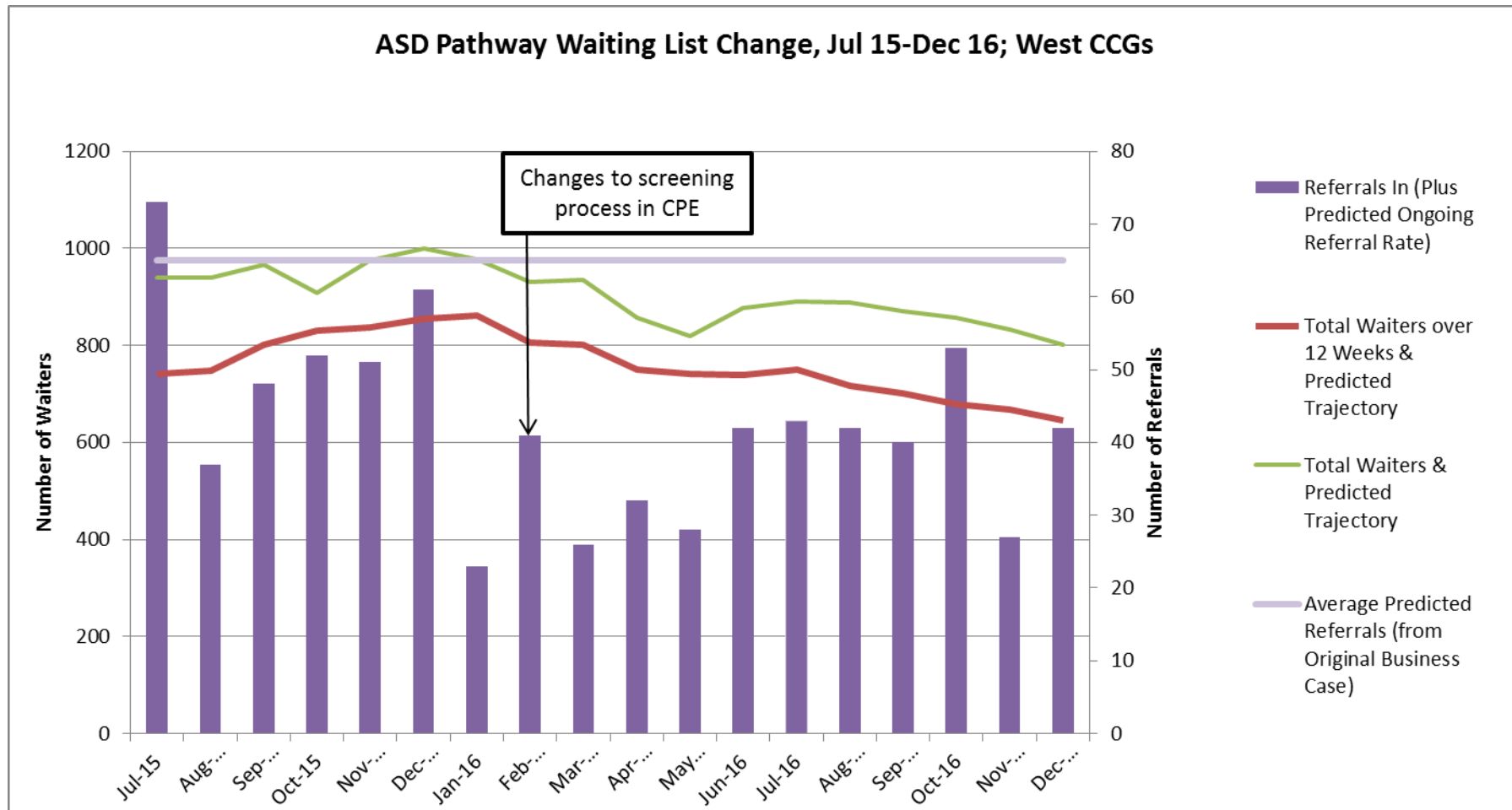
Clinical Indicator	Threshold	Method of Measurement	Frequency of reporting
% of CPE/Urgent Care CAMHS patients waiting longer than 6 weeks at the end of the reporting period	≤5% from Q1 2016/17	Reported within quality schedule report using the following methodology; Numerator; Total number of CPE/Urgent Care CAMHS patients waiting at the end of the quarter who have waited longer than 6 weeks as at the last day of the quarter Denominator; Total number of CPE/Urgent care CAMHS patients waiting at the end of the quarter	Quarterly
% of Specialist Community Teams CAMHS patients waiting longer than 6/12 weeks at the end of the reporting period	Q1 ≤5% over 12 weeks Q2, Q3 & Q4 ≤5% over 6 weeks	Reported within quality schedule report using the following methodology; Numerator; Total number of Speciality Community Team CAMHS patients waiting at the end of the quarter who have waited longer than 6/12 weeks as at the last day of the quarter Denominator; Total number of Speciality Community Team CAMHS patients waiting at the end of the quarter	Quarterly
% of A&D CAMHS patients waiting longer than 6/12 weeks at the end of the reporting period	Q1 & Q2 ≤5% over 12 weeks Q3 & Q4 ≤5% over 6 weeks	Reported within quality schedule report using the following methodology; Numerator; Total number of A&D CAMHS patients waiting at the end of the quarter who have waited longer than 6/12 weeks as at the last day of the quarter Denominator; Total number of A&D CAMHS patients waiting at the end of the quarter	Quarterly
% of ADHD CAMHS patients waiting longer than 6/12 at the end of the reporting period	Q1 & Q2 ≤5% over 12 weeks Q3 & Q4 ≤5% over 6 weeks	Reported within quality schedule report using the following methodology; Numerator; Total number of ADHD CAMHS patients waiting at the end of the quarter who have waited longer than 6/12 weeks as at the last day of the quarter Denominator; Total number of ADHD CAMHS patients waiting at the end of the quarter	Quarterly
% of ASD CAMHS patients waiting longer than expected at the end of the reporting period	Q2 & Q3 ≤5% over 18 months Q4 ≤5% over 11 months (≤5% over 12 weeks by Oct 2017)	Reported within quality schedule report using the following methodology; Numerator; Total number of ASD CAMHS patients waiting at the end of the quarter who have waited longer than 18/11 months as at the last day of the quarter Denominator; Total number of ASD CAMHS patients waiting at the end of the quarter	Quarterly
Reduction in the number of ASD CAMHS patients waiting over 12 weeks at the end of each reporting period	Reduce by 15% each quarter	Reported within quality schedule report	Quarterly

## CAMHS Waiting List Change, excluding ASD Pathway, Jul 15-Dec 16; West CCGs



## Autism Assessment Team (formerly ASD Pathway)

Graph shows progress made against waiting times targets for Autism assessments. Data shows the position before manual review for all agreed breach reasons.



### Current Specialist CAMHs waiting times (30 September 2016)

CAMHs CPE & Urgent care	All referrals are risk assessed in CPE within 24 hours. 100% urgent cases seen within 24 hours. 80% of referrals assessed at CPE within 6 weeks. All referrals breaching the 6week target are referrals to the Autism Assessment Team. The current average waiting time for more in depth triage of routine referrals in CPE is 3 weeks.
CAMHs Specialist Community	The current average wait time for referrals to the Specialist Community Teams is 6 weeks 5 referrals (6.4% of total waiters) breached the 6 week target without an agreed breach reason. All have future appointments booked
CAMHs Anxiety & Depression Specialist Pathway	The current average waiting time for referrals to the Anxiety & Depression Team is 13 weeks.
CAMHs ADHD Specialist Pathway	The current average waiting time for referrals on this pathway is 10 weeks. Of the 30 referrals waiting over 12 weeks, 17 have appointments booked and 9 are being managed for non response to contact. Data quality issues are being resolved. Families are also offered help while waiting – service commissioned from Parenting Special Children
CAMHs ASD Diagnostic Team	The average waiting time for those currently waiting an assessment is 37 weeks. 95% are seen within 18 months. Families who are waiting for assessment are offered help via the Young SHaRON subnet and support commissioned from Autism Berkshire

#### All External Referrals to CAMHS through CAMHS CPE

	2014/15	2015/16	2016/17
April	189	210	224
May	201	222	255
June	199	212	221
<b>Q1 Totals</b>	<b>589</b>	<b>644</b>	<b>700</b>
	2014/15	2015/16	2016/17
July	300*	240	251
Aug	150	131	172
Sept	208	233	193
<b>Q2 Totals</b>	<b>658</b>	<b>604</b>	<b>616</b>

\*Note high number of referrals to the ASD service related to transfer of service to BHFT from RBH

#### Specialist Caseload - All Berkshire West CCG's

More children and young people are having specialist CAMHS treatment with BHFT. These figures *exclude* CAMHS Community Eating Disorders Service (reported separately). These figures exclude children who are seen via the Emotional Health Academy, Youth Counselling, Webster Stratton and School Link projects. Those numbers are cited in Appendix 4. A target trajectory for increased access to specialist CAMHS will be developed in partnership with NHS England and BHFT later this year (16/17).

Care pathway	Q4 2015/16	Q1 2016/17
CAMHS Anxiety & Depression Specialist Pathway	338	318
CAMHS ADHD Specialist Pathway	1028	1002
CAMHS ASD Diagnostic Team	1256	1316
CAMHS Specialist Community	766	803
CAMHS CPE & Urgent care	170	209
<b>Grand Total</b>	<b>3558</b>	<b>3638</b>

### Waiting times for Specialist CAMHs – trends

There are fewer children waiting to be seen by CAMHs due to additional capacity.

Total Number of Berkshire West patients waiting at end of Quarter

	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17
<b>Total Waiting</b>	1695	1650	1869	1653	1301	1104	1078

### Numbers waiting by care pathway- Berkshire West

Numbers waiting for have reduced in all CCG areas and across all care pathways.

	Q3 2015/16	Q4 2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17
CAMHs Anxiety & Depression Specialist Pathway	162	142	52	45	34
CAMHs ADHD Specialist Pathway	272	215	110	78	83
CAMHs ASD Diagnostic Team	1000	936	877	842	802
CAMHs Specialist Community	285	273	193	59	78
CAMHs CPE & Urgent care	150	87	69	80	81
<b>GRAND TOTAL</b>	<b>1869</b>	<b>1653</b>	<b>1301</b>	<b>1104</b>	<b>1078</b>

## Eating Disorders data for Berkshire- Unify return August 2016 and baseline position



Copy of CYP ED Care  
Pathways Template v



Eating Disorders  
Business Case FINAL

## Early Intervention in Psychosis- baseline position and process



EIP BASELINE  
update commissioner:



EIP To Be Process  
Map\_v0.4.pdf



EIP update Q2  
1617.JPG

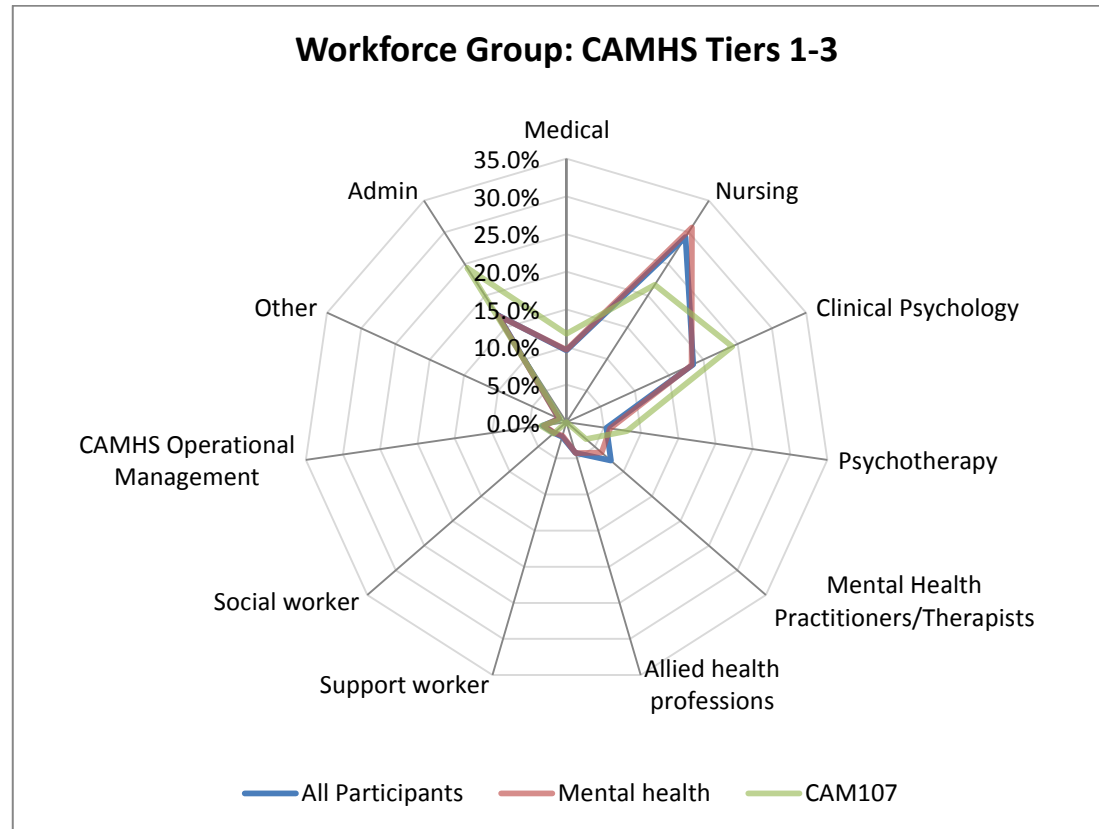
## Appendix 6 Latest draft of bid to NHS England Health and Justice Commissioning



Health and Justice  
bid Berkshire West Nc

## Appendix 7 Workforce data for 2016/17.

Baseline position within the LAs is within the original Transformation Plans  
National Benchmarking report (2015) staff breakdown by discipline-



### BHFT staff attending CYP IAPT training 15/16 (just finishing the courses)

3 staff undertaking the transformational leadership programme; 2 undertaking CBT and 1 undertaking EEBP

**BHFT Staffing baseline 15/16.** This includes vacancy and is inclusive of the Eating Disorders service and Berkshire West Urgent Response pilot.  
Note that some staff have more than one role so the headcount looks higher than it actually is as staff will be counted more than once. WTE is accurate.  
Note also that some staff have more than one qualification. These have only been counted once.

Job role- employer BHFT	Band 2		Band 3		Band 4		Band 5		Band 6		Band 7		Band 8a		Band 8b		Band 8c & d		Total Tier3	
	H/C	WTE	H/C	WTE	H/C	WTE	H/C	WTE	H/C	WTE	H/C	WTE	H/C	WTE	H/C	WTE	H/C	WTE	H/C	WTE
Admin and clerical	3	2.57	9	6.23	5	3.80	1	0.43											18	13.03
N&M mental illness/nursing							1	0.53	15	10.1	15	10.64	3	1.18					34	22.45
Psychology					9	4.81			2	1.00	6	3.50	11	6.29	3	0.87	1	0.77	32	17.24
Psychotherapists incl family therapy									3	1.50	1	0.53	5	2.18	3	0.77			12	4.98
Art and Music therapists									1	0.50	1	0.16							2	0.66
Dieticians									1	0.53									1	0.53
Speech Therapy									1	0.60	3	1.56	2	0.80					6	2.96
Senior managers															6	4.21	2	0.86	8	5.07
Consultants																			9	6.63
Speciality doctor																			2	0.68
<b>TOTAL</b>																			<b>124</b>	<b>74.23</b>
Tier 2- psychology*											2	1.4	3	1.4	1	1.0			6	3.8
Tier 2 nursing*											1	1.0							1	1.0
Tier 2* Psychotherapist											1	0.5							1	0.5

**H/C= headcount      WTE= whole time equivalent      \*LA commissioned**

**Local authority staffing 15/16**

West Berkshire Emotional Health Academy- additional staff from 16/17- four Emotional Health Workers (3.8 WTE) and a Clinical Worker (1 WTE)

Reading Borough Council-

<b>Role</b>	<b>FTE 15/16</b>	<b>Additional staff from 16/17?</b>	<b>Total</b>
Educational psychologists	7.1	No	7.1
Primary Mental Health Workers	3.5	1 School Link Project	4.5
Portage workers	5.6	No	5.6

Wokingham BC Tier 2 staff are employed by BHFT and are included in the table above.

## Appendix 8 Future In Mind spend in 16/17 £624K available across Berkshire West CCGs

Project	Amount
Reading School Link project	£100,000
Wokingham School Link project	£100,000
West Berkshire Emotional Health Academy	£100,000
PPEPCare (to support schools, primary care and non CAMHs staff)	£15,000
CORE 24 -remainder of the CAMHs crisis pilot at RBFT	£208,000
Voluntary sector support for families awaiting ASD diagnosis- Autism Berkshire	£40,212
Voluntary sector support for families awaiting ADHD diagnosis- Parenting Special children	£9,740
Autism Appreciative Inquiry work	£5,225
Booklets & campaign for young people- to be issued Spring 2017	£10,000
<b>Total</b>	<b>588,177</b>
<b>Yet to be allocated</b>	<b>£35,823</b>

(Webster Stratton and remainder of CORE 24 crisis pilot funded from 15/16 resources)

### Other spend (in addition to specialist CAMHs contract and Local Authority commissioned services) 16/17

CAMHs Community Eating Disorders £236K

Perinatal mental health £166K

Children and Young People's IAPT training backfill £251K (pan Berkshire)

Youth Counselling- Reading (Time to Talk)- £30K from CCGs plus £60K from Reading Borough Council

Wokingham (ARC)- £30K from CCG plus £59K from Wokingham Borough Council

West Berkshire (Time To Talk West Berkshire)- £29.5K from CCG

### Specialist CAMHs block contract

15/16 £6,166,360 plus additional £249,535 allocated to transforming Community Eating Disorder services. Up to

£500K was available non recurrently in order to reduce waiting times through use of agency staff while new posts were recruited to.

This figure excludes Berkshire Adolescent Unit which was transferred to NHS England in 14/15.

16/17 £6,306,000 plus other spend as listed above.

## Appendix 9 BHFT CAMHs service transformation update newsletters June, July, and September 2016



CAMHS Update June  
2016.pdf



CAMHS Update Issue 2 July 2016 - Our Autism Assessment Services.msg



3 Our ADHD  
Services.pdf

## Appendix 10 Local Authority spend (16/17 data to follow)

### Reading Borough Council funding-15/16 baseline

Year	Service	Expenditure
15-16	Primary Mental Health Workers	£ 179,800
15-16	Educational Psychologists	£495,150
15-16	Youth Counselling service (Commissioned)	£75k
15-16	Short breaks (Commissioned)	£105k
15-16	Targeted family and youth support	TBC

In addition to this spend RBC spend on universal services that are applicable in this arena is

Year	Service	Expenditure
15-16	Information services for families (FIS service)	£ 100,000
15-16	Children's Centres	£1.4m

### West Berkshire Council funding- 15/16 baseline

West Berkshire council currently invests £120,000 in Primary Mental Health Workers and Help for Families therapeutic resources.

Grants awarded 2015/16:

Relate - £6K

Time to Talk - £27K

Homestart - £17K

Mental Health First Aid - £10K

Maternal mental health counselling group - £10K

Friends in Need - £25K

Wokingham Borough Council funding- 15/16 baseline

Wokingham Borough council invested £505,000. Wokingham Borough Council delivered services including Educational Psychology Service, Targeted Youth Support and Family Support.

Wokingham Borough Council invested £222,000 in commissioned services from BHFT (Primary Mental Health Workers), ARC youth counselling and ASSIST- ASD Outreach Service.