

Local Transformation Plan for Children and Young People's Mental Health and Wellbeing-REFRESH OCTOBER 2017

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.wokinghamccg.nhs.uk/our-work/children/camhs-transformation>

<http://www.southreadingccg.nhs.uk/our-work/children/camhs-transformation>

<http://www.nwreadingccg.nhs.uk/our-work/children/camhs-transformation>

<http://www.newburyanddistrictccg.nhs.uk/our-work/children/camhs-transformation>

The October 2016 refreshed plan can be found here

<http://www.southreadingccg.nhs.uk/component/edocman/refreshed-local-transformation-plan-for-children-and-young-peoples-mental-health-and-wellbeing-january-2017/download>

An easy read version of the October 2016 refreshed document can be found here

<http://www.southreadingccg.nhs.uk/component/edocman/refresh-local-transformation-plan-for-children-and-young-people-s-mental-health-and-wellbeing-yp-version/download>

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

Background

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.

What we are going to do

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

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

- we will improve targeted working for more vulnerable groups such as children in care, Children In Need, children who have experienced abuse and those subject to child protection plans; young people who are 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.
- we will work with Local Authorities, the voluntary sector and partners to provide early help when issues become apparent
- we will improve the quality and timeliness of specialist CAMHs
- we will improve care for children and young people experiencing a mental health crisis or psychosis
- we will reshape services for children and young people with eating disorders to enable quicker and better specialist support outside hospital
- we will collaborate with other commissioners to provide more streamlined and cost effective care pathways with care delivered closer to home

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.

Plans were refreshed in October 2016 to reflect emerging local and national developments.

About this document

This document builds on the October 2016 refresh of plans and provides

1. Our journey so far- A snap shot of how services are delivered now compared to 2014
2. An overview in the local paradigm shift from a traditional tiered system to a THRIVE framework
3. A review of progress and achievements since October 2016 through a THRIVE lens
4. A summary of progress against Five Year Forward View for Mental Health, key planning guidance
5. Further work which needs to be undertaken over coming years
6. Current challenges in achieving this
7. A summary of workforce concerns and plans
8. An overview of financial investment
9. An update on data submissions to the national Mental Health Services Data Set (MHSDS)
10. Governance
11. Need and activity

Appendix 1 workforce data

1. Our journey so far- A snap shot of how services are delivered now compared to 2014

2014

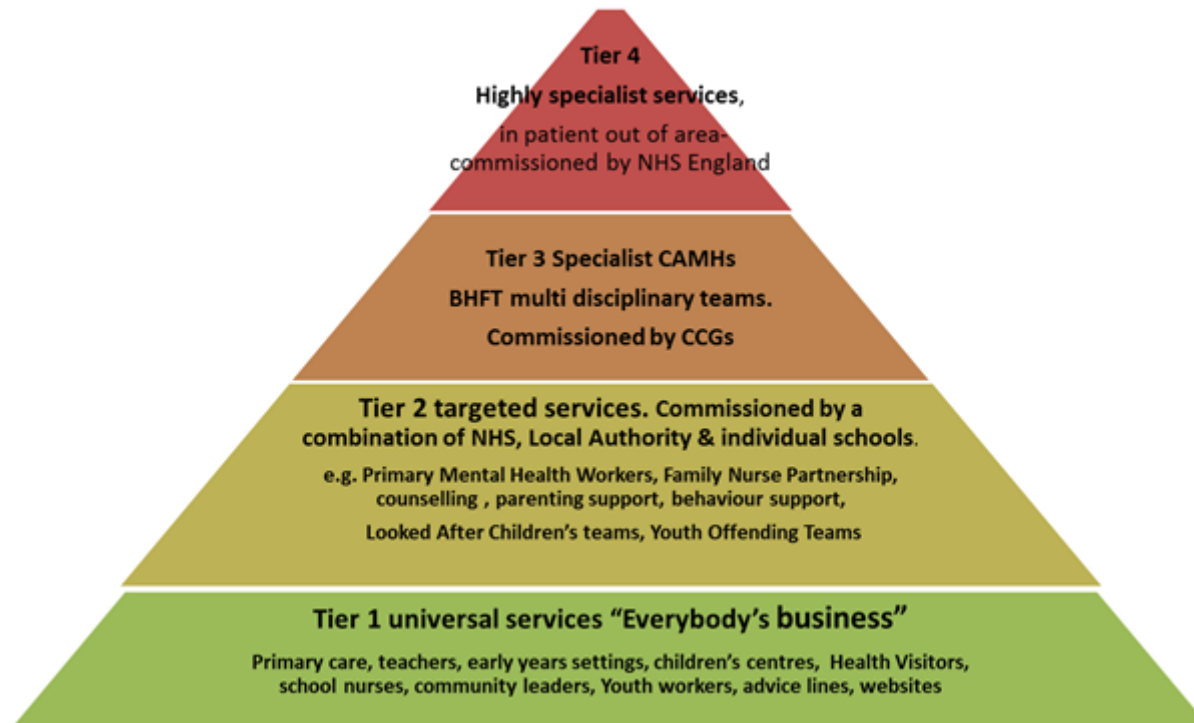


Figure 1

In 2014 services tended to be delivered in silos. Each service had its own assessment process and some children slipped through the gaps between services. Multiagency opportunities to see the child or young person's difficulties in the context of the family situation and wider environmental factors were often missed so help was not always coordinated between partners. Step up/ step down arrangements between Tiers were often ad hoc. Voluntary sector providers were rarely invited to be part of wider whole system discussion. Emotional health training to schools was patchy with no agreed training approach. Outcomes reporting was not well developed- some providers collected outcomes, others did not. Poor service user engagement.

2017 whole system planning and delivery

Key ingredients- co-production, collaboration.

Whole system planning, moving to integrated service delivery.

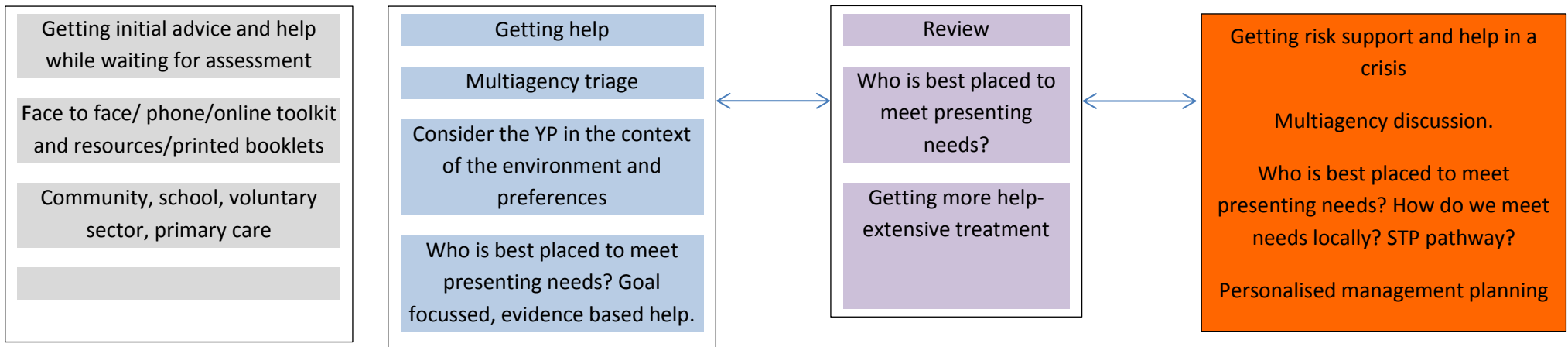
A shift from reactive to proactive. Agreed outcome reporting framework across providers. Joint problem solving, appreciative inquiry approach. Joint deep dives into issues e.g. school exclusions, supporting complex YP who frequently present in crisis. Focus on joint learning. Service users evaluating and shaping services

Building resilience and reducing stigma

Early identification

Multiagency PPEPCare training programme- empowering partners to identify needs and provide initial support/ advice. Online support for PPEPCare trainers

Reading and Wokingham School Link Projects / West Berkshire Emotional Health Academy



← Improved step up/ step down arrangements as needs of the individual change →

Figure 2

This work forms part of the wider Transforming Care, Special Education Needs and Disabilities work and ACS programme.

2. An overview in the local paradigm shift from a traditional tiered system to a THRIVE framework

Over the past 2 years, local partners have moved away from the traditional tiered system to the THRIVE framework developed by Wolpert et al in the Anna Freud Centre (AFC) and Tavistock & Portman NHS Trust.

<http://www.annafreud.org/media/3214/thrive-elaborated-2nd-edition29042016.pdf>

The THRIVE model seeks to describe 4 clusters, or groups of children and young people with mental health issues and their families, and the variety of support they may need to thrive, trying to draw a clearer distinction between treatment on the one hand and support on the other.

It focuses on a wish to build on individual and community strengths wherever possible, and to ensure children, young people and families are active decision makers in the process of choosing the right approach. Rather than an escalator model of increasing severity or complexity, THRIVE provides a framework that seeks to identify somewhat resource-homogenous groups (it is appreciated that there will be large variations in need within each group) who share a conceptual framework as to their current needs and choices.

The THRIVE framework below conceptualises five needs-based groupings for young people with mental health issues and their families. The image on the left describes the input that is offered for each group; that on the right describes the state of being of people in that group – using language informed by consultation undertaken by the Anna Freud Centre with young people and parents with experience of service use.

Each of the five groupings is distinct in terms of the:

- needs and/or choices of the individuals within each group
- skill mix required to meet these needs
- dominant metaphor used to describe needs (wellbeing, ill health, support)
- resources required to meet the needs and/or choices of people in that group

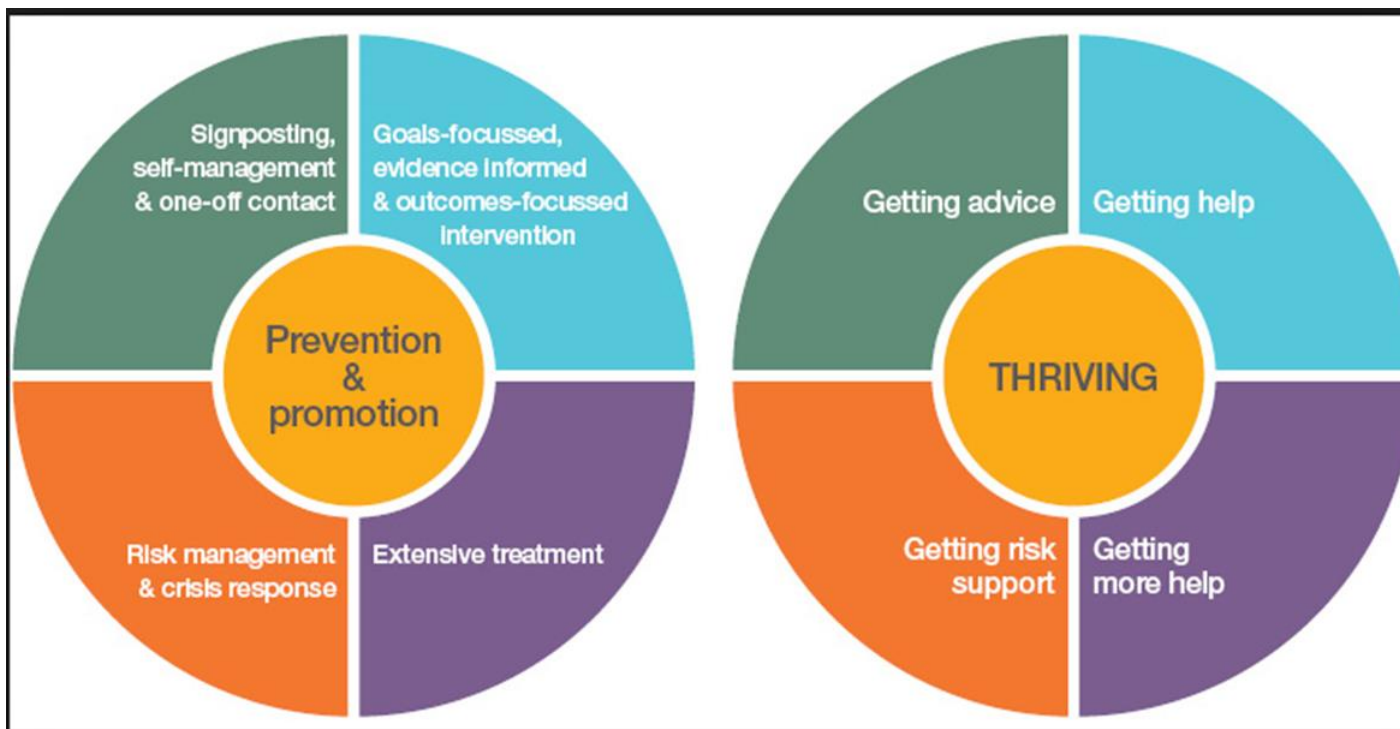


Figure 3

Over the past year the three Local Safeguarding Children Boards in Berkshire West, leaders within Berkshire Healthcare Foundation Trust (BHFT), Berkshire West Clinical Commissioning groups (CCG) and the Future In Mind group agreed to undertake an audit of children and young people with significant emotional health needs, requiring the support of other statutory partner agencies.

The purpose of the audit was to:

- 1) explore how well we identify emotional wellbeing and mental health difficulties, as individual services and collectively across multiple-agencies;
- 2) evaluate how effectively partner agencies identified need and risk;

- 3) assess the impact and effectiveness of single and multi-agency planning and impact on outcomes for children;
- 4) test the applicability of the THRIVE model in supporting enhanced inter-agency early identification and intervention, assessment and planning; to improve outcomes for children.

The THRIVE model was found to be a helpful model and learning from the audit has been used to shape services in Berkshire West.

We are promoting a whole system framework of care away from specialist mental health teams to families, communities, schools, public health, social care and the voluntary sector sharing the same vision and working together on prevention, early help and building resilience, as well as attending to complex mental health difficulties and mental health crises among children and young people. These are all key features of Future in Mind (2015). Inter-professional collaboration and coproduction will support a cultural change in the language used, the way in which systems and agencies work together, and the way in which children, young people and their families access support, care and mental health treatment

Throughout this document, we refer to the THRIVE framework to describe how we are moving towards this more seamless way of delivering emotional wellbeing and mental health services in Berkshire West.

3. A review of progress and achievements since October 2016 through a THRIVE lens

- **THRIVING- prevention and promotion**

WHERE WE WANT TO GET TO-

Thriving is a state of wellbeing and fulfilment that we are all hoping to achieve; supporting children and young people to thrive is at the heart of the THRIVE model, and underpins all elements of it. Thriving correlates positively with sense contentment, as well as with physical and mental health indicators. Children who thrive are resilient and can call upon a wide range of positive coping strategies, when faced with life challenges and adversity. Thriving is supported by prevention, mental health promotion, awareness raising work and early help in the community. These public health strategies are aimed at whole communities, rather than individual children and families, and require all agencies working with children to work effectively together. The strategies recognise the importance of resilience, emotional and social wellbeing, which are supported by vital skills, such as emotion regulation skills, social skills to support positive relationships and a wide range of coping strategies to help children and families face all kinds of adversity. The public health strategies are aimed at early intervention. For example, supporting pregnant mothers and families with very young children, preschool children, as well as promoting wellbeing among school aged children and their families.

Public health strategies are designed to support an understanding of a developmental approach to emotional and social wellbeing, and the factors, which compromise healthy emotional development and lead to psychological harm. In understanding these factors, services can apply strategies, which tackle the causes and prevent emotional and social harm. To give children the best start in life, it is important that they are brought up in emotionally and socially healthy environments (at home and at school), by adults who understand and attend well to their emotional and social needs. An ambitious programme of workforce training and development will be needed to support families and professional staff, including those in universal services, to understand the determinants of mental health wellbeing and the factors which compromise it and lead to psychological harm. Thriving is supported by both universal prevention, aimed at the whole population, and selective prevention strategies, which target individuals or population subgroups, who have higher risk for developing emotional well-being and mental health problems. Awareness raising and mental health promotion is supported by mental health experts and is evidence based. The provision of expert advice, information, training and consultation is seen as a vital role of mental health professionals.

WHAT WE DID

We engaged with service users, parents, carers and partners to find out how they would like to access mental health promotion, awareness raising work and early help in the community.

In order to raise awareness of Autism and ADHD, including early identification and support we have provided a programme of presentations for SENCO's, early years support services and parents groups across West Berkshire, including an all-day ADHD conference and ADHD special interest group open to parents, carers and professionals. Partner agencies have been encouraged to consider needs led, not diagnosis led support, and to consider hidden needs, such as camouflaging in girls

Across Berkshire West we co-produced the #littlebluebookofsunshine with young people and distributed it universally to pupils prior to exam season, as well as available online. Young people also wanted a slightly cheeky bus and social media campaign with messages appealing to all genders. Booklets were distributed to all schools and clinics by the School Link projects, Emotional Health Academy, CCG staff, acute hospital staff, voluntary sector organisation, Healthwatch and experts by experience. Instagram, Twitter and Facebook campaigns ran for 4 weeks around exam season along with a bus shelter and bus advertising campaign.

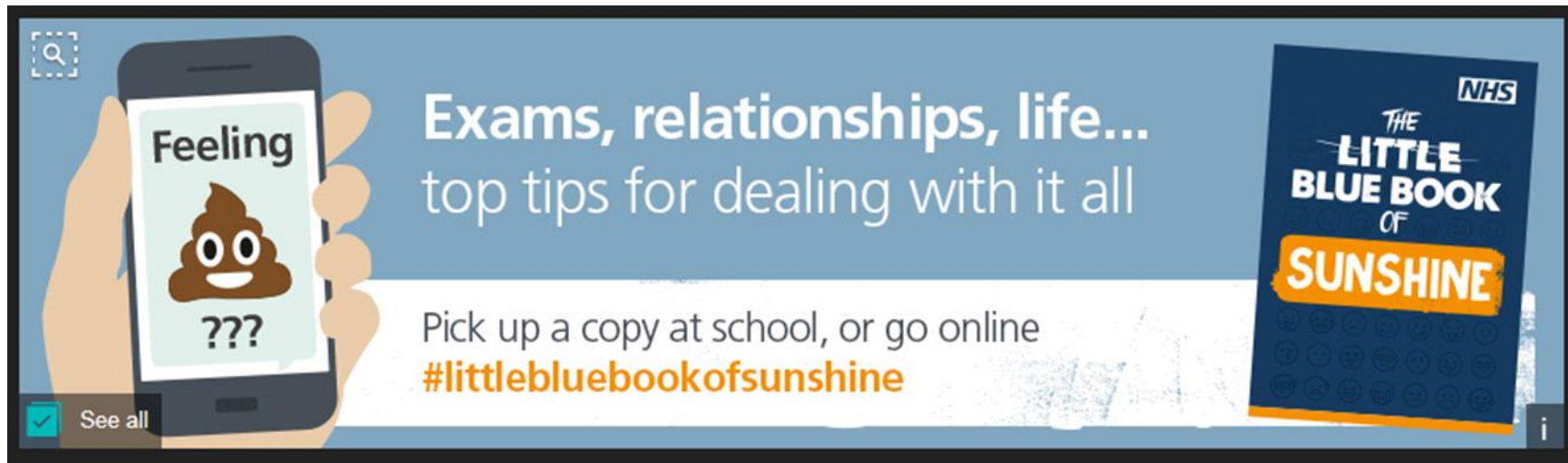


Figure 4

A former service user and local mental health champion partnered with Brighter Berkshire and numerous local organisations, to organise a huge mental health event at theMadejski Reading FC stadium on World Mental Health Day. An attempt was made to break the Guinness World Record for the biggest mental health lesson. The lesson was broadcast live to pupils watching in other countries.

Hundreds of school children and university students attended the event. Mental health stigma was challenged, local children and teachers were educated and resilience was promoted. The event was linked to #littlebluebookofsunshine resources.



Figure 5

West Berkshire Council Public Health ran a Health and Wellbeing in Schools Programme which develops or delivers;

- 5 Ways to Wellbeing universal workshop resource for Year 5, 6 and 7 children, developed by Public Health to be delivered by school staff.
- Mental Health Awareness workshops for secondary schools. Delivered to whole year groups and/or Peer Mentors. Themes: Stress Awareness, What is Mental Health? Mental Health Stigma and Discrimination.
- Time To Change Mental Health Leaders programme for 6th form students. Once trained the young people are supported by H&WB in Schools Coordinator to lead mental health awareness campaigns within their schools.
- Youth Health Champions Programme – The RSPH qualified, the qualification is funded by West Berkshire Public Health and delivered by the Health and Wellbeing in Schools Coordinator- young people offer signposting and lead wellbeing and mental health awareness in secondary schools.
- <http://www.emotionalwellbeingwestberkshire.co.uk/>

West Berkshire Council Public Health also provided

- Funding for free **Mental Health First Aid (MHFA)** Youth and Schools training for school staff & any frontline workers supporting CYP
- **Teen Health Guide** printed and distributed for all young people Year 10, 11, 12 in West Berkshire, includes sections on managing stress, depression & anxiety and a range of related topics.

- **Time to Talk West Berkshire** – funding for face-to-face counselling service for CYP age 11-25 years and mental health awareness workshops and assemblies in secondary schools
- **Emotional Health Academy** – allocate some Public Health funding to contribute to total service costs.
- **Emotional Health Academy** – supporting service development around prevention, including the establishment of a new prevention worker post with the EHA.
- The Anna Freud Centre have agreed to conduct a Mental Wellbeing baseline survey in West Berkshire secondary schools.

In Reading, the Schools Link Project is using the THRIVE Elaborated model to offer universal training on mental health to whole schools (Getting Advice), as well as offering Help and Getting More Help within schools, via a partnership approach between schools, Educational Psychologists, Primary Mental Health Workers, children and families. It has given us the opportunity to optimise and extend current joint working between schools, Educational Psychologists, and Primary Mental Health Workers to improve school staff knowledge and identification of MH issues, improve school responses to MH and improve the quality and timeliness of referrals to specialist services. The first year focused on 11 schools, extended in the second year to include all secondary schools, Reading College and some primary schools.

In Reading the Emotional Health Pathway for Looked After Children (LAC) offers a multi-disciplinary supervision and advice group for social workers to discuss Looked After Children with High or Very High Strengths and Difficulties Questionnaire (SDQ) scores, with an aim of improving their emotional and mental health; offer training to all social workers on the use of the SDQ and promote awareness and recognition of mental health issues, and what help is available.

The Reading Options Team offer therapeutic interventions for Looked After Children and Young People.

The Oxford Parent Infant Project OXPIP works with a small number of families in Reading with parent/carer and infants 2 years old or under <http://www.oxpip.org.uk/>

WHAT WE STILL NEED TO DO

There is currently a gap in support for families with pre-school children with emotional and mental health needs. OXPIP is working with a few families in Reading.

- **GETTING ADVICE- signposting, self-management and one off contact**

WHERE WE WANT TO GET TO

Information and advice for children, young people, parents and carers is easily accessible online, as well as in schools, primary health settings and the wider community.

Information and advice for parents and carers about a child's emotional development and mental health is easy to access.

Training and support is available for schools and professionals working with children.

WHAT WE DID

We engaged with service users, parents, carers and partners to find out what information they required and how they would like to access this information.

Resources were co-produced and promoted.

Young people told us that they wanted a single reliable source of emotional/ mental health information and advice available as a discrete blazer pocket sized booklet, distributed universally to pupils prior to exam season, as well as available online. They also wanted a slightly cheeky bus and social media campaign with messages appealing to all genders. The Little Blue Book of Sunshine was then developed via a co-production process aimed at young people in years 10 and above. #littlebluebookofsunshine. 25,000 booklets were distributed to all schools and clinics by the School Link project, Emotional Health Academy, CCG staff, acute hospital staff, voluntary sector organisation, Healthwatch and experts by experience. Instagram, Twitter and Facebook campaigns ran for 4 weeks around exam season along with a bus shelter and bus advertising campaign. Looked After Children and the Youth Offending Teams were specifically targeted over a wider age group. The response has been very good but difficult to quantify. The campaign has been cited by Young Minds and the Youth Justice Board as examples of good practice.

Berkshire Healthcare Foundation Trust continues to transform our Children, Young People and Families (CYPF) Services, following feedback from service users, parents, carers and professionals. BHFT have brought together all of their children's services in an ambitious programme to enable all children, young people and families in Berkshire to 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 every day living.

CAMHS services are now integrated with Integrated Therapy Teams and Public Health nursing to provide an integrated response, considering the child's overall needs in the context of the family rather than on a single discipline basis. This programme has seen the creation of an integrated on-line referral process and a single front door, enabling early identification of need and risk through multidisciplinary triage and assessment. The services have also developed an on-line resource, bringing together information and self-help resources on mental and physical health issues, using a life-cycle approach to providing information and resources for young people, families, carers and professionals which can be easily accessed via smart-phone, tablet or computer.

The On-Line Resource has been designed and created alongside service users, parents, carers and fellow professionals in education and healthcare. BHFT have aimed to address the key questions that they get asked by service users, providing them with the tools and information they require to self-manage in the community, alongside clear advice on when to seek further help and signposting to the best place to find it. This is linked to the Local Offer in each Local Authority area.

The online resource is at: <https://cypf.berkshirehealthcare.nhs.uk/>.

PPEPCare (Psychological Perspectives in Education and Primary Care) training sessions were delivered to 1424 staff plus over 200 young people across Berkshire West in 16/17. Staff were from a variety of backgrounds including schools, primary care, secondary care, voluntary sector. PPEPCare supports the School Link project and Emotional Health Academy. Evaluations have been consistently very strong.

The Reading and Wokingham School Link projects are in year 2 of operation, providing training, help and supervision to teaching staff and pupils. The outcomes of the service will be evaluated in 17/18 with a view to review impact, effectiveness and sustainability of provision which also captures the voice of children and young people in terms of how they feel about key issues affecting their emotional and mental health well-being. In Reading, the Schools Link Project is using the THRIVE Elaborated model to offer universal training on mental health to whole schools (Getting Advice), as well as offering Help and Getting More Help within schools, via a partnership approach between schools, Educational Psychologists, Primary Mental Health Workers, children and families. It has given us the opportunity to optimise and extend current joint working between schools, Educational Psychologists, and Primary Mental Health Workers to improve school staff knowledge and identification of MH issues, improve school responses to MH and improve the quality and timeliness of referrals to specialist services. The first year focused on 11 schools, extended in the second year to include all secondary schools, Reading College and some targeted primary schools.

The Reading School Link project has gained a great deal of interest across other Local Authorities as an example of using the THRIVE model to offer an alternative model of identifying and meeting mental health needs of children and young people in schools. It also aims to extend the THRIVE model across the partner agencies in mental health such as CAMHS & the University of Reading Anxiety and depression in Young People (AnDY) Clinic, so that therapeutic interventions are supported across systems and contexts rather a therapeutic intervention being offered in isolation.

The Oxford Parent Infant Project OXPIP works with a small number of families in Reading with parent/carer and infants 2 years old or under <http://www.oxpip.org.uk/>

The Emotional Health Academy (EHA) has Emotional Health Workers (EHW) operating in 28 schools (24 Primary, 3 Secondary, and 1 Independent) across West Berkshire. The Academy has had a great deal of national interest as an innovative model of service delivery. It has recently been reviewed by an external consultant and a service improvement plan has been developed to maximise the impact the academy has on children and young people's outcomes.

The voluntary sector youth counselling organisation Time To Talk West Berkshire has delivered Mental Health assemblies in schools.

Parenting Special Children and Autism Berkshire have continued to deliver training sessions and support to families whose children have been referred or assessed for ASD and ADHD. Pre assessment and post assessment support is provided as part of the wider neurodevelopmental care pathways.

On-line support through 24/7 access to peer and expert clinical advice is provided to all families whose children have been referred to for an autism assessment or who have a child already diagnosed with autism, through Berkshire Healthcare Foundation Trusts Young SHaRON social media platform. Feedback from families has been consistently positive.

Within Wokingham parents requested an intervention for anxiety they could access to support their child at home. In 2015 a partnership between ARC and WBC designed a programme, funded by Public Health, with the aim to empower parents to take an active role in supporting their child's mental health and at the same time recognising the impact that their own mental wellbeing can have on family dynamics. 10 workshops were commissioned and hosted in the areas of relative deprivation in the borough to ensure they were accessible a wide range of residents and offered free of charge. The uptake for these places was huge and a waiting list was formed for parents who couldn't be accommodated on this pilot programme. Feedback from participants was overwhelmingly positive.

Following from the success of the pilot in 2015 ARC delivered further sessions in 2016 and 2017. The workshops are run jointly between ARC and Wokingham Borough Council Public Health team. ARC source 100% of the funding for the workshops, recruiting and training counsellors to deliver the workshops with the Public Health team take responsibility for the marketing, setting dates and sourcing venues, promoting the workshops and managing bookings and writing the evaluations. ARC and the Public Health team work in close partnership to respond to local need and adapt format and delivery to suit local demand.

All areas provide the Healthy Child Programme delivered via Health Visitors and School Nurses. In many areas delivery of the 0-5 elements of the Healthy Child Programme is via a collaborative approach in partnership with local Children's Centres, with both services working together for the benefit of our children and their families. The Health Visiting teams lead on the delivery of the nationally mandated universal development reviews for all children at five key stages and promote health and development in the '6 high impact areas' for early years. The whole service provides a range of targeted support to families to meet health and wellbeing needs identified through the mandated reviews, ranging from advice and guidance to intensive keyworker support for the most vulnerable families. The Integrated Service works in close partnership with maternity services, other local authority provided or commissioned early years services, voluntary, private and independent services, primary and secondary care, mental health services, domestic violence and substance misuse services, schools, school health services, health improvement teams, and children's social care services.

WHAT WE STILL NEED TO DO

Service users would like more opportunities to speak to someone about their worries at an earlier stage, through counselling and other voluntary organisations. They would like these organisations to be visible so they know where to go if they're having difficulties.

Young people have called for more mental health education in schools to address stigma and to outline avenues of support available for them.

Pastoral support for children and young people is variable in schools and colleges. In some schools it is excellent.

There are gaps in local support for pre-school and young children with emotional and mental health needs.

- **GETTING HELP- goals focussed, evidence informed and outcomes focussed intervention**

Access to early local support in schools, primary care and community settings. Evidence informed interventions for children and young people. Greater involvement of voluntary sector organisations to offer young people choice in support and range of treatments. Better step up/ step down and collaboration arrangements between agencies so that triage, assessment and help takes account of the wider context of the child's life and experiences so that the right help is offered in the right setting as quickly as possible.

WHAT WE DID

As can be seen in Figure 2, multiagency triage is now in place in each area so that the holistic needs of children and young people and their families are considered and the most appropriate help is offered in the most appropriate location by the most appropriate provider. This reduces the number of referrals not accepted due to them not meeting threshold, minimises the risk of non attendance and maximises the opportunity to have a positive outcome in a timely manner. Wokingham and West Berkshire Council areas are reviewing arrangements to enhance this triage offer further. Voluntary sector organisations are increasingly part of the triage process. We have worked on improving step up/ step down arrangements between providers, as well as improving access to training in risk support and supervision. However there is still more work to do.

The West Berkshire Emotional Health Academy continues to provide help and support to children and young people in schools and the community. The involvement of CAMHS at the triage stage is proving beneficial both in ensuring that early help is put in place rather than automatic referral to specialist CAMH services and also in bringing a CAMHS lens to triage discussions. The Academy model has recently been reviewed and is being adjusted accordingly.

Primary Mental Health Workers work alongside a range of other emotional health and well-being practitioners, Educational Psychologists and the wider community in schools in Reading. The School Link project in Reading enables even closer working with schools using the THRIVE Elaborated model. The work includes training, mental health surgeries in schools, coaching and supervision to staff in schools, direct mental health assessment and therapeutic interventions offered by Primary Mental Health Workers and Educational Psychologists in school, risk assessments. Working closely with partner agencies is part of improved services for CYP and offers choice and smoother transitions between services (tiers).

The PPEPCare training programme has proved highly successful. We will continue to commission and develop a wider range of PPEPCare modules according to local need.

The Early Integrated Help Team in Wokingham is working well – there is a mix of Youth Workers and Family Support Workers in the same team, with consultation to the Primary CAMHS workers as part of the initial triage process. Families talk positively of their experience of Early Help. There is anecdotal evidence to suggest that the team has prevented referrals to BHFT CAMHS.

Wokingham are currently reviewing local arrangements to fully integrate emotional health and wellbeing services for children and young people. A new emotional wellbeing strategy will be developed for the Wokingham BC. The strategy will sit alongside the Local Transformation Plan for the West of Berkshire and bring the LA in line with the national ambition for children and young people's emotional wellbeing and mental health. The strategy will be owned by the Wokingham Children and Young People's Partnership. The redesign of the Wokingham Tier 2 service will be part of a wider agenda to influence and improve the provision for children and young people's emotional and mental wellbeing. More robust multiagency triage, colocation and integration of mental health workers and educational psychologists, improved school consultation and school staff support delivered through the School Link project and an emphasis on a whole family approach are at the heart of the proposals.

Evidence based Webster Stratton Incredible Years parenting courses run in most areas.

Partnership work with school SENCOs is showing positive benefits across all areas.

The OPTIONS team provide therapeutic interventions for Reading Looked After Children of all ages and their foster carer as well as the KEEP Safe foster carer training programme to support placement stability. Referrals can be made to the Options team through the child's social worker.

In Reading the Emotional Health Pathway for Looked After Children offers a multi-disciplinary supervision and advice group for social workers to discuss Looked After Children with High or Very High Strengths and Difficulties Questionnaire (SDQ) scores, with an aim of improving their emotional and mental health; offer training to all social workers on the use of the SDQ and promote awareness and recognition of mental health issues, and what help is available.

The Early Integrated Help Team in Wokingham is working well – there is a mix of Youth Workers and Family Support Workers in the same team. Families talk positively of their experience of Early Help. There is anecdotal evidence to suggest that the team has prevented referrals to BHFT CAMHS.

Voluntary sector youth counselling is commissioned in each area. Services are provided by ARC, Time To Talk West Berkshire and No5. Sessions are delivered in schools, the community and in some GP practices. The providers meet regularly with commissioners and BHFT CAMHs to improve whole system working, step up/step down arrangements and outcome monitoring.

Parenting Special Children and Autism Berkshire have continued to provide support to families whose children have been referred or assessed for ASD and ADHD. Pre assessment and post assessment support is provided as part of the wider neurodevelopmental care pathways.

Joint ASD /ADHD clinics are now running.

The Autism assessment team are piloting truncated assessments for children who have already had contact with a paediatrician. A clinical observation form has been created to be completed by Speech and Language Therapists, Educational Psychologists and Portage workers to reduce the need for further individual assessment by ADOS, thus increasing capacity and reducing the need for children to attend multiple assessments.

More staff have been trained in autism assessment in order to reduce delays and improve multidisciplinary working for children with autism and comorbidities such as anxiety, depression and ADHD. Skill mix is being utilised to improve the quality of functional assessments. While autism is not a mental health condition, the National Autistic Society estimate that 71% of people with autism also have some sort of mental health difficulty.

A rolling programme of training is in place to improve support provided by schools for children and young people with emotional health and wellbeing difficulties as well as neurodevelopmental difficulties such as autism and ADHD.

There is greater system wide awareness of girls with autism and how other emotional wellbeing needs may be impacted by “hidden” autism. This is supported by a Girl’s and Autism interest group, presentations to SENCO’s and parents groups, and BHFT working collaboratively with a PHD researcher at Reading University who is researching girls, autism and education who is on an honorary BHFT contract .

The multiagency Together for Children with Autism group, which includes professionals, parents and carers and young people (experts by experience) continues to work to improve whole system working for children and young people at home, in education and in settings. More work is required to embed recommendations into a clear multiagency care pathway in each LA area with better accountability to ensure that standards are met in all settings. This work is closely aligned to the Special Educational Needs and Disabilities work as well as the Transforming Care work.

An outcomes framework has been co-produced and agreed for all providers of emotional health and wellbeing services for children and young people. Providers including the voluntary sector are now reporting against an agreed set of outcomes as well as providing numerical data. There has been national interest in this work and it is used as a case study on a national training course for commissioners

An integrated BHFT Children, Young people and Families Health Hub went live in May 2017. Each referral is triaged and an appropriate decision made according to individual needs. The response might be CAMHs, children and young people's integrated therapies (CYPIT) public health nursing (universal services) specialist children's services or other community service depending on the need of the individual. Families can now self-refer.

The University of Reading has trialed a new, evidence based low intensity approach to children and young people with anxiety and depression disorders (AnDY clinic) using a skill mixed work force and enabling the growth of the new PWP staff groupers. Outcomes have been good and opportunities to commission this service are being sought.

The Berkshire CAMHs Community Eating Disorders Service is now fully established and providing a more timely highly specialised community service in accordance with national all requirements. All seven of the Berkshire CCGs have jointly commissioned the service. The service is signed up to the national quality improvement programme. National targets for routine referrals to be seen within 4 weeks and urgent referrals to be seen within 1 week are being met, although referrals into the service exceed the numbers predicted by national modelling so sustaining targets is at risk. We have recently engaged in a regional consultation event looking at the new care models for CAMHS Eating Disorders and we await next steps from NHS England.

A successful bid to NHS England Health and Justice commissioning has resulted in some additional CAMHs resource and new speech and language therapy resource being available to the Youth Offending Teams. Posts are currently in recruitment. NHS England Health and Justice commissioning have also commissioned an all age Liaison and Diversion scheme for people who are in touch with the criminal justice service. This extends the previous scheme which was for people aged 18 years and over and brings Berkshire in line with the wider STP footprint.

Working relationships with drug and alcohol providers have improved in localities

Shared care arrangements for children on ADHD medication work well generally in the Berkshire West

Multi Systemic Therapy in Reading works with families of young people aged 11 to 17 (year 6 upwards) who are living at home and currently exhibiting anti-social behaviours in different areas (school, home, community) such as aggressive behaviour (violence, fighting, property destruction), running away or out late/overnight, truancy, criminal behaviour. BHFT staff report good links and working with this team

The all age Early Intervention in Psychosis Service is meeting all the nationally mandated access standards. Children Young People experiencing a first episode of psychosis start treatment within 2 weeks of referral with a NICE recommended package of care.

Berkshire Healthcare Trusts 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 or have undertaken an autism assessment, advice and consultation for professionals who are worried about children and young people and adults with eating disorders and advice and support to trainers delivering the PPEP Care programme. A new network which will provide on-line access to advice and consultation for workers on CAMHS and children's health care issues is currently in the piloting phase. Feedback about the service so far has been incredibly positive.

West Berkshire Council will be commissioning a local service for women with sub threshold or mild to moderate Post Natal Depression to complement the NHS service from 2018. This service will provide role modelling and support to encourage attendees to develop healthy parent--infant relationships

WHAT WE STILL NEED TO DO

Demand outstrips capacity for capacity for services at all levels.

We do not have good whole system data to inform strategic commissioning decisions. Work is in progress linked to SEND data sets but this needs to be developed further.

Service users would like to see more support available in schools and Early Years Centres, for this to be advertised, and to have an opportunity to access the support whilst maintaining an appropriate level of confidentiality. There is a need for greater knowledge of availability of emotional wellbeing services in schools so that triage can better consider cross boundary solutions. The Integration Board may be able to assist in this matter.

The profile of children and young people needs to be more visible within the Integration Board and within Accountable Care System work streams.

Parents/carers would also like to have support available to them, as well as other members of the family, and to know where to access this. Families would like to see waiting times reduced further.

There is a gap in terms of availability of Dialectical Behaviour Therapy (DBT) type provision (or something similar) for emotional regulation /distress tolerance difficulties.

While there is good delivery of evidence-informed care, there is variable access to low intensity CBT/ other evidence-based interventions as an early intervention and/or step down from specialist services for anxiety & depression across the patch. There are small numbers of staff outside specialist

CAMHs who are qualified to deliver in CBT / other evidence based interventions. Challenges also arise for young people with neurodevelopmental difficulties such as autism and ADHD who also have anxiety and/ or depression and requiring adapted CBT /other specialist interventions delivered by trained and experienced staff. Triage teams and workers supporting children who are not in school need to be aware of the differences between different forms of anxiety such as social anxiety and Global Anxiety Disorder as the NICE recommended interventions for each are different. The AnDY pilot has been addressing this to some degree but capacity within all services is limited.

There is no consistent protocol for step up to/step down from youth counselling step up/down services or for their and routine involvement in triage hubs across Berkshire West. A protocol with the specialist CAMH service is in development and there are now regular meetings between all counselling organisations in Berkshire and the specialist CAMHS service to facilitate joint working but further work is needed to embed this.

We are seeing increasing number of children, young people and families struggling to manage severe sleep difficulties. – Parenting Special Children have been commissioned to provide sleep workshops which are beneficial but the service do not provide a full sleep clinic and are not currently able to support more complex difficulties. The specialist CAMH service are receiving increasing numbers of requests to prescribe melatonin for sleep difficulties. A care pathway and shared care protocol needs to be developed for this.

Multiagency triage is working well in all localities but the model could be refined and streamlined further to consistently include partners such as voluntary sector youth counselling and the counselling and support services commissioned by the Office of the Police and Crime Commissioner for victims of crime, abuse and assault such as TrustHouse and Safe! Step up/ step down, communication and integrated working arrangements between partners when a young person's needs change could be further improved. 111 mental health workers need to be linked into the triage process.

As is true of many other parts of the country, there is currently no clear pathway for attachment disorder – each LA has different provision with some use of private providers and a lack of clarity about the pathway. Multi Systemic Therapy is available in Reading but not in Wokingham or West Berkshire.

There is limited mental health provision for infants and children below primary age.

There is currently no dedicated CAMHS service for children and young people with Learning Difficulties and no access to positive behaviour support programmes for children and young people with challenging behaviour related to Learning Difficulties and/or Autism outside of the local specialist schools. However Transforming Care work is underway and this may offer opportunities

The Berkshire Community Eating Disorders Service for Children, Young People and Families is receiving significantly more referrals than it was commissioned to manage. We need to review activity to prevent the development of eating disorders in our young people and also to increase the capacity of this team to continue to provide timely and effective support.

The structure of Berkshire means that the commissioning and provision of many services is different across the different localities. We need to describe the whole pathway of care for particular needs, such as for young people with autism spectrum difficulties or ADHD more clearly; to ensure that we are able to meet the whole needs of all families in a stream-lined and efficient way, enabling support for those who are most vulnerable and who may not easily access services, whilst preventing duplication of provision for others.

- **GETTING MORE HELP- extensive treatment**

Access to extensive treatment from specialist mental health services and teams with the right skills and the right capacity to meet needs; A clear response for those needing risk support and focused evidence based interventions for different disorders e.g. eating disorders and post-traumatic stress disorder (PTSD). CORC analysis shows that more young people in Berkshire West have greater complexity than other parts of the country.

WHAT WE DID

We reviewed children and young people who had been excluded from school on a multiagency basis. Gaps in training and support across partners was identified and addressed.

We have undertaken a multiagency review of young people who are frequent attenders/ recurring cases with high needs to develop personalised management plans. This work needs to be repeated regularly. A current view tool is now being used to assess complexity of cases.

We are working with partners across the STP to develop New Care Models under collaborative commissioning arrangements and place based plans. This aims to improve local services so that fewer young people require inpatient admissions, admissions are shorter and there are more robust step down arrangements into enhanced local services. We have been involved bids for the early waves of new care models for in patient CAMHs as part of the local STP. The bids were on a wider footprint than Berkshire, Oxfordshire and Buckinghamshire in terms of the scale needed for this development. We were not successful on either occasion. We have recently engaged in a regional consultation event looking at the new care models for CAMHS Eating Disorders and we await next steps from NHS England.

We are working across the STP footprint on the regional forensic CAMHs care pathway. Likewise perinatal mental health services operate on an STP basis.

Arrangements are in place to jointly commission bespoke packages of care to support children and young people whose needs exceed the services that are ordinarily available locally. This includes young people stepping down from in patient units and secure settings. Commissioners liaise with clinicians and LA partners to establish needs and then commission accordingly.

Arrangements are in place to undertake Care Education and Treatment Reviews in line with national Transforming Care requirements.

Willow House (formerly Berkshire Adolescent Unit) is fully functioning as a 9-bedded general CAMHS in-patient unit and meeting all the NHS England criteria. Discussions re the potential move of the unit to the Prospect Park site continue as part of the joint place based plans between the CCGs and specialised commissioning.

WHAT WE STILL NEED TO DO

Significant investment was made into the specialist CAMH service in 2015/16 however this was based on addressing the gap that had arisen between demand and capacity on the basis of referrals data from 2014/15. Referrals, acceptance rates and complexity of need has continued to increase such that demand is once again out-stripping capacity across all areas of the specialist service.

There is a gap in terms of availability of Dialectical Behaviour Therapy (DBT) type provision for young people with severe emotional regulation /distress tolerance difficulties.

- **GETTING RISK SUPPORT- risk management and crisis response**

Effective and well-coordinated multi-agency working across all services working with children and young people with the highest risk or vulnerability. Mental health support for professionals working with children for whom engagement is a problem or mental health treatment is not effective.

WHAT WE DID

The CAMHS Urgent Response Pilot, integrated with Royal Berkshire Hospital (RBH), is now in place 8am until 8pm Monday to Friday and 10am until 6pm on Saturdays and bank holidays providing timely mental health assessments and care. A consultant is on call at all other times. The service is co-located with the CORE 24 compliant crisis service for adults. 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. As with all CAMHS services, the experiences of young people and families using the service are monitored to improve the quality of the service provided. Response times to assessment have reduced and length of stay in both A & E and paediatric wards has reduced with improved facilitation of admission to Tier 4 units when required. There has been a correlated reduction in use of agency Registered Mental Nurses at RBH, as well as a reduction in the number of minors admitted to the Place of Safety at Prospect Park Hospital.

The service has been recommissioned for 17/18 in partnership with Berkshire East CCGs. Recurrent funding is being sought.

PPEPCare training is improving knowledge of NICE guidelines, confidence to open up conversations and to manage challenging and risky behaviours in school partners.

We have undertaken a multiagency review of young people who are frequent attenders/ recurring cases with high needs to develop personalised management plans. This work needs to be repeated regularly.

We are working with partners across the STP to develop New Care Models under collaborative commissioning arrangements. This aims to improve local services so that fewer young people require inpatient admissions, admissions are shorter and there are more robust step down arrangements into enhanced local services. We have recently engaged in a regional consultation event looking at the new care models for CAMHS Eating Disorders and we await next steps from NHS England.

An emotional health and wellbeing response protocol to emergency events such as terror attacks is being developed based on learning from the Manchester and London attacks.

The Child Protection Information Sharing (CP-IS) process is on track to be live across all health providers by the end of March 2018. West Berkshire Council is also due to be live by the end of the financial year with the other LAs following. Connected Care Child Health information System is being developed and is due to go live in 18/19. This will enable interoperability and information exchange between organisations thereby improving care coordination, data analysis and ease of producing better coordinated Education Health and Care Plans.

WHAT WE STILL NEED TO DO

Recurrent funding for the CAMHS Urgent Response Service needs to be secured.

There is a gap in terms of availability of Dialectical Behaviour Therapy (DBT) type provision for young people with severe emotional regulation /distress tolerance difficulties.

We await the outcome of the recent NHSE regional working groups on New Models of Care for Eating Disorders and CAMHs Inpatient Units.

Recent changes to Section 136 regulations will have an impact on the availability of Place of Safety provision. Partners need to review capacity and if required seek capital funds to increase Place of Safety provision.

- **EMOTIONAL WELLBEING SERVICES FOR CHILDREN AND YOUNG PEOPLE WHO HAVE BEEN ABUSED**

Children who have experienced trauma and poor attachment tend to have fluctuating needs and frequently dip in and out of treatment which is challenging to services. Additionally these children often have issues trusting adults and placements frequently change creating less stability for the child and more interruptions to treatment.

There is a need for whole system early identification and intervention in families to prevent damaging relationships in families in the first place e.g. Troubled Families, Early Help Hubs, multiagency triage.

There is a national debate on how the emotional health and wellbeing needs of Looked After Children and children who have experienced trauma should be identified and met. When do social needs become health needs?

WHAT WE DID

Looked After Children and children subject to child protection plans are prioritised for initial triage and assessment by BHFT CAMHs and for treatment if they meet service criteria.

BHFT CAMHs are commissioned to provide treatment for single event PTSD.

The CCGs will commission bespoke packages for Unaccompanied Asylum Seeking Children who have experienced trauma/ abuse. CCGs have a Funding Panel to consider bespoke request for therapy

The CCGs commission CAMHs for Looked After Children placed out of area swiftly, in accordance with Responsible Commissioner guidance.

Commissioning is dependent on the CCG being notified that the child requires the service. The social worker should be aware of which children require services and where the child is placed.

NHS England and the Ministry of Justice made some funding available for child victims of crime and those who have been sexually assaulted. In the Thames Valley, the Office of the Police and Crime Commissioner was allocated the funding, rather than the CCGs and services from Safe!, various Youth Counselling organisations, TrustHouse Reading, Sign Health, Brook Young People have been commissioned. Partners have been reminded of this relationship.

The OPTIONS team provide therapeutic interventions for Reading Looked After Children of all ages and their foster carer as well as the KEEP Safe foster carer training programme to support placement stability. In Wokingham the Primary CAMHS team have dedicated time into the Looked After Children service and the West Berkshire Emotional Health Academy employs 0.5WTE clinical worker for Looked After Children. BHFT CAMHS provide dedicated consultation and advice sessions to the social care teams in all localities and CAMHS and other health clinicians are available for consultation via the CYPF Health Hub.

PPEPCare mental health training is commissioned to schools, primary care and Universal and Targeted staff groups

The Little Blue Book of Sunshine is a self-help and signposting tool that has been distributed to all young people in years 10 and above. Additional copies have been provided to the Looked After Children's and Youth Offending Teams.

Youth counselling is commissioned in all areas. Some schools also commission additional youth counsellors.

A neglect audit and action plan has been undertaken commissioned by the three Local Safeguarding Children's Boards

A whole system conversation is underway considering how assured we are that placements for Looked After Children are emotional health friendly given that these children have changing needs, frequently change placement and are generally cared for by non-specialist staff and carers.

The Child Protection Information Sharing (CP-IS) process is on track to be live across all health providers by the end of March 2018. West Berkshire Council is also due to be live by the end of the financial year with the other LAs following. Connected Care Child Health information System is being developed and is due to go live in 18/19. This will enable interoperability and information exchange between organisations thereby improving care coordination, data analysis and ease of producing better coordinated Education Health and Care Plans.

WHAT WE STILL NEED TO DO

There is a need to remind partners of the NICE recommended treatments for PTSD and also the contraindicated treatments such as play therapy which can do more harm than good.

We need to review current service provision against the NICE guidelines for attachment disorder with a view to ensuring that we have a full and clear care pathway in all localities.

There is a need to improve working relationships between statutory and voluntary sector partners who work in this field

There needs to be agreement across the system what the care pathway for this group of young people should look like and how we assure ourselves that it is being delivered. There will be a role for the designated professionals and LSCBs.

4. A summary of progress against Five Year Forward View for Mental Health, key planning guidance

This embedded document contains the links to supporting evidence on a range of services relating to children, young people and women with perinatal mental health issues.



BWMH FYFV Delivery
Plan for FIM refresh

Key Planning Guidance Deliverables: 17/18: Children and Young People's Mental Health

Key Objectives


By 2020/21, there will be a significant expansion in access to high-quality mental health care for children and young people. At least 70,000 additional children and young people each year will receive evidence-based treatment – representing an increase in access to NHS-funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions.

Key Deliverable	R A G	Outcomes and Performance Indicators	Supporting Evidence	Progress to date
<p>Increase number of CYP in treatment At least 30% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service.</p>		<p>Improved early access to evidence based care, improved outcomes, long term, likely reductions to demand for adult mental health services.</p> <p>Increase number of new CYP aged 0-18 receiving treatment from NHS funded community services</p> <p>Reduction of Inpatient activity</p>		<p>Given previous growth in activity, Commissioners and the Trust have agreed quality schedule target to maintain access at 16/17 baseline, to facilitate achievement of waiting time targets.</p> <p>Partnership activity is enabling increased activity at Tier 2 level, and there is some additional activity currently not captured on the MHMDS, and therefore not contributing to the target. Commissioners are working jointly to resolve this. Figures from the Emotional Health Academy in West Berkshire demonstrate that the number of referrals and children who received a service in 16/17 exceeded the initial modelling of 100 to 200 referrals per year. We have quarterly data from the services to show numbers seen.</p>
<p>Improved access to crisis services which are appropriate for CYP Commission 24/7 urgent and emergency mental health service for CYP and ensure submission of data for the baseline audit in 2017.</p>		<p>Improved early access to evidence based care, improved outcomes, long term, likely reductions to demand for adult mental health services,</p>		<p>Service Pilots were implemented in Berkshire in 2016/17. A county-wide service has been commissioned from 2017. As part of the Children and Young People's Mental Health and Wellbeing Transformation Plan, the CCG has provided investment to increase capacity to the most vulnerable children and young people by commissioning a Home Treatment Teams (Crisis Rapid Response) to provide intensive community support, follow up and liaison, outreach support and home contact, with the objective of avoiding presentations to emergency departments, crisis hospital admissions and the breakdown of placements and transitions. As part of the Crisis Line CAMHS expertise has been added to the service. The Pilot Report is embedded as evidence., along with an outline of service user engagement in planning.</p> <p>A street triage service is in development.</p> <p>A funding bid was been made to NHSE, to enable better understanding of the needs of CYP who escalate to crisis and subsequently are admitted to hospital, Tier 4 beds and thereafter potentially residential therapeutic placements. We were unsuccessful with this bid.</p> <p>We are working with providers, NHSE Specialised Commissioning and partners cross the STP system looking at how new models of care could reduce this activity.</p>
<p>Develop Young People's IAPT All services working within CYP IAPT programmes</p>		<p>Improve population health and wellbeing and outcomes for those experiencing a range of long term conditions where mental health might be impacted or critical to recovery.</p>		<p>There are joint agency workforce plans meeting capacity and capability requirements for Children and Young People's Improving Access to Psychological Therapies programmes (CYP IAPT).</p> <p>Berkshire CAMHS has been a member of what was previously the Berkshire & Oxfordshire CYP IAPT Collaborative and is now the South Central CYP IAPT collaborative since wave 2 (2012/13).</p> <p>CCGs and Trust are compliant with all principles of the CYP IAPT programme.</p> <p>Service Clinical Leads have attended the CYP IAPT Transformational Leadership Training and clinical staff have attended a range of CYP IAPT training. We are the local coordinators of training applications from each of our Unitary Authority areas and have provided clinical supervision for colleagues from West Berkshire and Wokingham Councils who have undertaken the training.</p> <p>There is a quality schedule target relating to the use of ROMs. The Q1 report is embedded as evidence.</p> <p>A CYP IAPT governance group has been developed with core membership from Berkshire West Future in Mind Group and the Berkshire East CAMHS Transformation Group.</p>

Key Planning Guidance Deliverables: 17/18: Children and Young People's Mental Health

Key Objectives



By 2020/21, there will be a significant expansion in access to high-quality mental health care for children and young people. At least 70,000 additional children and young people each year will receive evidence-based treatment – representing an increase in access to NHS-funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions.

Key Deliverable	RAG	Outcomes and Performance Indicators	Supporting Evidence	Progress to date
Evidenced-based community eating disorder (ED) services for CYP Community eating disorder teams for CYP to meet access and waiting time standards	Green	Improved access, improved mental and physical care outcomes, person-centred care, improved experience at organisational boundaries, reduced future healthcare. Membership of national quality improvement and accreditation network for community ED services that will monitor improvements and demonstrate quality of service delivery		There is a well established community eating disorder service at BHFT (BEDS CYPF) in place as of October 2016. The service is reporting as required and currently meeting access and waiting times standards The Access and Waiting Time Standard for Children and Young People with Eating Disorders states that National Institute for Health and Care Excellence (NICE)-concordant treatment should start within a maximum of 4 weeks from first contact with a designated healthcare professional for routine cases and within 1 week for urgent cases. This requirement is included within local quality schedules. A recent deep dive report describing the service is embedded as evidence.
Reduce number of children being placed out of Area Reduce the number of out of area placements for CYP and use of in-patient beds overall	Yellow	Improved outcomes, joined up care pathways, reduced cost-shifting, lower overall costs, more investment in care closer to home, care in the lowest intensity setting, quicker discharge from inpatient settings. Higher number of children being repatriated within the local area.		Reduction of OOA placements and overall reduction in bed usage has been achieved via additional investment in to CAMH services which achieved: <ul style="list-style-type: none"> • reduced waiting times for the community CAMH service, • Improved support for CYP while waiting. This has included the CAMHS crisis service pilots and the development of Willow House into a 9-bedded general CAMHS Tier 4 unit. Page 7 & 8 of the embedded document shows the reduction in out of area placements: We previously had approx. 23 young people in an out of area bed at any point in time. Maximum numbers were 35 in 2014/15. We currently have 12 young people placed out of area, all of whom are in specialist beds that are not available locally. We are engaged in STP planning on new care models for Tier 4 CAMHS
CAMHS TIER 4 Review Mobilisation and implementation of the recommendations from the Tier 4 CAMHS review.	Green	Continue to develop workforce model Reduction in admissions and out of area placement Development of service performance indicators, and outcomes measures		Please also see section titled Improved access to crisis services which are appropriate for CYP The CCG, together with Local Authority and other LTP partners, (where appropriate), has collaborative commissioning plans in place with NHS England for community tier 3 and in-patient tier 4 CAMHS aiming to reduce the number of children and young people who are unnecessarily admitted to in-patient care in whatever setting. This includes paediatric wards, adult mental health wards and CAMHS Tier 4, reducing length of stay and the distance from home of the placement. The plans have clear milestones and trajectories for completion. A joint review was carried out on service gaps and as a response to the review a 9-bedded generic CAMHS Tier 4 unit (Willow House) was commissioned. There is robust performance and quality reporting to NHS England and the services is currently meeting all standards as required. New Care Models are currently being explored.

Key Planning Guidance Deliverables: 17/18: Children and Young People's Mental Health

Key Objectives

By 2020/21, there will be a significant expansion in access to high-quality mental health care for children and young people. At least 70,000 additional children and young people each year will receive evidence-based treatment – representing an increase in access to NHS-funded community services to meet the needs of at least 35% of those with diagnosable mental health conditions.

Key Deliverable	RA G	Outcomes and Performance Indicators	Supporting Evidence	Progress to date
Crisis Care outcomes Monitor outcomes and progress in the new Crisis Care service models for CYP, in line with the wider Crisis Care pathway.		Continue to develop workforce model Develop service specification Development of service performance indicators, and outcomes measures		Work is on-going to attain sustainable funding for the current CAMHS Urgent Care service. A service specification has been developed and development of service performance indicators and outcome measures are in development. System-wide work to understand need/demand and reduce crisis is being coordinated via the Berkshire West Future in Mind Group. The recent bid for NHSE funding for CYP Crisis is embedded as evidence. Planned development in the Frimley system will also be of benefit to Berkshire West as some BW young people present to Frimley Park Hospital in crisis.
Prevention Develop services and support to access early intervention and prevention		Children are diagnosed and signposted to services earlier Reduction of children entering CAMHS services Reduction in admission to inpatient services		CAMHS Head of Service and Clinical Leads are core members of the Berkshire West Future in Mind group which leads on development and implementation of the CAMHS Local Transformation Plans. As part of the integration of services for children, young people and families, BHFT have developed their current CAMHS website, combining it with the on-line toolkit developed by integrated therapy services to create an on-line resource for professionals, parents, carers and families. This supports early intervention and prevention through easy access to on-line resources. Our on-line support network, moderated by CAMHS clinicians, colleagues from other local and voluntary sector services and the wider children's workforce provides early help to families of children referred for an autism assessment. Two voluntary sector organisations have been commissioned to provide help and advice to families whose children are awaiting autism and ADHD assessment. Post diagnostic help is also provided aimed at reducing the number of children and young people who go on to develop mental illness. BHFT CAMHS also deliver the PPEPCare training programme to colleagues in education, primary care and more widely across the partnership to enhance partners skills at early identification and support for children and young people with mental health difficulties. We are supporting an expert by experience to organise an awareness raising event for CYP on World Mental Health day. School Link projects have been commissioned in Wokingham and Reading schools to increase awareness and skills of school staff to prevent, identify and support CYP with emotional and mental health needs. The Emotional Health Academy has been jointly commissioned in West Berkshire and it provides training, assessment, resilience building, direct interventions with CYP in school and community settings. Multiagency early help hubs have been set up in the LAs to better assess and respond to the holistic young person and family emotional health and wellbeing needs before issues escalate to requiring a specialist CAMHS response. Care pathways for children who have experienced trauma or abuse are in place in partnership with services commissioned by the Police and Crime Commissioner. We aim to strengthen this pathway over coming months. Additional resources have been commissioned for young people who are in contact with the criminal justice service. An all age liaison and diversion service has been commissioned in Berkshire. Previously this was for people aged 18+.

Key Planning Guidance Deliverables: 17/18: CAMHs and Perinatal Mental Health

Key Objectives (Perinatal)

Commissioning effective perinatal mental health services, needs a collaborative approach that considers the whole care pathway and the multiple needs of the individual and family. By 2020/21, there will be increased access to specialist perinatal mental health support in the community or in-patient mother and baby units, allowing at least more women each year to receive evidence based treatment, closer to home, when they need it.

Key Deliverable	R A G	Outcomes and Performance Indicators	Evidence	Progress to date
Reduce waiting times for CAMHS services (waiting time standard for routine access)		<p>Average length of time from referral to assessment/treatment for routine access</p> <p>Maximum length of time from referral to assessment/treatment for routine access</p> <p>Action plan in place to address non-compliance with wait time trajectory, including regular review and updates</p> <p>Detail of any CYP who waited in excess of 18 weeks</p> <p>Develop measures to monitor secondary waits</p>		<p>There has been significant development of services to enable national waiting time standards to be met.</p> <p>This is challenged by continued growth in referrals. - partly due to high numbers of self-referrals from parents and also to further increases in referrals for Autism Assessments.</p> <p>Our on-line referral form, single point of entry and integrated CYPF Health Hub went live in May 2017 with a marketing campaign to improve knowledge and understanding of referral processes to all BHFT children's services, including CAMHS.</p> <p>Robust performance reporting is in place including referral and caseload numbers as well as wait times for all pathways. Performance reports include numbers of young people waiting at common point of entry, triage and pathways and detail of reasons for breaches of targets is reported.</p>
Expanding Community services Perinatal mental health services Commission additional or expanded specialist perinatal mental health community services to deliver care to more women within the locality.		<p>Better outcomes for mothers and children including reduced pre-term birth, infant death, improved school attainment, improved mental health, reduced costs relating to health and social outcomes of child.</p> <p>Reduction of inpatient services and mortality rates due to earlier intervention: Perinatal mental health problems cause maternal mortality and reduce development and well being of young people and if untreated may not resolve for a long time and can have a devastating impact on both women and their families.</p> <p>Development of a competence framework describing the skills need</p> <p>Promote prevention and early identification of mental health problems and ensure that all professionals working with families in the perinatal period are trained to identify and, where appropriate, refer women and families with identified need.</p>		<p>Berkshire Healthcare Trust Perinatal mental health community services development fund is currently in wave 1 focusing on: expansion of services; piloting peer support; enhanced medication advice; psychological input for traumatic births. This includes quarterly reporting to the NHS national reporting team.</p> <p>A Berkshire-wide team has been established and is on target for required trajectories</p> <p>The Maternal Well Being on SHaRON (Support Hope and recovery online network) is now live. This is a secure, anonymous and moderated face-book type site for women during the perinatal period across the range of emotional disorders and distress with no requirement to be currently receiving secondary mental health services as a condition of access. Referrals are accepted from all professionals including primary care, midwifery, and Health Visiting.</p> <p>Trauma pilots have commenced with an additional trauma pilot lead within the perinatal team. Work is currently underway across the whole trauma pathway from maternity provision, IAPT and specialist services. In addition, a Complex Needs Pathway is in development including liaison with other providers to develop a sustainable and deliverable pathway within the perinatal timeframe.</p>

Key Planning Guidance Deliverables: 17/18: Perinatal Mental Health

Key Objectives

Commissioning effective perinatal mental health services, needs a collaborative approach that considers the whole care pathway and the multiple needs of the individual and family. By 2020/21, there will be increased access to specialist perinatal mental health support in the community or in-patient mother and baby units, allowing at least more women each year to receive evidence based treatment, closer to home, when they need it.

Key Deliverable	RA G	Outcomes and Performance Indicators	Supporting Evidence	Progress to date
<p>Increase access Increase access to evidence-based specialist perinatal mental health care:</p>		<p>Better outcomes for mothers and children including reduced pre-term birth, infant death, improved school attainment, improved mental health, reduced costs relating to health and social outcomes of child.</p> <p>Reduction of inpatient services and mortality rates due to earlier intervention:</p> <ul style="list-style-type: none"> Perinatal mental health problems cause maternal mortality and reduce development and well being of young people and if untreated may not resolve for a long time and can have a devastating impact on both women and their families. <p>Development a competence framework describing the skills need</p>		<p>Investment has been used to develop perinatal services which deliver:</p> <ul style="list-style-type: none"> Evidenced based perinatal outreach service within secondary and primary services to carry treatment at home. Support for additional women each year to access evidence based specialist perinatal mental health treatment Ability for women with more severe mental illness to access a range of services in primary and secondary care (including general adult mental health services, liaison services and specialist perinatal services). <p>Robust monitoring processes are in place to monitor access to services which is currently reported to the National Team.</p> <p>The increased access target trajectory of 450 for this financial year is currently on target. (last report Q1-106 additional women reported to the National Team)</p> <p>There are clear Joint working processes across health and social care for patients admitted to the Mother and Baby unit</p> <p>Currently there are 210 activated users of SHaRON (Support Hope and recovery online network) – next focus is to increase referrals to the maternal well being part of SHaRON as this will support sustainability.</p>
<p>Competence frameworks Build perinatal MH capability by developing a competence framework describing the skills need</p>		<p>Increase general awareness of perinatal mental health disorders and associated care skills, supporting advanced and specialist practice.</p> <p>Ensure the workforce is confident and suitably skilled to identify need and deliver care to women who have mental health problems during the perinatal period, thereby increasing access to appropriate evidence-based treatment for thousands of women, as outlined in the Five Year Forward View.</p> <p>Promote prevention and early identification of mental health problems and ensure that all professionals working with families in the perinatal period are trained to identify and, where appropriate, refer women and families with identified need</p>		<p>A competency framework has been developed for all staff working to support mothers and families across the perinatal care pathway, from preconception to postnatal care. It has been developed to standardise competencies for perinatal mental health practice across England. Below is a list of initiatives implemented:</p> <ul style="list-style-type: none"> Perinatal team has had additional training from the team lead for trauma assessment All new clinicians are attending the regional training days that have been developed against the competency framework. (BHFT Service Lead is the perinatal lead at Thames Valley Strategic Clinical Network and developed the training days with the SCN). All perinatal clinicians have attended a train the trainer for SLAM simulation training or are booked to attend 4 October 2017 Clinicians attended the Winchester National Conference and team members are attending further training relevant to their specialty i.e. Video Interactive Guidance Red Flags from MBRACE confidential enquiry into maternal deaths are now incorporated in all training delivered by the team and within the perinatal assessment tool as an additional risk consideration Focus has been on recruiting peer moderators to support sustainability going forward <p>Currently there are 210 activated users of our online network – next focus is to increase referrals to the maternal well being part of the network to support sustainability.</p>

Key Planning Guidance Deliverables: 17/18: Early Intervention in Psychosis

Key Objectives

The access and waiting time standard for early intervention in psychosis (EIP) services requires that, from 1 April 2016 more than 50% of people experiencing first episode psychosis will be treated with a NICE-approved care package within two weeks of referral. The standard is targeted at people aged 14-65. The standard will be extended to reach at least 60% of people experiencing first episode psychosis.


Key Deliverable	RA G	Outcomes and Performance Indicators	Supporting Evidence	Progress to date
<p>Early Intervention in Psychosis (EIP) (% of people receiving treatment within 2 weeks)</p> <ul style="list-style-type: none"> Expand capacity so that more than 50% of people experiencing a first episode of psychosis start treatment within two weeks of referral with a NICE-recommended package of care. 		<p>Improved access, improved mental and physical care outcomes, person-centred care, improved experience at organisational boundaries, reduced future healthcare</p> <p>A reduction in premature mortality of people living with severe mental illness (SMI); and 280,000 more people having their physical health needs met by increasing early detection and expanding access to evidence-based physical care assessment and intervention each year.</p> <p>Increase access to individual placement and support (IPS), enabling people with severe mental illness to find and retain employment.</p> <p>More people with first episode psychosis commencing NICE recommended package of care within two weeks of referral</p> <p>Reduced conversion to psychosis and reduced Duration of Untreated Psychosis (DUP)</p>		<p>Capacity and demand modelling and assessment of gaps, use of workforce capacity and modelling has informed service improvement plans & development of the local service model.</p> <p>Multi-agency working has been implemented across primary, secondary mental and physical health care setting.</p> <p>All services have the capacity and resources to deliver the new Mental Health (MH) access standards in 2016/17: Staff have been recruited and a service model designed to achieve waiting times and NICE (National Institute for Health and Social Care Excellence) compliance. Performance is already within the required thresholds. In the last 12 months, % of people experiencing a first episode of psychosis receiving a NICE approved package of care within 2 weeks of referral ranged from 75 – 100 against a target of 50%.</p> <p>Agreed data quality improvement and performance monitoring plans are in place. Discrepancies in the data due to two different data collections being used (Unify and MHSDS) are being addressed by commissioners and BHFT.</p> <p>A peer review is planned for September 2017, to inform further service development, and good progress has been made to establish service user links with colleges, volunteering, community and voluntary sector opportunities.</p> <p>Work is in progress on projection of future need and associated staffing requirements in order to maintain high levels of performance.</p>
<p>Early Intervention in Psychosis (EIP) Specialists EIP provision in line with NICE recommendations</p>				<p>Royal College of Psychiatrists College Centre for Quality Improvement (CCQI) provider self-assessment was carried out (graded level 2)</p>

Key Planning Guidance Deliverables: 17/18: Suicide Prevention

Key Objectives

. By 2020/21, adult community mental health services will provide timely access to evidence-based, person-centred care, which is focused on recovery and integrated with primary and social care and other sectors. This will deliver:

- A reduction in premature mortality of people living with severe mental illness (SMI); and 280,000 more people having their physical health needs met by increasing early detection and expanding access to evidence-based physical care assessment and intervention each year.
- A doubling in access to individual placement and support (IPS), enabling people with severe mental illness to find and retain employment.

Key Deliverable	RA G	Outcomes and Performance Indicators	Supporting Evidence	Progress to date
<p>Suicide prevention</p> <ul style="list-style-type: none"> • Reduce number of suicides compared to 2016/17 levels in line with national ambition to reduce suicides by 10% by 2020/21: delivery of local implementation support which includes action to deliver the requirement that all local areas have local multi-agency suicide prevention plans by the end of 2017. <p>Participate in the Prevention Concordat programme which will support the objective that all local areas have a prevention plan in place</p>		<p>Reduction of suicide.</p> <p>Better signposting for people in Crisis</p>	 Microsoft Word Document  SPDN.pptx	<p>Berkshire has a Suicide Prevention Strategy and a multi-agency working group in place. Parties involved in the development of local plans include mental health leads from the Berkshire local authorities, Network Rail and British Transport Police, Public Health England South East Centre, David Colchester Criminal Justice Board for the Thames Valley and Thames Valley Police, NHS Provider Trusts, and the seven Clinical Commissioning Groups in Berkshire.</p> <p>This strategy references and overlaps with the BHFT work on a zero suicide ambition. A date has been set for the launch of the Berkshire Suicide Prevention Strategy on 17th October at Wokingham Town Hall, and a final version is being published. This mirrors PHE guidance. Each locality and BHFT has its own implementation plan. This suicide prevention work links to the BHFT mental health pathway work linked to mental health clusters, as well as our partnership work on forensic new care models. BHFT has a self-harm and suicide pathway in draft format and this links to the cluster 8 pathway as well as touching across all mental health clusters.</p> <p>All partners recently came together to focus on suicide "contagion". Suicide surveillance dashboard for BHFT suicides is in place and being developed for IAPT-wit data sharing agreed with Unitary Authority partners. Close links with Oxford Health are in place via the suicide prevention and intervention network to facilitate the sharing of learning and good practice.</p> <p>An update on progress within the BHFT action plan is included in the embedded PPT document.</p>
Support learning from suicides and preventing repeat events.			 Microsoft Word Document	<p>There are robust Serious Incident Performance Management Processes in place which capture themes and learning from suicides. Learning is then shared on a Trust-wide basis.</p> <p>There is an approved suicide prevention plan which includes partnership working and a Berkshire wide suicide prevention strategy.</p> <p>Local processes include internal reporting, adult safeguarding board communication and engagement with staff.</p> <p>Robust SI processes are in place to review all SIs, identify themes which are used for learning and service development. Embedded is the Serious Incident Performance Management processes.</p>
Contribute to the annual multi agency suicide prevention plans review, led by PHE.			 Adobe Acrobat Document	<p>There is a Suicide prevention plan and a multi-agency workgroup in place with leads from the Berkshire local authorities, Network Rail and British Transport Police, public Health England South East Centre, David Colchester Criminal Justice Board for the Thames Valley and Thames Valley Police, NHS Provider trusts, and the seven Clinical Commissioning Groups in Berkshire. Slide 4 of the embedded PowerPoint document describes the commitment of BHFT to the multi-agency strategy as part of the zero suicide approach highlighted within the organisational Quality Strategy.</p>

Key Planning Guidance Deliverables: 17/18: Suicide Prevention

Key Objectives

Key Deliverable	RA G	Outcomes and Performance Indicators	Supporting Evidence	Progress to date
Increase digital maturity in mental health in line with the national guidance				<p>Berkshire Healthcare has been identified as "Global Digital Exemplar" for mental health. This provides the structure for a significant programme of work including use of electronic records, informatics and digital care models.</p> <p>The Berkshire Connected Care Programme has enabled integration of electronic patient records so that staff are able to access primary care, acute and some social care records without multiple log ins. A patient portal is on schedule for launch in 2018.</p> <p>Online service delivery includes the use of IAPT Treatment models developed in partnership with Silvercloud Health for anxiety and depression as well as long term physical health conditions.</p> <p>We have also developed an online peer support network, with clinician moderation, across a number of service areas.</p> <p>Use of skype consultation has been established in a range of services.</p>

5. Further work which needs to be undertaken over coming years

	Status at end Sept 2016	17/18 actions	18/19 actions	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. 80% of referrals have their initial assessment completed within 6 weeks. All referrals breaching the 95% target are referrals to the Autism Assessment Team. Business case was been submitted to NHSE to reduce autism waits. Current average wait time to be seen by Specialist Community Team is 6 weeks. 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</p>	<p>Continue to reduce waiting times and to work as efficiently as possible</p> <p>Waiting times as at end September 2017</p> <p>Common Point of Entry</p> <p>Initial triage- 1 working day</p> <p>Urgent -2 weeks</p> <p>Routine- within 6 weeks</p> <p>Waiting times for treatment</p> <p>Specialist community teams- 6 weeks</p> <p>ADHD 13 weeks (NB this care pathway has the greatest non attendance rate which drives up average waiting times because non attenders remain on the list)</p> <p>Eating disorders- urgent- within 1 week</p> <p>Eating disorders- routine- within 4 weeks.</p>	<p>Proposed targets subject to confirmation</p> <p>100% referrals triaged within 24 working hours.</p> <p>100% emergency referrals (following triage) assessed within 24hrs.</p> <p>95% referrals complete initial assessment 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% referrals triaged within 24 working hours.</p> <p>100% emergency referrals (following triage) assessed within 24hrs.</p> <p>95% referrals complete initial assessment 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>

	practices to identify opportunities for more streamlined working including a pharmacy review.			
Reduce waiting time for autism spectrum assessment, improve whole system response to CYP with autism and comorbidities	95% seen within 18 months. Average wait time for ASD assessment 37 weeks. Successful business case was submitted to NHSE to reduce these waits non recurrently.	More staff trained at BHFT to undertake autism assessments Skill mix and support from partners in undertaking parts of the assessment agreed	Maintain/ further expand number of staff able to provide assessment Reduce waiting times for assessment We will describe the whole care pathway across the system and design/commission it as a single pathway - this should be for all CYP not just those with autism and co-morbidities. For those with co-morbidities, we will develop the children's workforce to enable the provision of evidence-based interventions for CYP with autism and co-morbid mental health difficulties at an earlier stage, while difficulties are mild/moderate to prevent escalation of difficulties.	Maintain/ further expand number of staff able to provide assessment and evidence based help

Increase the number of children accessing high quality mental health services	Agree trajectory for expansion with NHSE	Increase Capture activity undertaken by non NHS providers onto MHSDS	Increase access	Increase access
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 preparation for new contract year. Agree KPIs.	CAMHs urgent response service commissioned on a Berkshire footprint. Cost benefit work undertaken Recurrent funding sought Work across STP to investigate impact of New Care Models. 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 As part of Crisis Care Concordat, consider impact of changes to policing on the availability	Secure recurrent funding for CAMHs urgent response service Consider impact of commissioning Dialectal Behaviour Therapy on urgent / crisis services Implement any New Care Models Monitor and amend as required	Monitor and amend as required

		of Places of Safety for CYP Make any required changes		
Improve step down arrangements from in-patient care	Linked to urgent response work. Review multiagency working.	Undertake multiagency audits/ learning from cases Improve multiagency working Agree care pathway (if change is required) Work across STP to investigate impact of New Care Models.	Undertake multiagency audits/ learning from cases Consider impact of commissioning Dialectal Behaviour Therapy on urgent / crisis services Monitor and amend as required Work across STP to investigate impact of New Care Models.	Monitor and amend as required Work across STP to investigate impact of New Care Models.
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 Work across STP to investigate impact of New Care Models for Eating Disorders Current referral rates mean that the service will not continue to meet access and waiting times targets without additional	Monitor, implement and amend as required Work across STP to investigate impact of New Care Models for Eating Disorders

		<p>Work across STP to investigate impact of New Care Models for Eating Disorders</p> <p>Investigate needs of CYP with ARFID via liaison between health staff – commissioning gap?</p>	<p>investment so there action needs to be taken to tackle the capacity gap.</p> <p>Develop an affordable model so that 24/7 or home treatment can be provided.</p>	
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- no action required at present	Monitor and amend as required	Monitor and amend as required
Health and Justice care pathways	<p>Baseline work undertaken. Bid for funding submitted to NHSE</p> <p>Engagement with needs assessment for a future Liaison and Diversion (L & D) scheme for CYP in Berkshire.</p> <p>Liaison with OPCC and NHSE on emotional health services for victims of sexual assault.</p> <p>Publicise new care pathways to partners.</p>	<p>Commission additional skill mix to Youth Offending Teams.</p> <p>Develop single service specification with KPIs for health services into YOTs. Enact contract variation.</p> <p>Work in partnership with NHSE Health and Justice to ensure success of CYP L & D scheme</p>	<p>Evaluate new services.</p> <p>Monitor and amend as required</p>	Monitor and amend as required
Improving access to evidence based psychological therapies	<p>Established member of IAPT collaborative.</p> <p>Multiagency staff</p>	Explore “pay to train” and match funding for CYP IAPT training.	Support CYP IAPT expansion	Support CYP IAPT expansion

	<p>encouraged to train in CYP IAPT courses.</p> <p>Consider training of PWP workers with University for CYP with anxiety and depression (AnDY service).</p>	<p>Secure short term pilot funding for AnDY PWP service and evaluate</p> <p>Seek LA support to commission AnDY PWP service as part of Tier 2 type response.</p> <p>Support CYP IAPT expansion</p>		
Outcome measures in youth counselling. Expand to other providers	<p>Outcomes framework agreed.</p> <p>Contract monitoring of outcomes in place.</p> <p>ARC youth counselling to lead on the development of tool to support outcome collection.</p>	<p>Roll out of the outcome collection tool to other youth counselling organisations and voluntary sector providers.</p>	Monitor and amend as required	Monitor and amend as required
Promote good mental Health advice. Reduce stigma	<p>Sign posting to MindEd</p> <p>Promote MindEd to primary care</p> <p>School Link and Emotional Health Academy work</p>	<p>Develop, co-produce and promote #littlebluebookofsunshine</p> <p>Provide support to Sport In Mind</p> <p>Support Spectrum in World Mental Health day event at Madejski Stadium</p> <p>School Link and Emotional</p>	Continue to seek opportunities to promote	Continue to seek opportunities to promote

		<p>Health Academy work</p> <p>Initiatives by Public Health e.g. perinatal service, primary prevention service in West Berks</p>		
School Link projects	<p>Projects initiated in Reading and Wokingham. Staff recruited. Commenced training in identified schools. Establish MH consultation “surgeries” in schools.</p> <p>Establish pre and post measures for staff trained and pupils involved.</p> <p>Launch Milky Way, the BHFT consultation sub-net for local referrers.</p>	<p>Explore outcomes from other School Link projects nationally.</p> <p>Test and review the training and interventions provided.</p> <p>Promote and expand the project to other schools</p> <p>Review and evaluate progress – decide whether to continue project into 18/19 and beyond</p>	Monitor and amend as required	Monitor and amend as required
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</p> <p>Test and review the model and interventions provided.</p> <p>Review and evaluate progress – decide whether to continue Future In</p>	Monitor and amend as required	Monitor and amend as required

		<p>Mind funding of the project into 18/19 and beyond</p> <p>Consider use of PWP's delivering AnDY as part of the model</p>		
<p>Provision for children with autism or suspected autism (while autism is not a mental health condition, 71% of people with autism also have mental health difficulties according to National Autistic Society)</p>	<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 Autism group established.</p> <p>Multiagency action plan to improve services to be developed</p> <p>BHFT care pathway revised</p>	<p>ASD/ADHD dual clinics rolled out</p> <p>School autism training undertaken</p> <p>PPEPCare training module developed</p> <p>Consider viability of whole system agreed graduated response to needs as part of wider SEND developments</p> <p>Consider more joined up Local Offer for CYP with autism</p> <p>BHFT CYPF online toolkit expanded</p> <p>Scope the needs of young people with neurodevelopmental</p>	<p>Implement multiagency action plan to improve services</p> <p>Monitor and assess the impact of initiatives</p> <p>Commissioning / service development decision on whether to fund adapted CBT for CYP with autism delivered by trained staff.</p> <p>Transforming Care work</p>	<p>Implement multiagency action plan to improve services</p> <p>Monitor and assess the impact of initiatives</p> <p>Transforming Care work</p>

		<p>difficulties such as autism and ADHD who also have anxiety and/ or depression and requiring adapted CBT delivered by trained staff.</p> <p>Transforming Care work</p> <p>Consider changes to the care pathway for children with sleep issues and the prescribing of Melatonin</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>ASD/ADHD dual clinics rolled out</p> <p>Implement any multiagency action plan that is developed to improve services</p> <p>Consider changes to the care pathway for children with sleep issues and the prescribing of Melatonin</p>	Implement any multiagency action plan that is developed to improve services	Implement any multiagency action plan that is developed to improve services
Provision for children with conduct disorder/ challenging behaviour	Webster Stratton parenting programmes delivered in Reading and Wokingham in conjunction with a University of Reading research project (children	University of Reading undertake research activities (not funded through Future In Mind) with families identified through the Webster Stratton courses.	Develop and implement conduct disorder/ challenging behaviour pathway across the system.	

	<p>aged 4-8 years).</p> <p>Local Authority staff trained in Webster Stratton</p> <p>THRIVE audit</p> <p>Some links to Transforming Care work</p> <p>Some links to Health and Justice work.</p>	<p>Develop conduct disorder/ challenging behaviour pathway across the 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>Care for CYP with learning difficulties and mental health needs</p> <p>Care for children with Special Educational Needs and Disabilities SEND</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</p>	<p>To be continued and developed</p> <p>Embed BHFT CYPF single point of access.</p> <p>Multiagency EWB triage to be established/ reviewed in all 3 LAs</p> <p>Improve step up/ step down arrangements between providers</p> <p>Monitor and evaluate BHFT integrated services through contract</p>	<p>To be continued and developed</p> <p>Evaluate BHFT CYPF single point of access.</p> <p>Improve step up/ step down arrangements between providers</p> <p>Roll out of Transforming Care</p> <p>As part of the wider Transforming Care work, implement person centred planning to reduce the</p>	<p>To be continued and developed</p> <p>Roll out of Transforming Care</p> <p>Implement any required changes to EWB response for LAC, CiN and children subject to child protection plans</p>

<p>3 Local Authorities.</p> <p>BHFT services for children, young people and families 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>monitoring</p> <p>Roll out of Transforming Care</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> <p>Publicise the services commissioned by the Office of the Police and Crime Commissioner for CYP who are victims of crime/ victims of assault to partners e.g. Safe! and TrustHouse Work collectively to develop better whole system pathways</p> <p>Review EWB care pathways for LAC, Children in Need and children subject to child protection plans</p>	<p>number of young people with Learning Difficulties and/or autism placed out of area or in residential care.</p> <p>Publicise the services commissioned by the Office of the Police and Crime Commissioner for CYP who are victims of crime/ victims of assault to partners e.g. safe! and TrustHouse</p> <p>Work collectively to develop better whole system pathways</p> <p>Implement any required changes to EWB response for LAC, CiN and children subject to child protection plans</p> <p>Consider how we meet the needs of children under school age</p> <p>Implement quality assurance schedule for children who have Education Health and Care</p>	
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	Information to support improvements in referral quality is being provided via PPEPCare training sessions, ad hoc training and service meetings with key agencies.	<p>Develop quality assurance schedule for EHCPs</p> <p>Develop and implement a data dashboard for children with SEND so that there is better strategic planning across the system and a more robust JSNA</p>	<p>Plans.</p> <p>Implement a data dashboard for children with SEND so that there is better strategic planning across the system and a more robust JSNA</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 the establishment of the Emotional Health Academy.</p>	<p>Implement workforce plan</p> <p>Work with providers, HEE, ACS and STP on workforce plan. Evaluate progress</p> <p>Recommission PPEPCare, continue to evaluate</p> <p>Increase awareness of how communication difficulties, ADHD and autism can impact on the behaviour of young people who are in contact with criminal justice system.</p> <p>Work across STP and ACS</p>	<p>Implement workforce plan</p> <p>Evaluate progress</p>	<p>Implement workforce plan</p> <p>Evaluate progress</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.</p> <p>Skill mix within the workforce is being considered and implemented where appropriate. A workforce plan is in place within BHFT.</p> <p>Recruitment and retention strategy is in place. Staff turnover is low. Staffing is monitored through quarterly reporting.</p> <p>The capacity and capability of the wider system is being addressed through workforce training (including the voluntary sector) and the</p>	<p>Work with providers, HEE, ACS and STP on workforce plan. Evaluate progress. Monitor and continue to develop workforce plan.</p> <p>Utilise PWPs in CYP anxiety and depression care pathways. Seek agreement from partners as to whether this model should continue to be commissioned post 2017.</p> <p>Staffing requirements are already understood for CAMHs Urgent care, CAMHs Community Eating Disorders and Autism Assessment teams.</p>	Monitor, deliver and continue to develop workforce plan.	Monitor, deliver and continue to develop workforce plan.

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.

We trialling PWP in CYP anxiety and depression pathways.(Jan 2017)

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.			
Accurately capturing activity- data quality	BHFT are submitting data to the MHSDS. Non NHS providers are submitting data to CCGs but currently this activity is not captured on MHSDS. Non NHS providers do not currently have the IT infrastructure to submit data onto MHSDS. CCGs are in discussion with NHSE on how to resolve this issue.	Resolve BHFT data quality issues to MHSDS via NHS Digital Clarify MHSDS requirements as these changed in year Clarify contract versus grant issue relating to MHSDS with NHSE Work with Thames Valley and NHS Digital to flow data from Emotional Health Academy and 2 voluntary sector providers onto MHSDS	Expand the range of voluntary sector providers submitting data onto MHSDS	Assured data submissions to MHSDS
Improving transition into adult services	Preparation for transition CQIN	Transition steering group, with leads from across	Monitor, deliver and continue to develop	Monitor, deliver and continue to develop

<p>Plan to enable local delivery of the Transition CQUIN developed.</p> <p>Set up transition steering group</p>	<p>CYPF and adult services in place.</p> <p>The first audit is due to take place in April to cover CYP transitioning Jan-Mar 2017.</p> <p>Work done so far includes:</p> <ul style="list-style-type: none"> • Built an electronic discharge transition care-plan on Rio record system • Created self-populating discharge letter on Rio record system • Electronic version of Ready-Steady-Go document • Successfully met the criteria for Transition Quality Schedule 2016-2017 • Patient participation- We have young people and their families involved in the transition work stream • BHFT Transition policy completed & has been aligned with the NICE guidelines and is available on TeamNet 		
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	<ul style="list-style-type: none">• Development of BHFT Transition locality Standard Operating Procedures <p>Embed links to liaison psychiatry – the CAMHS Rapid Response Team have close links with the adult Psychological Medicines Team (PMS) at Royal Berkshire Hospital. Ensure that the Consultant Psychiatrist meets with them regularly and offers clinical supervision.</p>		
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6. **Current challenges in achieving this**

Availability of suitable skilled, qualified and experienced health workforce at specialist level.

Recruitment and retention challenges for health staff and parts of the wider children's workforce e.g. social care.

Financial pressures across the system.

Availability of recurrent funding for voluntary sector organisations.

Increase in demand for services

Increase in complexity of young people in services

The complexity of the West Berkshire system is adding a level of challenge. The number of different agencies involved in providing mental health care across Berkshire West means there is a risk of gaps between services and a need for extensive partnership work and communication that is time consuming for staff in all agencies.

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
<p>Inability to recruit / retain sufficient staff with experience required to undertake the work.</p>	<p>Specialist CAMHs agency staff were retained until new starters commenced.</p> <p>Skill mix utilised when appropriate.</p> <p>Membership of local CYP IAPT collaborative- prospective staff find this attractive, existing staff are encouraged and supported to undertake additional training.</p> <p>Voluntary sector partners have recruited and trained additional staff/ volunteers.</p> <p>Supervision arrangements in place for practitioners.</p> <p>Providers held to account when projects/ milestones delayed- recovery plans required and monitored via the contract process</p> <p>Trial of low intensity treatment for anxiety and depression delivered by skill mix staff (similar to the use of PWPs in adult IAPT) was undertaken. Now seeking opportunities to fund roll out of this.</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</p>
<p>Poor system engagement</p>	<p>Director level sponsor.</p> <p>Improving emotional health and wellbeing in CYP is a multiagency priority and is championed by system leaders.</p> <p>Service users and champions contacting partners e.g. schools</p>

	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 / ACS 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 do not capture non NHS delivered treatment resulting in our cover data being reported as lower	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

than the reality	to submit data onto MHMDS. CCGs are in discussion with NHSE on how to resolve this issue and we are working with NHS Digital.
Staff reluctant to implement the required changes	<p>Change management programme in place with our main community provider.</p> <p>Supervision arrangements in place for practitioners.</p> <p>Improving emotional health and wellbeing in CYP is a multiagency priority and is championed by system leaders.</p> <p>Service user feedback to staff and organisations</p> <p>Promotion of CYP IAPT training</p> <p>Evidence of positive changes in outcomes for service users</p>

7. A summary of workforce concerns and plans

- Whole system training

Our transformation model in Berkshire West is based on integrating and building resources within the local community, so that emotional health and wellbeing support is offered at the earliest opportunity. Training the wider children's workforce is key.

We have commissioned Psychological Perspectives in Primary Care and Education (PPEPCare) mental health training across the children's workforce. PPEPCare has been developed by the Oxford Academic Health Network and the Charlie Waller Memorial Trust. PPEPCare is delivered in schools mostly via the School Link Projects and the Emotional Health Academy. A train the trainer programme has increased our capacity to deliver training modules. All schools are able to take up the training offer, including independent; academy and free schools who have are not part of the school Link Project or Emotional Health Academy.

PPEPCare training is also open to voluntary sector organisations, primary care, secondary care, social care and other partners.

Over 2016/17, 1424 workers plus around 200 young people accessed PPEPCare training modules. Feedback is overwhelmingly positive.

The range of PPEPCare training modules available continues to increase.

Some schools have also taken up Mental Health First Aid Training.

The School Link projects and Emotional Health Academy operate a model of consultation and supervision into schools.

Links between voluntary sector youth counselling, Autism and Special Educational Needs and Disabilities organisations and CAMHs have improved so that staff are able to access familiar co-workers for support, advice and supervision, as required. We hope that this will make our local organisations more attractive to prospective volunteers.

- Use of online resources to increase capacity

Support, Help and Resources Online (SHaRON) for PPEPCare trainers is being well utilised to support developing training skills and we are making progress with the development of the professional on-line consultation subnet, which is being used internally and will hopefully be ready to extend out within the next year.

A further SHaRON subnet exists to provide support and advice to families. There is informal positive feedback about the value of having specialist CAMHS staff moderating on the site alongside colleagues from the voluntary sector and early intervention services.

#littlebluebookofsunshine is available online for children and young people.

The integrated Children Young People and Families (CYPF) health hub is available online and includes an integrated on-line referral form, new CYPF website and integrated on-line resources. <https://cypf.berkshirehealthcare.nhs.uk/> It can be accessed via tablet and smart phone as well as computer.

- CYP Improving Access to Psychological Therapies (CYP IAPT)

We are members of the Central and South CYP IAPT Collaborative and have been since Wave 2.

We are able to evidence all of the CYP IAPT principles across the system i.e. collaboration and participation, evidence informed practice, evidence based practice and routine outcome monitoring and improved supervision.

BHFT staff have taken up a range of the CYP IAPT programmes offered. All of the CAMHS clinical leads have attended the CYP IAPT transformational leadership training. We have more undertaking that course this year. A number of CAMHS staff, including those working in the Wokingham PCAMHS service, have been trained in CBT & some in evidence-based parenting & SFP.

Staff from both Wokingham LA and West Berkshire LA have also undertaken CYP IAPT training. This has primarily been the EEBP programme. A West Berkshire Educational Psychologist has undertaken the CBT programme. Highly qualified and highly experienced psychologists are employed through BHFT for the Reading Options and KEEP programmes. Reading's PMHW are also qualified CAMHS clinicians and BHFT provide clinical supervision so we are confident that they are providing evidence-based interventions.

Primary Wellbeing Practitioners (PWPs) have been trained at the University of Reading through CYP IAPT and we have been trialling PWP led interventions.

- Staff turnover, recruitment and retention

Sourcing sufficient suitably trained and experienced staff is a challenge in Berkshire West, in line with many other parts of the country.

Skill mix is being used when appropriate to do so. New types of worker such as PWPs and some of the roles undertaken by graduate staff employed by the Emotional Health Academy are being developed to increase capacity.

According to the 2015/16 CAMHS benchmarking report, BHFT appears to be an outlier in terms of staff turnover. We believe that is due to the high proportion of staff on fixed term contracts during that year while we recruited substantively following new investment to the service.

Retention of staff has been good but recruitment is becoming increasingly difficult and many new challenges are caused by staff movement internally within our services. We do not believe our recruitment difficulties are worse than the national picture and we have been successful in recruitment to medical vacancies recently.

Detailed workforce data is in Appendix 1

Berkshire West CCGs continue to have a clear priority to ensure that they work with all providers to develop a shared workforce strategy.

This work is supported by the Thames Valley SCN workforce working group, which has brought all key strategic partners together as well as providers and commissioners of children's mental health services.

This has provided an initial benchmark of gaps and issues and some possible solutions. The initial focus of the workforce strategy has been to focus on the key areas of CYP IAPT, EIP, PPEP care and eating disorders, while the scope of the wider system is being considered (STP ACS)

Doing this with the strategic clinical network will also ensure that this will align to the work being undertaken by the STP and ACS.

This local transformation plan aligns to the overall mental health delivery plan for Berkshire West CCGs, which will continue to align to the developing mental health delivery plan for the BOB STP and relevant ACS

8. An overview of financial investment

FINANCE

CCG Future In Mind spend

Project	Amount 16/17	Amount 17/18	Amount predicted 18/19	Amount predicted 19/20	Amount predicted 20/21
Reading School Link project	£100,000	£100,000			
Wokingham School Link project	£100,000	£100,000			
West Berkshire Emotional Health Academy	£100,000	£100,000			
PPEPCare (to support schools, primary care, vol sector and non CAMHs staff)	£15,000	£45,000			
CAMHs urgent/ crisis care at RBFT	£208,000	£329,368			
Voluntary sector support for families awaiting ASD diagnosis- Autism Berkshire	£40,212	£28,000			
Voluntary sector support for families awaiting ADHD diagnosis- Parenting Special children	£9,740	£13,000			
Autism Appreciative Inquiry work	£5,225	N/A			
Booklets & campaign for young people #littlebluebookofsunshine	£10,000				
Youth Offending/ health and justice	N/A	£73,803			
PDF voluntary sector grant top up allocated to Autism Berkshire & Parenting Special Children to be spent in 17/18	£35,823				
Total Future In Mind	588,177	£789,271	£789,271	£789,271	£789,271

Other CCG spend

	16/17	17/18	Predicted 18/19	Predicted 19/20	Predicted 20/21
Specialist CAMHs block contract This figure excludes Berkshire Adolescent Unit which was transferred to NHS England in 14/15.	£6,306K	£6,520K	TBC	TBC	TBC
CAMHs Community Eating Disorders	£236K	£244K	TBC	TBC	TBC
Perinatal mental health	£166K	£172K	TBC	TBC	TBC
Children and Young People's IAPT training backfill (pan Berkshire)	£251K	TBC	TBC	TBC	TBC
Youth counselling- Reading (£30K from CCGs plus £60K from Reading Borough Council)	£90K	£90K	TBC	TBC	TBC
Wokingham (£30K from CCGs plus £59K from Wokingham Borough Council)	£89K	£89K	TBC	TBC	TBC
West Berkshire CCG funding – LA makes separate arrangements	£29.5K	£29.5K	TBC	TBC	TBC
Non recurrent contribution from NHSE for #littlebluebookofsunshine campaign	£30K				

Specialist CAMHs block contract- baseline position

15/16 £6,166,360 plus additional funding 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.

Local Authority spend

Reading Borough Council funding-15/16 baseline

Year	Service	Expenditure 15/16	Expenditure 17/18
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15-16	Primary Mental Health Workers	£ 179,800	£219,500
15-16	Educational Psychologists	£495,150	£509,400
15-16	Youth Counselling service (Commissioned)	£75k	£60K
15-16	Short breaks (Commissioned)	£105k	Not available
15-16	Targeted family and youth support	TBC	Not available

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

£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

West Berkshire Council spend 17/18

CAMHS Early Intervention (Help for Families Worker) £1,980

CAMHS Early Intervention (Help for Families Worker) £29,860

CAMHS Early Intervention (Help for Families Worker) £2,970

CAMHS Early Intervention (Help for Families Worker) £5,190

Primary Prevention Work (includes the new post)

£85,000 (One off funding for 17/18)

Total £125,000

Wokingham Borough Council spend 16/17

	Costs 16/17	Budget 16/17	Budget 17/18
Educational Psychology Service	439,258	444,350	402,410
Children Centres:			
Brambles	256,374	294,000	327,000
Red Kite	294,774	330,570	349,430
Total	551,148	624,570	676,430
Integrated Early Help Team:			
Children's Centres Central	123,070	143,960	50,980
Early Intervention Team	364,855	-	-
Family Resources Team	228,141	334,460	339,390
Targeted Youth Services	163,998	314,970	289,360
Youth Offending Service			

	82,157	173,700	221,240
Total	962,221	967,090	900,970

Wokingham Borough Council spend 17/18

Primary Mental Health Workers (employed by BHFT) £118,000

Youth counselling contribution £59,000 (jointly commissioned with CCGs)

9. An update on data submissions to the national Mental Health Services Data Set (MHSDS)

BHFT CAMHs are submitting data to the MHSDS but in common with many other areas, there are data quality issues- we need to understand how data is interpreted by the MHSDS in order to understand the differences between what we see locally and what is being reported nationally. We are working with NHS Digital to resolve these data quality issues.

We are also working with Thames Valley Strategic Clinical network and NHS Digital to find a solution to allow data from Local Authority and voluntary sector provider organisations to flow into the MHSDS. A project brief and update report can be found here.



20170823 Data Project Brief.docx



TVSCN Data Project CYP MH Progress Rep

We continue to collect activity data from our local providers while a national solution is found:

Number of CYP aged 0-18 seen for Emotional Health and Wellbeing services funded either fully or partly by the CCGs

Numbers = individual CYP benefitting Includes Face to face and telephone support either directly with the child or with the parent/ carer

NB some CYP may have been seen by more than one provider

Year	13/14 baseline	14/15 BW CCG additional £1M recurrently into plus £500K non recurrently into CAMHs	15/16 FIM money released in Autumn 2015	16/17 FYE of FIM monies
BHFT Tier 3 activity		4003 Q4 caseload total	Caseload (total - includes ASD diagnostic cases) Q4 3558	Estimate on NHSE return- 1195 Very narrow definition data quality issues* Caseload (total- includes ASD diagnostic cases) Q4 3647

Parenting Special Children- Partnership Development Fund	(Sleep workshops – no. of parents) 24	Q1-3 54 parents	(Workshops for parents of children with ASD and anxiety No. of parents) 63	(Workshops for parents of children with ASD and anxiety No. of parents) 117
Parenting Special Children- FIM	N/A	N/A	N/A	107
Autism Berkshire – Partnership Development Fund	No. of parents at parent support group (283) and speaker events – (108) TOTAL 391	No. of parents at parent support group (283) and speaker events – (108) TOTAL 391	No. of parents at all parent support group events 123	No. of parents at all grand/parent support group events 208
Autism Berkshire – FIM	N/A	N/A		156
Youth Counselling- ARC Wokingham	1100	1143	1150	Jointly commissioned 1000
Youth Counselling- Time to Talk West Berkshire			373	370
Youth Counselling- Reading (Adviza/ No5)	No PDF grant for No5	No PDF grant for No5	No5: The total number of CYPs seen for counselling <i>and/or</i> engaged with at a mental Health Workshop in 2015/16 is 1,579 (377 at Sackville St)	Jointly commissioned Adviza 370
Emotional Health Academy- West	N/A	N/A	Set up period	Jointly Commissioned 828 CYP ‘supported’

Berkshire (Training, triage and therapeutic intervention model)				256 professionals trained 9 parents trained @Q1 but no further parent training reported. 564 CYP gone through emotional health triage
School Link- Reading (Training model not intervention)	N/A	N/A	Set up period	10 schools participating in yr 1. Staff training model
School Link- Wokingham (Training model not intervention)	N/A	N/A	Set up period	12 schools participating. Staff training model
Webster Stratten Reading FIM	N/A	N/A	Set up period	51 parents started course
Webster Stratten Wokingham FIM	N/A	N/A	Set up period	66 parents started course
AnDY University of Reading	N/A	N/A	N/A	Q4 data only 47 started treatment
PPEPCARE training (not intervention)	N/A	N/A	567 staff	1424 staff (plus 200+ young people)

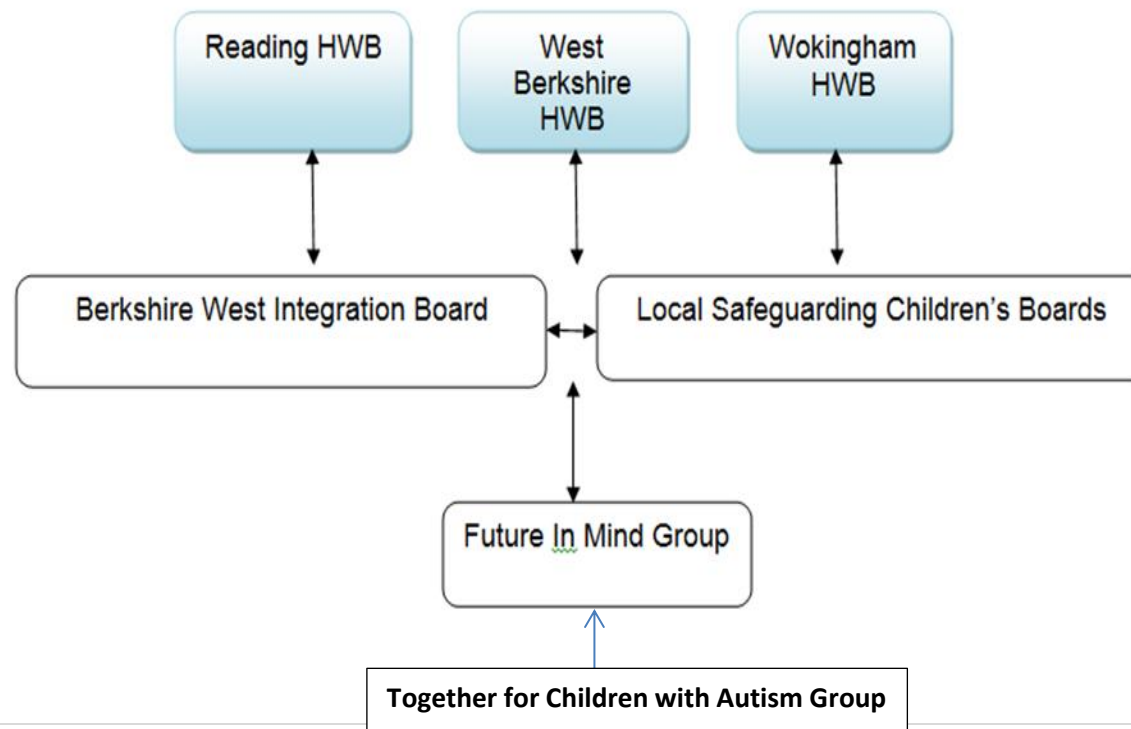
Notes

- BHFT figures only include CYP seen in CPE and in specialist team once and *are still on the caseload*. Numbers exclude those under Common Point of Entry (CPE)PE and waiting for ASD assessment. Some CYP will not be counted in these figures but will have been having treatment from an allied professional e.g. SLT and OT. Those waiting for autism assessment may also have been seen by Autism Berkshire and/ or Parenting Special Children so could have had at least 2 contacts.

- Tier 2 services in the Reading and Wokingham LAs are excluded as these were not jointly commissioned with CCG monies as per original national guidance in how to count. The Emotional Health Academy in West Berkshire is jointly commissioned with the CCGs so activity is included as per the original MHSDS requirements. Ideally we would like to capture the Reading and Wokingham activity in the future.

10. Governance

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.



Terms of reference of the Berkshire West Future In Mind group



Paper 2 - Future In
Mind Group TOR v 5.c

Service users work to shape and inform development of the CAMH service, service users have been involved in several consultations as part of our work to grow meaningful feedback and participation opportunities across Children, Young People and Family (CYPF) services.

A participation strategy has been created, with support from service users and staff, and is now in place for all CYPF services.



CAMHs
participation.docx

11. Local need identified in JSNAs

<http://info.westberks.gov.uk/CHttpHandler.ashx?id=42967&p=0>

<http://www.reading.gov.uk/jsna/children-adolescent-mental-health>

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

Locally we have seen an increase in demand for services and an increase in complexity of young people in services.

Referrals, Caseload and Activity

External Referrals to specialist CAMHS

Graph 1 shows the trend in terms of all external referrals to CAMHS through CAMHS CPE from the 4 Berkshire West CCG's year to date with data reported for 2014/15, 2015/16 and 2016/17 for comparison purposes.

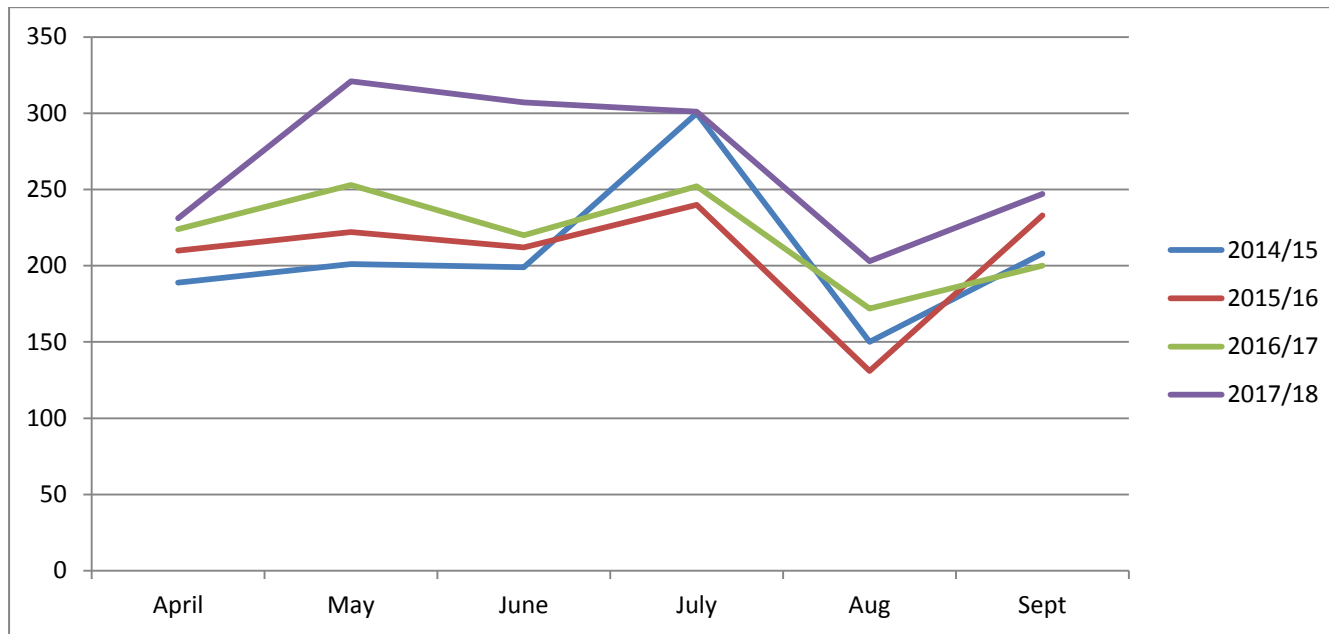
Total referrals for 2016/17 had increased by 12.8% (referrals to the West Berkshire Primary CAMHS Service for 2014/15 excluded for comparison purposes as this service was decommissioned in March 2016).

We saw a spike in referrals in March 2017 which we put down to the timing of the Easter school holidays and a further spike in May which may have been due to numbers of self-referrals from parents following the go-live of the self-referral option on the new integrated CYPF referral form and also to an increase in referrals for Autism Assessments. However the trend has continued through Q2, with referrals for the quarter up 20% on the same quarter last year, despite the usual seasonal reduction in August, and 27.5% higher than the 2014/15 service baseline.

A positive sign is that we are seeing an increase in appropriate and good quality referrals from SENCo's following our work to disseminate the message that the right person to refer is the person who knows the most about the child or young person's difficulties.

Information to date shows that we continue to see numbers of self-referrals from parents and that a number of those do not require BHFT CAMH services and would be better supported by local early intervention or targeted services. Parents (and other referrers) are clearly signposted to BHFT CAMHS referral criteria within the on-line referral process and the CAMHS and referral sections of the CYPF website include links to the local offer for each locality and guidance about other appropriate services and how to access those. This information has been further improved with the launch of the CYPF on-line resource, which went live on October 5th <https://cypf.berkshirehealthcare.nhs.uk/>

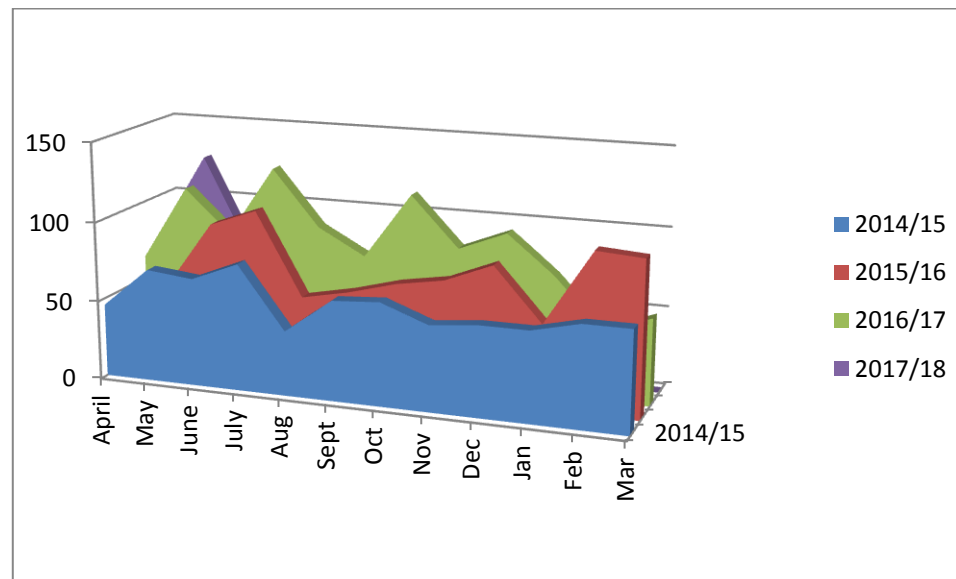
Graph 1 External Referrals to CAMHS CPE



Accepted Referrals

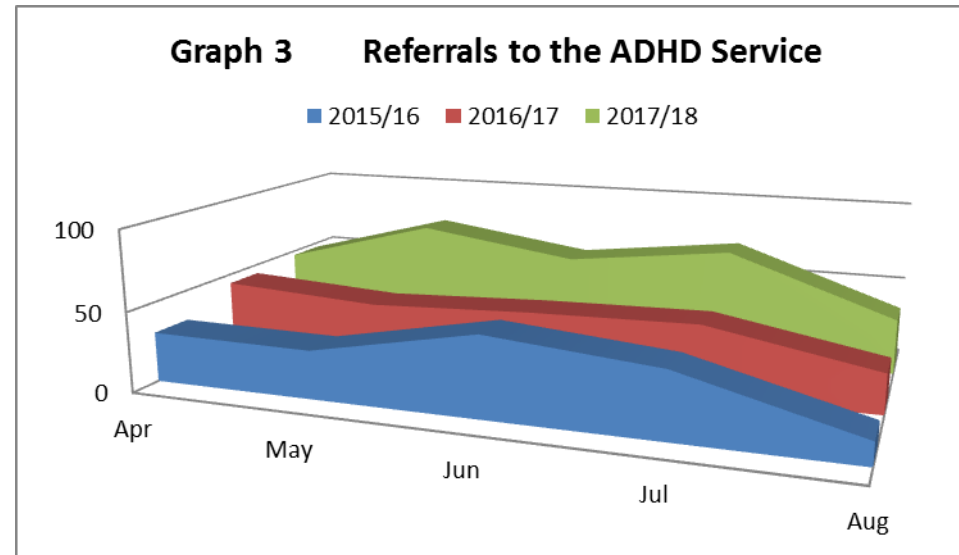
Graphs 2-5 below give a pictorial representation of the increase in referrals to the specialist CAMHS teams. These are referrals which have been triaged in CPE and identified as needing interventions from the specialist services that BHFT provide. Note that this is county-wide data as it is not possible to filter the historical referral data for all teams by CCG.

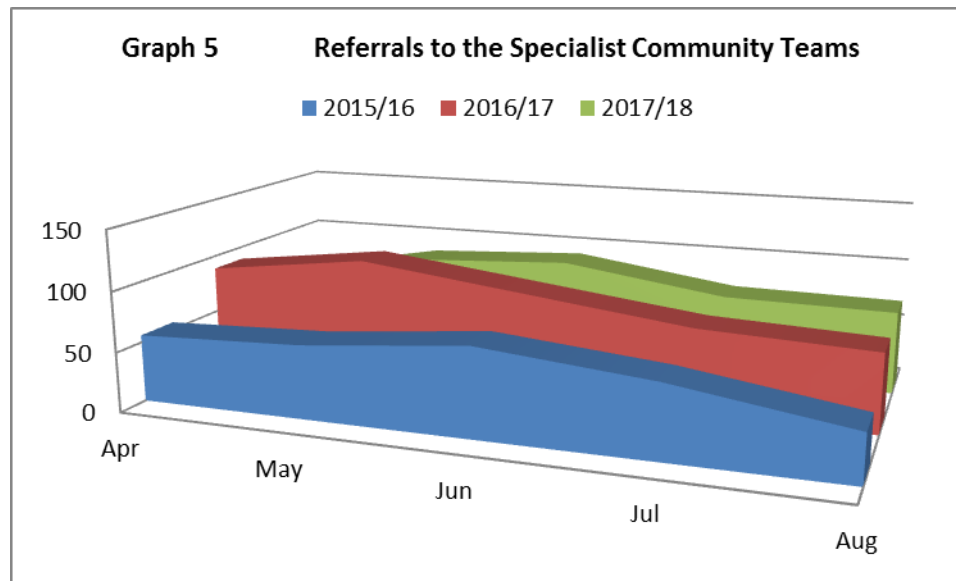
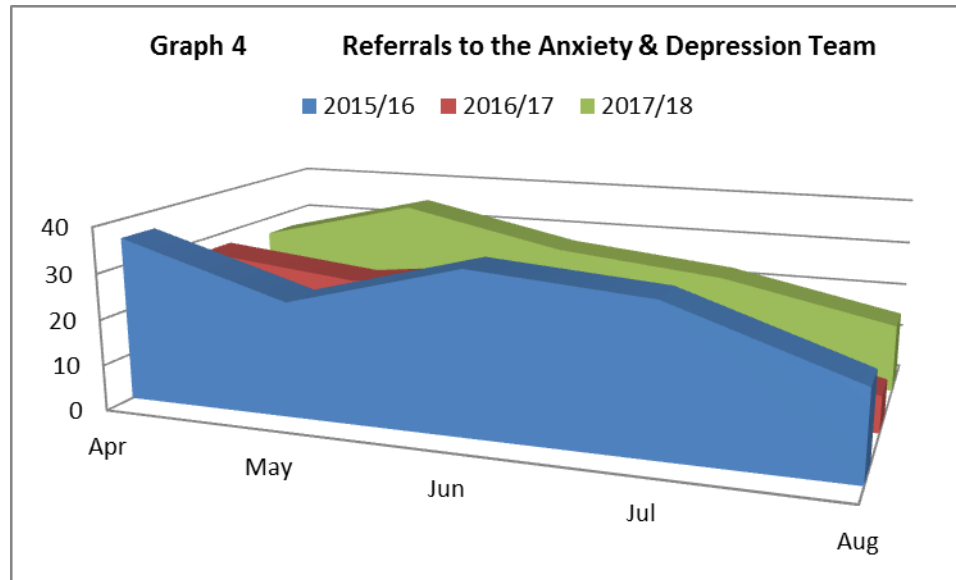
Graph 2 Total Referrals to the Autism Assessment Team 2014/15-2017/18



We are now able to demonstrate the increase in referrals to the other specialist teams, which combined have shown an increase of 10% in the months April-August compared to the same time period last year and 20% from the same period in 2015/16. This is in line with the year on year increase of 10% being seen nationally according to the latest information from the CAMHS benchmarking group.

The graphs below give a pictorial representation of the increase in referral rates within these teams individually





Note that the numbers for the Specialist Community Teams would have included referrals for young people with an eating disorder in 2015/16 and 2016/17. These referrals are now seen by the dedicated CAMHS Eating Disorders Service so the real increase in numbers of young people with complex mental health difficulties other than an eating disorder is greater than is indicated by this graph.

The quality schedule has waiting time targets agreed with BHFT.

Current Specialist CAMHS waiting times Sept 2017

CAMHS CPE & Urgent care	All referrals are risk assessed in CPE within 24 hours. 100% urgent cases seen within 24 hours. 80% of referrals complete assessment 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
CAMHS Anxiety & Depression Specialist Pathway	The current average waiting time for referrals to the Anxiety & Depression Team is 10 weeks.
CAMHS ADHD Specialist Pathway	The current average waiting time for referrals on this pathway is 17 weeks. This is skewed by the long waiters. A significant number of these are referrals for young people who have a diagnosis, have transferred in to service on a routine review programme and do not require an appointment within the 6 week timescale. All have been allocated to the relevant locality clinic and added to the review clinic protocol so should be excluded from the waiting list. We are working with the informatics team to implement a change to our recording system to enable this. Families are also offered help while waiting – service commissioned from Parenting Special Children
CAMHS Autism Assessment Team	The average waiting time for those currently waiting an assessment is 44 weeks. Families who are waiting for assessment are offered help via the Young SHaRON subnet and support commissioned from Autism Berkshire

Q2 Report on Local 87 Access Rate to CYP Mental Health (Domain 4: Ensuring that people have a positive experience of care)

Quality Requirement: E.H.9

Percentage of children and young people aged 0-18 with a diagnosable mental health condition who are receiving treatment from NHS funded community services.

National target from all Providers is to achieve 30% end 17/18; 32% end 18/19

BHFT targets are to maintain current levels of access based on BHFT 16/17 estimates.

Method of Measurement

Numerator : Total number of individual children and young people aged 0-18 receiving treatment by NHS funded community services in the reporting period.

Denominator: Total number of individual children and young people aged 0-18 with a diagnosable mental health condition.

Note that this data is different to both referrals and caseload for the service. Data has been pulled according to the following definitions:

- All patients open on the current caseload for all teams and pathways with at least 2 attended contacts (1 in CPE and 1 face to face contact in one of the community teams)
- All patients who were discharged in the relevant quarter but received treatment from the community teams during the quarter
- Referrals in CAMHS CPE have been excluded on the basis that those will be referrals waiting completion of triage, so not necessarily accepted for treatment yet.
- Referrals in the CAMHS AAAT have been excluded on the basis that this is an assessment only pathway.

Numbers have increased slightly in Q2 compared to Q1 which is unexpected given the seasonal drop in referrals and activity, but remain slightly below target.

Note that baseline data was calculated on a snapshot of caseload. Referrals, caseload and activity fluctuate over the 4 quarters, with rates generally lower in quarters 1&2, increasing in quarters 3&4. This indicator therefore needs to be reviewed against the full year report.

Percentages given in the Threshold column relate to national prevalence data that was not included in the indicator so cannot be calculated by BHFT.

NB these figures are BHFT specialist CAMHs figures only and do not include providers such as youth counselling and LA staff. Data on these providers is included in section 9 on Mental Health Services Data Set

Reference Number	Threshold	Position at end of Q1	Position at end of Q2
Local 87 Newbury & District	16/17 Baseline 558 (27.7%)	482	504
Local 87 North & West Reading	16/17 Baseline 474 (24.9%)	420	432
Local 87 South Reading	16/17 Baseline 547 (22.4%)	483	497
Local 87 Wokingham	16/17 Baseline 810 (29.5%)	726	749

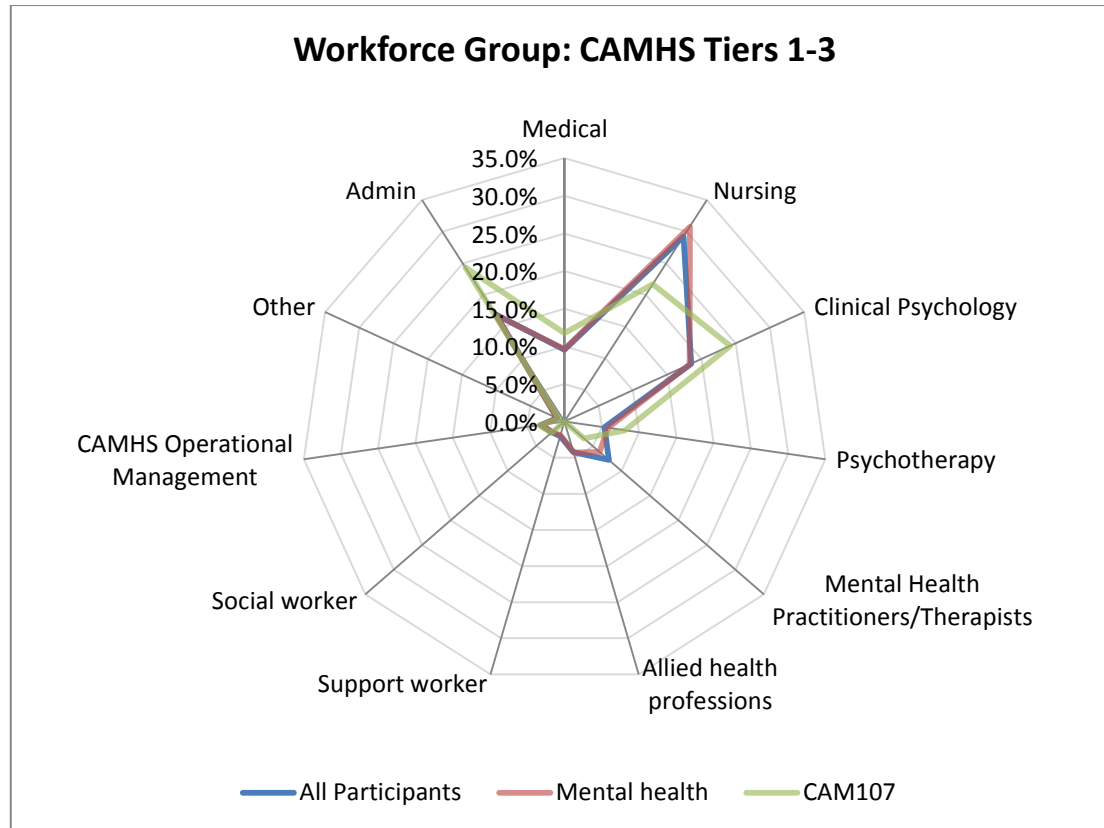
Specialist CAMHs - nationally reported trajectories



FutureInMind
trajectories.xlsx

Appendix 1 WORKFORCE DATA

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

October 2017- additional team leader on Transformational Leadership programme. A II team leaders have been trained in Transformational Leadership 4

BHFT staff on Recruit to Train- parenting trainees

1 Wokingham LA and 1 West Berkshire LA- Evidence Based Practice

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
TOTAL																			124	74.23
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

Wokingham BC Tier 2 staff are employed by BHFT and are included in the table above. H/C= headcount WTE= whole time equivalent *LA commissioned

Local authority staffing West Berkshire Emotional Health Academy 2017-

**EHA Operational
Manager**

Role	FTE 15/16	FTE 16/17	FTE 17/18	Total
Educational psychologists	7.1	7.3	Yes 2.2	9.5
Primary Mental Health Workers	3.5	4.5 (1 via School Link Project)	The additional 1 via SLP will continue if funding is in place.	4.5
Portage workers	5.6	5.6	No	5.6
Options team- Team assistant manager		0.25	0.25	0.25
Clinical psychologist		0.5	0.5	0.5
Family Therapist		0.5	0.5	0.5
Creative therapist		0.5	on maternity leave January 2018- no cover provided	

Wokingham Borough Council staffing 17/18

2.4 FTE assigned to PCAMHs and employed by BHFT

0.6FTE assigned to school link project

Plus ASSIST team workers and educational psychologists