



East Berkshire Local Transformation Plan for Children & Young People's Mental Health and Wellbeing October 2016 (Updated March 2017)

Name, signature and position of person who has signed off Plan on behalf of local partners

To be ratified at December 2016 meetings:	To be ratified at December 2016 meetings:	To be ratified at December 2016 meetings:
Dr. William Tong Chair of Bracknell & Ascot CCG	Dr. Jim O'Donnell Chair of Slough CCG	Dr. Adrian Hayter Chair of Windsor, Ascot & Maidenhead CCG

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FORWARD

The CAMHS Transformation Programme in East Berkshire benefits from strong and experienced leadership across the three Clinical Commissioning Groups, including Fiona Slevin-Brown and Dr Katie Simpson. Their profiles are below.

Fiona has over 20 years' experience in the NHS in Berkshire working initially as a qualified Podiatrist and more recently in senior leadership roles.

She has worked at Director level in a range of NHS Commissioning and Provider organisations including the independent sector based within the Berkshire area.

Fiona brings a wealth of knowledge and experience in successfully service and clinical pathway transformation underpinned by passion for improving outcomes for local people.



Dr Katie Simpson is a GP, GP trainer and appraiser in Windsor, Berkshire. She has been GP Mental Health Lead for Berkshire East CCG Federation since 2002. and is the chair of the children's mental health transformation working party.

She runs regular training sessions for GPs across Berkshire on Mental Health issues. She is also a regular lecturer at Reading University and has appeared on the BBC Politics show and BBC Radio Berkshire.

Katie is a governor with responsibility for SEN at St Edward's Middle School, Windsor and runs workshops across Windsor schools on 'How to build resilience in your children.' When not working she enjoys spending time with her husband and 3 children, editing her husband's books and winds down with circuit training.



1. Introduction

Following publication of East Berkshire's Local Transformation Plan for Children and Young People's Mental Health and Wellbeing in October 2015, this paper provides an update as at 30th September 2016. **Section 1** of this document discusses both background and context for the significant investment which has been made available to transform mental health services for children and young people. This is followed in **Section 2** with a refresh of East Berkshire's ambition and vision to continue to transform children and young peoples' mental health services through to 2020/21. **Section 3** provides assurance of Transparency and governance, clarifying the investments made in 2015/16 and 2016/17. A schedule of workforce data is provided in Appendix 3. **Section 4** illustrates the extensive service user and stakeholder engagement in commissioning and provides updates on the local needs. It also discusses some early stages of some collaborative commissioning arrangements which are currently under development. **Section 5** describes the 11 new additional services commissioned in line with the Transformation Plans, together with the impacts achieved to date. This is followed by an overview of key areas of focus and the impact to date of CAMHS provision from Berkshire Healthcare Foundation Trust (BHFT), which along with the 11 additional new services is central to achieving the CAMHS transformation plans in East Berkshire. This section also discusses Access and the work to date in establishing the IAPT methodology across East Berkshire, as well as the challenges of reaching the national 100% IAPT coverage target by 2018. **Section 6** describes forthcoming new services and a bidding event to take place in November 2016. **Section 7** outlines the key challenges that lay ahead and East Berkshire's Road Map to 2020/21. **Section 8** is the concluding section of this refresh paper. It acknowledges both the significant achievements to date and the challenges that lay ahead. It provides a roadmap for the period to 2020/21, which will need to provide flexibility to align commissioning with local population needs as they evolve.

2. Background and context:

In 2005 the document 'Future in Mind'¹ was published and this set out a series of proposals to improve outcomes for children and young people with mental health problems, emphasising the need for joined up provision and commissioning. Subsequently in 2016, these proposals were endorsed by the document Five Year Forward View for Mental Health². To deliver the required improved outcomes NHS England agreed that access to the new funds for children and young people's mental health announced in the Autumn Statement 2014 and Spring Budget 2015 would follow the development of 'local Transformation Plans' to describe how the national ambition could be translated and delivered locally. East Berkshire's Transformation Plan was approved in December 2015, and will continue to be a live document ensuring increased resources to improve capacity and capability of local CYP MH services to ensure delivery of its stated ambition and objectives through 2020/21.

1

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

² <https://www.england.nhs.uk/wp-content/uploads/2016/02/Mental-Health-Taskforce-FYFV-final.pdf>

2. Ambition to fully embed East Berkshire's vision by 2020

East Berkshire's ambitious vision is that by 2020/21 or before, commissioned high quality evidence based mental and physical health services will be fully integrated, inclusive, accessible, timely, and responsive and informed by the needs expressed by children, young people, parents and carers. This vision is fully inclusive of services from routine, to urgent and specialist.

2.1 East Berkshire Local Partners believe that all children should:

- I. enjoy a happy and fulfilling childhood
- II. grow to be resilient and able to manage their emotional health and wellbeing within their family, school and community environments.
- III. the most vulnerable children and young people will have access to the most appropriate range of services at the time needed.

2.2 To achieve this vision East Berkshire will:

- I. listen to the voice of the children and young people they serve
- II. Be clear about the needs assessment in an ever changing landscape, through regular review and dialogue with our Local Area Partners
- III. Strive to achieve equity, build resilience, reduce stigma and ensure strategic plans are inclusive of the needs of the most vulnerable groups
- IV. work collaboratively with Local Area Partners
- V. aim to align capacity with demand ensuring service provision is appropriate, timely and easily accessible
- VI. build a sustainable workforce with contingency planning and risk assessment for interruptions to services
- VII. ensure staff providing services are well trained and equipped to carry out their role
- VIII. monitor new and existing services to ensure delivery of key performance indicators
- IX. use clear protocols when designing new pilots, setting out KPIs, review intervals and transition/closure process
- X. Learn from best practice in other areas
- XI. Ensure clear lines of accountability, governance and transparency in commissioning arrangements

2.3 East Berkshire's nine key strategic Performance Indicators

Indicator	Measurement
Overall Improvements in the mental emotional wellbeing and health of the children and young people in East Berkshire	% positive outcome improvements for children and young people from agreed KPIs with each commissioned provider. These vary depending on the method of evaluation by the provider.
Reduction in stigma and discrimination	Participants attendance at all workshops show an improved understanding of mental health issues – target 90%
Improved early intervention and prevention, with swifter access to services and reduced waiting times at all levels of need.	% improved in the waiting times improvements for children, young people, parents and carers accessing services from agreed KPIs with each commissioned provider. These vary depending on the service being offered.
Implementation of a seamless whole system joined up approach to care leading to	Overall satisfaction of people who use the service – target 80%.

satisfaction of accessing services..	
Improved advice and support, training and guidance for all	The proportion of people who use services who find it easy to find information about services – target 80%
Reduction in the number of young people presenting to emergency services as a result of avoidable mental health crisis.	50% reduction in admissions to Tier 4 for children and young people.
Children, young people and families actively engaged and an integral part of the design of services	The development of an active engagement strategies/action plans for the involvement of children, young people and parents/carers including vulnerable groups.
Collaborative working between all partner organisations across our local systems, with health, education, social care and the voluntary sector working together to deliver improvements to children and young peoples' emotional well-being and mental health.	The development and implementation of a collaborative commissioning strategy with part agencies.
Support for young people up from 14-25 to transition easily to adult services	Evidence of improvement in transition pathway planning through questionnaires at both pre and post transitions points.

3. Governance, Transparency and Funding Streams

3.1 Governance: The East Berkshire Plan has robust governance procedures in place to ensure effective implementation. Health and Wellbeing Boards will be responsible for the sign off of the Local Transformation Plans. Governance is documented in the East Berkshire Transforming Children's Health Board Terms of Reference³⁴. Membership of this Board includes the Chair of each of the three Health and Wellbeing Boards, Director of Children's Services from the three Local Authorities and Children's Trust, East Berkshire CCG's Lead Director and Mental Health Clinical Lead. This Board meets quarterly or more frequently if required and has oversight and tracks the progress against deliverables of the Transforming Children's Working Group. The Board also has oversight of the Transformation Action Plan and Risk Register.

3.2 Annual Declaration: The Transforming Children's Health Board will review and sign off the annual declaration prior to publication.

3.3 Pledge to Transform: All CCGs and Health and Wellbeing Boards are committed to transforming children and young people's mental health and wellbeing across East Berkshire from 2016/17 onwards to close the gap by 2020/21, this will be included within the annual declaration.

³ Terms of Reference East Berkshire Transforming Children's Health Board, July 2016 v 0.3

⁴ See Governance Structure in Appendix 8.

3.4 Transparency and Funding Streams:

Table 1 below shows the overall spend by East Berkshire CCGs on CAMHS activities that can be identified from within the block contract to supply mental health services:

Table 1: Planned spending on Children and Young Peoples' Mental Health – CCG Funded

Planned spending on Children and Young Peoples Mental Health - CCG funded			
Description	2015/16 £	2016/17 £	Notes
East Berkshire CCGs (CAMHS)	3,124,873	4,077,149	
Parity of Esteem Funding	900,000		
Eating disorders		221,840	
Total recurrent spend (CCG funded)	<u>4,024,873</u>	<u>4,298,989</u>	
<u>Transformation</u>			
Transformation funding	772,434	610,000	CCG held budget
Local transformation - Tranche 1		89,000	Received in October 2016
Local transformation - Tranche 2		86,000	To be confirmed in January 2017
Total non-recurrent spend	<u>772,434</u>	<u>785,000</u>	
Total CCG CAMHS budget	<u><u>4,797,307</u></u>	<u><u>5,083,989</u></u>	

Table 2:

Berkshire East CCGs | CAMHS 15/16 Tracker

Scheme	Budget				Outturn			
	B&A	Slough	WAM	Total	B&A	Slough	WAM	Total
15/16 CAMHS Allocation	236,659	270,801	264,974	772,434	236,659	270,801	264,974	772,434
Allocations	236,659	270,801	264,974	772,434	236,659	270,801	264,974	772,434
Develop local model for Eating Disorder service	67,557	77,303	75,640	220,500	61,257	68,001	63,750	193,008
Joined up multi-delivery of blended counselling services (Kooth)	20,836	23,841	23,324	68,001	20,836	23,841	21,324	66,001
Support for CYP and families pre & post diagnosis for ASD	31,184	35,683	34,909	101,776	31,182	32,645	31,504	95,331
Anti stigma campaign BFC	33,704	38,566	27,730	100,000	30,704	34,062	26,531	91,297
Extend delivery of Kooth	18,373	0	0	18,373	18,373	0	0	18,373
Training programme for schools WAM	6,115	6,997	6,845	19,957	5,112	5,684	5,438	16,234
PPEPcare training for primary care staff	3,370	3,857	3,773	11,000	3,364	3,732	3,773	10,869
Anti stigma campaign Delivery	0	0	10,000	10,000	0	0	10,000	10,000
Early help project to co-ordinate all early help services	0	0	20,601	20,601	0	0	18,432	18,432
Advocacy for CYP in transition	3,432	3,927	3,842	11,201	2,420	3,927	3,241	9,588
Mapping and baselining current services and staffing to	18,384	21,036	20,580	60,000	13,384	19,997	19,413	52,794
Child Sex Exploitation SBC	0	21,026	0	21,026	0	20,906	0	20,906
Professional Evaluation	18,384	21,036	20,580	60,000	14,381	20,010	19,324	53,715
Project Management	15,320	17,530	17,150	50,000	13,319	17,530	16,260	47,109
Expenditure	236,659	270,801	264,974	772,434	214,332	250,334	238,990	703,656
Uncommitted funds	1	0	0	1	22,328	20,467	25,984	68,779

Table 3:

Berkshire East CCGs CAMHS 16/17 Tracker												
Scheme	Budget				YTD Spend				FOT			
	B&A	Slough	WAM	Total	B&A	Slough	WAM	Total	B&A	Slough	WAM	Total
16/17 CAMHS Allocation	196,000	219,000	195,000	610,000	196,000	219,000	195,000	610,000	196,000	219,000	195,000	610,000
Allocations	196,000	219,000	195,000	610,000	196,000	219,000	195,000	610,000	196,000	219,000	195,000	610,000
On-line counselling services pilot	25,000	49,600	49,600	124,200	44,167	39,680	39,680	123,527	30,000	49,600	49,600	129,200
Support for CYP and families pre & post diagnosis for ASD	27,370	30,640	31,318	89,328	27,370	30,640	31,318	89,328	27,370	30,640	31,318	89,328
ELSA Training programme for schools to support ADHD	4,166	4,664	4,767	13,597	0	0	0	0	4,166	4,664	4,767	13,597
PPEPcare training for primary care staff	6,128	6,860	7,012	20,000	0	0	0	0	6,128	6,860	7,012	20,000
Education and training for parents (ASD)	2,203	2,468	2,371	7,042	0	0	0	0	2,203	2,468	2,371	7,042
Emotional resillience in BF schools	40,000	0	0	40,000	0	0	0	0	40,000	0	0	40,000
Crisis	48,015	56,683	53,193	157,891	0	0	0	0	48,015	56,683	53,193	157,891
Youth Offending Team - MH only	8,000	0	0	8,000	0	0	0	0	8,000	0	0	8,000
Youth Talk	0	10,000	10,000	20,000	0	0	0	0	0	10,000	10,000	20,000
RBWM Trainer	0	0	17,000	17,000	0	0	0	0	0	0	17,000	17,000
Contingency	0	10,703	871	11,574	0	0	15,648	15,648	0	10,703	871	11,574
Youth Line - On line counselling service	10,000	0	0	10,000	0	0	0	0	10,000	0	0	10,000
Ad hoc expenditure (including conference)	2,138	2,358	2,404	6,900	42	0	8,382	8,423	2,138	2,358	2,404	6,900
Relates to 15/16	0	0	0	0	76,332	92,534	44,084	212,950	0	0	0	0
Unallocated	0	45,024	16,464	61,488	0	0	0	0	0	45,024	16,464	61,488
Expenditure	173,020	219,000	195,000	587,020	147,910	162,854	139,112	449,876	178,020	219,000	195,000	592,020
Uncommitted funds	22,980	0	0	22,980	48,090	56,146	55,888	160,124	17,980	0	0	17,980

Table 4: CAMHS 2017/18 ring-fenced Funding in East Berkshire

Berkshire East CCGs CAMHS 17/18 Tracker									
Scheme	Budget				FOT				
	B&A	Slough	WAM	Total	B&A	Slough	WAM	Total	
17/18 CAMHS baseline budget	200,000	224,000	200,000	624,000	200,000	224,000	200,000	624,000	
Youth Justice funding from NHSE	14,962	16,746	16,323	48,031	14,962	16,746	16,323	48,031	
Allocation	214,962	240,746	216,323	672,031	214,962	240,746	216,323	672,031	
CAMHS Rapid Response (BHFT)	68,727	76,964	73,954	219,645	68,727	76,964	73,954	219,645	
Youth Justice - SALT	14,962	16,746	16,323	48,031	14,962	16,746	16,323	48,031	
Autism Berkshire				51,000				0	
The Autism Group				16,971				0	
The Special Parenting Group				29,989				0	
Xenzone (KOOH)				132,800				0	
Youth Line				15,000				0	
Oxford ASHN (PPEPCARE)				44,500				0	
Bracknell YOT				14,125				0	
WAM Counselling Services				30,000				0	
Information guide for Children				10,000				0	
				0				0	
Expenditure				612,061	83,689	93,710	90,277	267,676	
Uncommitted funds				59,970	131,273	147,036	126,046	404,355	

Table 5: Specialist NHS England Commissioning for 2014/15 and 2015/16

Specialist Commissioning spend by CCG 2014/15 and 2015/16 figures provided by NHS England		
NHS East Berkshire Spend by CCG	Year of Spend	
	2014/15	2015/16
NHS Windsor, Ascot and Maidenhead CCG	211,823	335,549
NHS Slough CCG	1,022,921	1,338,006
NHS Bracknell and Ascot CCG	578,978	173,045
Total Spend:	1,813,722	1,846,601

Note: The CCGs have not been able to obtain the 16/17 NHS England funding data.

Table 6: Local Authority 2015/16 and 2016/17 Funding

Local Authority Area	Name of Service funded by Local Authority Area	Target age group	2015/16	2016/17
RBWM	Shine (ASD school outreach)	ASD school outreach	171000	171000
	Counselling Service (No. 22& Youth Talk)	11-18	67000	67000
	Wellbeing Service	5-18	70000	120000
	Nurture groups (Public Health)	3-16	20000	20000
	Family Friends	5-12	Information not available	Information not available
	Young Carers (Family Action)	CYP carers	50000	50000
	RBWM Direct		75000	4000
	Innovation Grant		500000	10000
RBWM	Total spend by year		970101	442000
Bracknell	Home start	<5	50000	40000
	Youth line counselling	11-25	22500	37500
	Relateen	All family	10000	10000
	Berkshire Youth	11-14	55000	55000
	Kooth Online Counselling	11 – 19/25	60000	55000
Bracknell	Total spend by year		137500	142500

Key Challenges: Finance and Workforce Data for Slough Children's Trust and Slough Borough Council

It has not been possible to obtain CAMHS Transformation finance or workforce data from Slough Local Authority area. The reasons are explained below:

In October 2015 Slough Children's Services Trust (SCST) took over responsibility for social care, early help and SEND services from Slough Borough Council (SBC). SCST is an independent company and as such is unable to produce WTE staffing data for the periods concerned as it was not required to do so at commencement of service. However, the three FTE Primary Mental Health posts that transferred to SCST at its inception remain in place – one post is currently vacant. These posts are not dedicated CAMHS roles, but there is significant overlap in the work areas.

Since July 2016 SCST has been reshaping its social care and early help services and most staff will be trained in systemic family practice. A new clinical lead who will drive this forward has been appointed but is not yet in post. This reshaping will not be complete until April 2017.

Educational psychology (EP) and other schools based services have been operated by Cambridge Education for the last three years and these will be returning to SBC in December 2016. It is assumed that Slough Borough Council (SBC) will review the service ways of working, although the EP Service Level Agreement (SLA) with schools is valid until August 2018. As of December 1st 2016, SBC will be in a position to provide any data required regarding the size of the service and its management structure. Cambridge Education was not required to provide staffing data on the numbers of educational psychologists as this was a 'traded service' funded by schools. It is expected that circa 8.6WTE educational psychologists will transfer back to the SBC, but as a fully traded service it is impossible to forecast what proportion of their time will be available for CAMHS. Their core statutory work is contributing to EHC plans, although two will be trained to CYIAPT standards in the coming year.

SCST also holds the core funding for Social Emotional and Behaviour Difficulties Outreach Service (SEBDOS). Most of its work is as a 'traded service' to schools and such is not required to provide staffing data. In the future there will be a systematic quality assurance process in place.

3.5 Table 7: Workforce Data:

Berkshire Health Foundation Trust 2016/17 Tier 3 Staffing																		
Job Role	Band 3		Band 4		Band 5		Band 6		Band 7		Band 8a		Band 8b		Band C&D		Total Tier 3	
	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE	Headcount	FTE
Admin & Clerical	12	6.16	3	2.6	1	0.43	1	0.47									17	9.66
N&M Mental Illness/Nurse					1	0.47	11	6.96	10	5.3	1	0.28	1	0.73			24	13.74
Psychology			9	4.72			2	0.62	3	3.91	5	4.21	2	0.56	1	0.23	22	14.25
Psychotherapists									3	1.47	4	1.47	4	0.87			11	3.81
Art & Music Therapists							1	0.59	1	0.14							2	0.73
Speech Therapy							1	0.24	4	1.04	1	0.24					6	1.52
Dietitian							1	0.47									1	0.47
Senior Managers													6	4.21	2	0.66	8	4.87
Consultants															7	5.1	6	4.8
Speciality Doctor															1	1	1	0.57
Total	12	6.16	12	7.32	2	0.9	17	9.35	21	11.86	11	6.2	13	6.37	11	6.99	98	54.42

Note: Email from Head of Integrated Services for Children, Young People and Families – see under Table 7.

Table 8 below provides Local Authority workforce data:

(Specialist & Complex) BHFT Mon 17/10/2016 08:02 unable to provide previous year's CAMHS workforce data.

Bracknell 2015 16 Tier 2 Staffing			Bracknell 2016 17 Tier 2 CAMHS Staffing			Bracknell 2017 18 Tier 2 Staffing		
Job Role	Total Tier 2 Headcount	FTE	Job Role	Total Tier 2 Headcount	FTE	Job Role	Total Tier 2 Headcount	FTE
Behaviour support team	5	4	Behaviour support team	3	2.2	Behaviour support team	Nk	NK
Ed Psych	8	5.5	Ed Psych	8	5.5	Ed Psych	8	5.5
Safeguarding, inclusion and antibullying	3	2.2	Safeguarding, inclusion and antibullying	3	2.2	Safeguarding, inclusion and antibullying	3	2.2
Autism support	2	1.4	Autism support	2	1.4	Autism support	2	1.4
Family Intervention Team	22	16	Family Intervention Team	22	16	Family Intervention Team	22	16
			Systemic family therapist	1	1	Systemic family therapist	NK	NK
	40	29.1		39	28.3		35	25.1
Note: Other staff such as Educational Psychologist spend some of their time on CAMHS, but is not exclusive to their work.			Note: Other staff such as Educational Psychologist spend some of their time on CAMHS, but is not exclusive to their work.			Note: Other staff such as Educational Psychologist spend some of their time on CAMHS, but is not exclusive to their work.		
RBWM 2015/16 Tier 2 CAMHS Staffing			RBWM 2016/17 Tier 2 CAMHS Staffing			RBWM 2017/18 Tier 2CAMHS Staffing.		
Job Role	Total Tier 2 Headcount	FTE	Job Role	Total Tier 2 Headcount	FTE	Staffing not yet known.		
Counsellor	3	1.6	Counsellor	3	1.6			
Volunteer Counsellor	94	3.8	Volunteer Counsellor	94	3.8			
Behaviour support outreach	4	2.4	Behaviour support outreach	4	2.4			
Wellbeing practitioner	4	3	Wellbeing practitioner	4	3			
Senior Educational Psychologist	1	1	Senior Educational Psychologist	1	1			
Nurture outreach	1	1	Nurture outreach	1	1			
ASD school outreach teacher	3	2	ASD school outreach teacher	3	2			
ASD outreach TA	2	1	ASD outreach TA	2	1			
young carers worker	2	1.6	young carers worker	2	1.6			
	114	17.4		114	17.4			
Note: Other staff such as Educational Psychologist spend some of their time on CAMHS, but is not exclusive to their work.			Note: Other staff such as Educational Psychologist spend some of their time on CAMHS, but is not exclusive to their work.			Note: Other staff such as Educational Psychologist spend some of their time on CAMHS, but is not exclusive to their work.		

(Specialist & Complex) BHFT Mon 17/10/2016 08:02 unable to provide previous year's CAMHS workforce data)

SERVICE USER ENGAGEMENT, LOCAL NEEDS ASSESSMENT AND COLLABORATIVE COMMISSIONING

4.1 Service User and Stakeholder Engagement

In East Berkshire, there has been significant service user and stakeholder engagement from the onset and throughout the planning and monitoring stages of Transforming CAMHS services. Examples are provided below.

In 2014 in preparation for transformation, a patient and stakeholder engagement survey was completed. Overall, 775 individuals contributed to this engagement. These included 232 CYP, 315 parents/carers, 159 professional referrers/others, and 69 professionals working directly in/with CAMHS via online or paper surveys, workshops and face to face/phone interviews. Questions were primarily taken from the *Guidance for commissioners of child and adolescent mental health services* as this engagement was initiated by the CCGs. The various stakeholders were asked between 40 and 74 questions depending on their particular involvement with CAMHS. Results were broken down into three themes; timely, efficient and effective and clarified an urgent need to respond to the needs of children, young people and their carers. As a result of this review, a number of recommendations were made for improving CAMHS in Berkshire and this is set out in "You Said... We did... report"⁵. We listened to your views and here is what we are doing to improve the Berkshire CAMHS service. Following this there have been regular 'whole system' BHFT CAMHS newsletters and the latest BHFT CAMHS Specialist Service User engagement report covering the whole of Berkshire can be found in Appendix 6. Each East Berkshire CCG has a user friendly guide on its website for children and young people about available mental health services⁶.

In April 2016 the CAMHS Transformation Group commissioned a comprehensive assessment of staff training needs to inform universal service provision for mental health and well-being in primary and secondary schools across East Berkshire, with particular emphasis on the use of evidence-based resources designed to build CYP's resilience. The key objectives were:

- To conduct a schools survey to assess availability, access, quality, funding, human resources and effectiveness of mental health and well-being services, based on key documents developed by the PSHE association, the DfE and the Department of Health (DH), and examples of best practice cited by Ofsted.
- To provide a comprehensive picture of current service provision and future staff training needs.
- To make key recommendations for future commissioning of staff training for universal mental health and well-being that can be standardised across all schools in East Berkshire.

⁵ <http://www.sloughccg.nhs.uk/have-your-say/491-review-of-camhs>

⁶ <http://www.bracknellandascotccg.nhs.uk/our-work/mental-health-services-for-children-young-people-transformation-plan/>

<http://www.sloughccg.nhs.uk/our-work-find-out-about-our-projects/mental-health-services-for-children-young-people-transformation-plan>

<http://www.windsorascotmaidenheadccg.nhs.uk/our-work/mental-health-services-for-children-young-people-transformation-plan/>

- To identify an appropriate set of key performance indicators (KPIs) to monitor and evaluate the future performance of schools against set criteria.

The full report and executive summary report can be found in Appendix 17.

On 4th October 2016 a service user participation in CAMHS report was published by Berkshire Health Foundation Trust⁷ identifying the key challenges raised by service users together with feedback from Berkshire Health Foundation Trust on the changes implemented as a result.

There continues to be excellent patient engagement working and advising on all aspects of the Children's and Young Peoples Transformation Plan.

On 6th October 2016 Dr Katie Simpson, GP Clinical Lead on MH for East Berkshire was interviewed by BBC Radio Berkshire and spoke about the forthcoming conference. She provided information about the mental health services commissioned in East Berkshire by the CCG for parents/carers, children and young people about how these could be accessed. The interview aimed to spread knowledge of the wide ranging support available, raise awareness of mental health issues and reduce stigma.

On 20th October 2016 East Berkshire CCGs held a conference inviting service users and parents/carers, Teachers, SEND professionals, Local Authority Children's and Families Services, GPs, Public Health Professionals, Youth Services, Children's and Young People's Charities, Youth Justice Professionals. The guest speaker was Tanya Byron and a range of presentations were showcased including building resilience, whole systems approach and a presentation was also given by a former service user speaking about the help she had received from the CAMHS services in building resilience and included helpful guidance to professionals in the room such as teachers about the importance of giving time to listen to the young people they come into contact with. Analysis of feedback received from attendees is available in Appendix 6.

All decisions about future planning and commissioning of CAMHS are discussed first at the CAMHS working group which includes service user representation as well as a comprehensive range of professionals who work with and within CAMHS services. The regular CAMHS Transformation Working Group has benefited from consistent and dedicated input from a former service user of CAMHS who has attended every working group since February 2016.

This service user also attends the BHFT CAMHS Patient Participation Forum which holds monthly steering group meetings and focus groups inviting clinical guest speakers. This enables a two way information flow between the CAMHS working group and service user participation groups to ensure representation to align commissioning decisions with local needs. BHFT CAMHS have a dedicated service user engagement and participation Lead and strategy. To date this work has resulted in an improved ASD pathway, clearer CAMHS communications in the form of revised literature and information sent to young people and their parents to make services more accessible. BHFT CAMHS have service user participants as members of the interview panel for all key roles within the service, including the appointment of the substantive Head of Service earlier this year, all Consultant Psychiatry posts and all Clinical Lead roles.

4.2 Understanding Local Need in East Berkshire

In addition to the feedback received from service user engagement, the Children's and Young People's Transformation Group the commissioning of services is informed by public health demographic data. In this refreshed Plan we set out below some extracts from the latest evidence available from the Office for National Statistics accessed on 30th September 2016⁸. This illustrates a complex varied

⁷ See Appendix 6 for full report.

⁸ www.ons.gov.uk

picture across the three regions of East Berkshire. For example, Bracknell and Windsor & Maidenhead are ranked in the top 10 highest levels of wellbeing, whereas Slough is ranked 99/152 at the lower end. The measure of wellbeing is drawn from 'material wellbeing, health and disability, education, crime, housing, environment and children in need. Slough has approximately twice the level of child poverty than the other two areas. In all three areas the greatest expected population growth is in the 10-14 age range and this is significantly higher than nationally expected growth. Emotional and behavioural health has remained relatively stable in all three years in the three year period between 2011/12 to 2013/14. However in all three areas the scores indicate borderline levels of concern. There are lower rates of looked after children in Bracknell and Windsor & Maidenhead compared with Slough, but in all three areas the rate is lower than generally in England.

Pre-school children

There is relatively little data about prevalence rates for mental health disorders in pre-school age children. A literature review of four studies looking at 1,021 children aged 2 to 5 years inclusive, found that the average prevalence rate of any mental health disorder was 19.6% (Egger, H et al, 2006). Applying this average prevalence rate to the estimated population within East Berkshire a local figure of children who may have a mental health disorder as follows:

- 1,335 children aged 2 to 5 years inclusive living in Bracknell Forest
- 2,070 children aged 2 to 5 years inclusive living in Slough
- 1,520 children aged 2 to 5 years inclusive living in Windsor and Maidenhead

However, early signs around developing attachment difficulties, autism and other behaviour concerns are seen in referrals of under 5's to Early Help Services across the area.

School-age children

Prevalence estimates for mental health disorders in children aged 5 to 16 years have been estimated in a report by Green et al (2004). Prevalence rates are based on the ICD-10 Classification of Mental and Behavioural Disorders with strict impairment criteria – the disorder causing distress to the child or having a considerable impact on the child's day to day life. Prevalence varies by age and sex, with boys more likely (11.4%) to have experienced or be experiencing a mental health problem than girls (7.8%). Children aged 11 to 16 years olds are also more likely (11.5%) than 5 to 10 year olds (7.7%) to experience mental health problems. Using these rates, the table below shows the estimated prevalence of mental health disorder by age group and sex in East Berkshire. Note that the numbers in the age groups 5-10 years and 11-16 years do not add up to those in the 5-16 year age group as the rates are different within each age group.

The current Joint Strategic Needs Assessment does not focus heavily on the needs of vulnerable groups. Therefore we will commission an independent evaluation during the summer of 2017 to assess needs and gaps in service provision for vulnerable groups including their ability to access services. This will support the commissioning cycle process for 2018-2021.

Table 9: Estimated number of children in East Berkshire with mental health disorders by age group and sex

	Estimated number of children aged 5-10 yrs (2014)	Estimated number of children aged 11-16 yrs (2014)	Estimated number of children aged 5-16 yrs (2014)	Estimated number of boys aged 5-10 yrs (2014)	Estimated number of boys aged 11-16 yrs (2014)	Estimated number of boys aged 5-16 yrs (2014)	Estimated number of girls aged 5-10 yrs (2014)	Estimated number of girls aged 11-16 yrs (2014)	Estimated number of girls aged 5-16 yrs (2014)
Bracknell Forest	615	895	1,505	410	520	930	205	375	580
Slough	1,100	1,285	2,385	740	730	1,470	360	560	915
Windsor and Maidenhead	685	1,045	1,730	465	625	1,090	220	425	640

Source: Local authority mid-year resident population estimates for 2014 from Office for National Statistics. CCG population estimates aggregated from GP registered populations (Oct 2014). Green, H. et al (2004).

4.3 Collaborative Commissioning

Collaborative Commissioning is an area of on-going development. At present there are examples of this when children and young people transition into adult Learning Disability Services. This is specifically where young people have been found to be eligible for continuing healthcare and in establishing tailored working arrangements between all parties to ensure the young person has settled well into their adult care package. This collaboration also includes joint placement finding, joint reviews with CCG, 3 unitary authorities of RBWM, Bracknell and Ascot and Windsor and Maidenhead Local Authority and Education (if appropriate)⁹.

A further example of collaborative commissioning is the liaison between CCGs, CAMHS professionals and Local Authority transition workers to enable the identification service users who are not health funded as children, but who are felt to potentially require consideration for health funding from the age of 14 onwards. CCGs now attend Local Authority Transition Panel meetings. This is attended by CAMHS as well. Another example is IAPT trainees working in the LA, supervised by specialist CAMHS and collaborative working between CAMHS and LA Wellbeing and Educational Psychology teams.

The forthcoming SEND reviews are also providing a multi-agency platform through which to work collaboratively and agree local offers. East Berkshire are currently finalising sign up to a shared working agreement with all local partners including 3 Local Authorities, one Children’s Trust and two main hospitals.

To deliver plans that are based on the needs of local populations, local health and care systems came together in January 2016 to form 44 Sustainability and Transformation Plan ‘footprints’. The health and care organisations within these geographic footprints are working together to develop Sustainability and Transformation Plans which will help drive genuine and sustainable transformation in patient experience and health outcomes of the longer-term.

⁹ <https://www.england.nhs.uk/wp-content/uploads/2015/03/ops-model-cont-hlthcr.pdf> :para 124 to 138, pages 38-40

SECTION 5

DELIVERING THE CHILDREN'S & YOUNG PEOPLES' TRANSFORMATION PLAN

5 East Berkshire's Action Plan to deliver services aligned with the needs of local children and young people.

Throughout 2015/16 and 2016/17 in consultation with service users and key stakeholders, East Berkshire Local Partners have been developing both existing and new services to align with identified needs. An in-depth needs assessment was completed and published in preparation for the 2015/16 Transformation Launch and this has been continuously updated as discussed in the Patient Engagement Section IV above. The commissioned services were based on those offering innovative, creative and including new ways of engaging with children and young people rather than using traditional ways of working. This includes services such as online engagement and support through Kooth as this is often a more favoured approach and anonymous way for young people to access services.

Other innovative work includes Young SHaRON. SHaRON - Support Hope and Recovery Online Network for Young People. The Installation of a SHaRON for young people in a service allows the following vision of modern day health services to become a reality. SHaRON for young people presents the opportunity to integrate Children's Community Health Services and Child and Adolescent Mental Health Services together in this therapeutic online network and therefore provide a much more holistic approach to children's health. SHaRON for young people will provide confidential and secure access to audio / video conferencing consultations allowing for patient treatment discussions to take place involving clinicians and external partnership bodies outside of the Organisation e.g. Primary Health Care, Social Services, Education which will also avoid time wasted on chasing up missed telephone messages and calls. SHaRON for young people will have Peri-natal Mental Health Services involvement and this will provide opportunities for early intervention and prevention through the peer support and easier access to clinical expertise that would reduce likelihood of mental health issues occurring later in adult life.

A new Youth Offending Team Speech and language service has also been commissioned due to recognised link that young offenders may often demonstrate speech and language difficulties which has an impact on their behaviour and well-being.

A detailed action plan and timeline for all newly current CAMHS commissioned services is provided in Appendix 2 and the impacts of each are considered later in this Section. In summary, there are 11 live 2016/17 new services with further bids for additional services being considered at a Panel on Friday 4th November 2016 with service user representation. The 11 current services are discussed below under five distinct categories. These are:

- Early Prevention & Intervention (4 services)
- Support for the most vulnerable (2 services)
- Crisis Care (1 service)
- Specialist Care (1 service)
- Workforce Development (3 services)

Each of the 11 services described below are cross referenced highlighting the main key strategic priorities being met. In addition detail is given on the start date, provider, the cost and geographical coverage as well as the key objectives and monitoring arrangements of the service and impacts to 30th September 2016. Consideration is also given to the extent to which each of the new services enables ease of access, building resilience and whole system working. The gap that each service aims to meet is also highlighted.

Table 10: **EARLY PREVENTION AND EARLY INTERVENTION**

Pilot	Provider	Which of the three Local Areas does this Pilot cover:	Start date:
Online Counselling Services	XENZONE	All three CCGs ¹⁰ .	February 2016
Budget:	Spent year to date as at 30 th September 2016	Monitoring Arrangements	Strategic KPIs met by this pilot:
£124,200	£24,799.00	Monthly Project Management checks, Quarterly reports from service provider, Service provider presentation to group twice a year	1,2,3, 7,
Objectives:			
To provide a comprehensive and safe online environment that is young person-friendly			
KPIs:	Impact to date:		
<ol style="list-style-type: none"> 1. Deliver a fast, flexible free service as a means to improve mental health. 2. To reduce the stigma that can be associated with physically accessing a mental health service by offering an alternative to traditional face-to-face counselling. 3. To reduce waiting lists and times for more specialists mental health services (CAMHS). 4. To deliver measurable improvements in the emotional and mental health of young people. 	<p>Will provide 1120 hours of counselling for Slough and 1120 for RBWM of 1-1 intervention and moderation services and 480 hours in Bracknell</p> <p>Participation and Integration worker which equates to 80 hours per month per locality.</p> <p>Slough average hours provide 75.8 including moderation time</p> <p>RBWM = 75.1 hours</p> <p>Average feedback response for Kooth 4 out of 5</p> <p>89 New Registrations (from 5th January - 30th June)</p> <p>100% preferred online counselling</p> <p>Total waiting time reduction of 22% over the past quarter</p> <p>Bracknell</p> <p>Quarter 1 results</p> <p>84% preferred online counselling</p> <p>100% would recommend service to a friend</p> <p>87 % found what they needed on line</p> <p>97% were planning to go back soon to use the service</p> <p>6% heard from service from CAMHS</p> <p>Average monthly hours including moderation = 216</p> <p>Bracknell Participation and Integration worker is averaging 44 hrs</p>		

¹⁰ The £124 k is for Slough and Windsor and Maidenhead and Separate contract for Bracknell and Ascot, so all there localities are covered.

	<p>per month</p> <p>Bracknell average hours provide per month including moderation time is 216</p> <p>Bracknell had 195 new registrations</p> <p>Kooth are involved in a monthly sessions with other counselling service providers within East Berkshire to share best practice and highlight issues/trends which can be used to improve the service</p>
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<p>Criteria</p>	<p>EASE OF ACCESS</p> <p>Online Counselling – core offer is online and young people can access via, phones, tablets, laptops which is flexible and can be accessed out of hours 12 pm to 10pm weekdays & 6pm – 10pm weekends.</p> <p>Training for frontline staff and primary workers Ensuring Interventions are offered within a transparent, respectful choice led partnership, which model includes self-referral CYP – IAPT principles are adopted and are incorporated into the service model.</p> <ul style="list-style-type: none"> • Accessible drop in counselling and support services • Assessments around need, risk and resilience incorporating YP core • Short term interventions using solution focused approaches • Longer term interventions • Young people can access the team by secure one to one chat, messaging and message forums <p>WHOLE SYSTEM WORKING</p> <p>Work with agencies such as Family First CAMHS , YOT, Social Care, as well as providing a package of support for parents carers primary care and consultation/advice for other professionals KOOTH is linked with tier 3 CAMHS CYP IAPT.</p> <p>BUILDING RESILIENCE</p> <p>Professionals can signpost young people to Kooth and young people can self-refer Top presenting issues include:</p> <p>Anxiety/stress Family relationships Friendships Confidence Self-worth Self-Harm Depression Loneliness Sense of belonging Growing/up independence</p> <p>Service available for up to 25yrs for a looked after young person resident in the Bracknell Forest Area</p> <p>GAP</p> <p>Addressing the GAP of support at early intervention level through working with CY&P who have complex needs but do not meet CAMHS threshold, an online preventative service reducing the demand for CAMHS services.</p>
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Table 11: YOUTH LINE COUNSELLING SERVICES

Pilot	Provider	Which of the three Local Areas does this Pilot cover:	Start date:
Counselling Services	Youth Line	Bracknell & Ascot	April 2016
Budget:	Spent year to date as at 30 th September 2016	Monitoring Arrangements	Strategic KPIs met by this pilot:
£27,000.00	£27,000	Monthly	1,2,3,5,7
Objectives:			
<p>From 15/16 funding the objective of this project is to provide professional and confidential 1-1 counselling service and workshops for young people between the ages of 12-25. Providing counselling on subjects such as anxiety, anger, relationships, school, self-confidence, self-harm, bereavement, bullying and eating disorders. The service is designed to be an early intervention model that prevents more serious problems arising.</p>			
KPIs:	Impact to date:		
Number of service users, feedback score	<p>April – September 16 282 clients attending sessions</p> <p>First workshop 10th September – well received, next training day 8th October 2016. Questionnaires to be sent to schools for evaluation.</p> <p>Youth Line are involved in a monthly sessions with other counselling service providers within East Berkshire to share best practice and highlight issues/trends which can be used to improve the service</p>		
CRITERIA	<p>EASE OF ACCESS: Free counselling service accessible to you people who can refer themselves to the services or may be referred by their families, schools, GP's and other agencies. Service has been expanded to schools to improve accessibility of the service</p> <p>WHOLE SYSTEM WORKING: Local Authority and Schools, Primary Care, Charities and agencies</p> <p>BUILDING RESILENCE: Reducing Stigma and increasing CYP support and prevention of increasing mental health need.</p>		

Table 12: YOUTH TALK COUNSELLING SERVICES

Pilot	Provider	Which of the three Local Areas does this Pilot cover:	Start date:
Counselling Services	Youth Talk	2 localities. Windsor, Maidenhead and Slough	April 2016
Budget:	Spent year to date as at 30th September 2016	Monitoring Arrangements	Strategic KPIs met by this pilot:
£23,841.00	£23,841.00	Monthly	1,2,3,5,7
Objectives:			
<p>Funded from 15/16 the objective of this project is to provide humanistic counselling to you people, parents and carers. To support and counselling to Children and Young People up to the age of 25 experiencing self-harm and eating distress. Short term solution focused counselling within schools and open ended counselling. Also to offer support groups to schools, where identified pupils meeting weekly with a facilitating counsellor</p>			
KPIs:	Impact to date:		
Number service users feedback score	<p>Over 90 clients interactions per week 89% of our clients felt positive outcome on their lives Youth Line are involved in a monthly sessions with other counselling service providers within East Berkshire to share best practice and highlight issues/trends which can be used to improve the service</p>		
CRITERIA	<p>EASE OF ACCESS: Free counselling services with special responsibility towards young people aged between 12 and 25 and those that care for them. The service can be accessed without referral and there is no limit as to how long you can continue to see a councillor</p> <p>WHOLE SYSTEM WORKING: Local Authority , Schools, Primary Care and other third sector agencies</p> <p>BUILDING RESILIENCE: Increasing support for children</p> <p>GAP Addressing the GAP for voluntary sector settings providing further support for parents and carers recognising and responding to range of mental health problems</p>		

Table 13: FAMILY FRIENDS COUNSELLING SERVICES

Pilot	Provider	Which of the three Local Areas does this Pilot cover:	Start date:
Building Resillience Services- Maidenhead	Family Friends	Windsor and Maidenhead	April 2016
Budget:	Spent year to date as at 30th September 2016	Monitoring Arrangements	Strategic KPIs met by this pilot:
£15,253.00	£15,253.00	Quarterly reports	1,2,3,5,7
Objectives:			
<p>Funded from 15/16 the objective of the project is to provide free guidance and emotional well-being are: support to families with children and young people facing difficult times. The support is particularly important to children aged 7 – 13 years experiencing difficulties which result in feeling insecure, lonely and anxious, presenting with eating disorder symptoms and self-harm. The key objective is to prevent declining mental health and promote positive wellbeing.</p>			
KPIs:	Impact to date:		
<p>Number of service users feedback score</p>	<p>Q1 16 families supported 17 users gave feedback 100% service users rate the service as excellent Top 5 issues of support</p> <ul style="list-style-type: none"> • Self esteem • Isolations • Parenting • Mental Health • Personal Safety <p>They have supported families to move forward on average 2.25 out of 5 levels using the outcomes wheel, this looks like issues moving from struggling, confused and worried to finding what works, hopeful, and things changing.</p> <p>Children and parents supported through 1:1 and targeted group support</p> <p>Family Friends are involved in a monthly sessions with other counselling service providers within East Berkshire to share best practice and highlight issues/trends which can be used to improve the service</p> <p>Family Friends introduced an outcomes framework in 2015 which has provided a clear way for children and families to identify where they are at the start of the support journey and highlights the difference by the end of the support. They measure the 4 main areas of support, with subsections within each: emotional wellbeing, physical wellbeing, safety and finance. The children use a child friendly version with just the 4 segments and the key words are presented in child friendly language/pictures.</p> <p>On average we have seen move forward of between 2 and 2.5 levels out of 5 which is a positive indicator of the impact of support. 90% of our service users rated our service as excellent.</p>		

CRITERIA	EASE OF ACCESS: Free service counselling service WHOLE SYSTEM WORKING: Local Authority can send referrals BUILDING RESILIENCE: Increasing support for families and carers and CYP on a range of topics from low self-esteem, worry and anxiety, school changes GAP: This address the gap of support services to build children's and young people's resilience
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TARGETED SUPPORT FOR VULNERABLE CHILDREN AND YOUNG PEOPLE

Table 14: AUTISM BERKSHIRE

Pilot	Provider	Which of the three Local Areas does this Pilot cover:	Start date:
Support for CYP and families pre & post diagnosis for ASD	Autism Berkshire	3 localities	1 st April 2016
Budget:	Spent year to date as at 30 th September 2016	Monitoring Arrangements	Strategic KPIs met by this pilot:
£89,328.00	£89,328.00	Monthly Project Management checks, Quarterly reports from service provider, Service provider presentation to group twice a year.	1,2,3,5,7,8
Objectives:			
<p>To address the needs of CYP with autism and those awaiting assessment. To work with parents and carers to develop their skills and understanding of autism and develop a greater understanding of the range of support available. Service includes:</p> <ul style="list-style-type: none"> • Home Visits • Pre – assessment workshops • Running youth groups • Teenagers workshops • Thames valley adventure playground 			
KPIs:	Impact to date:		
<p>Numbers attending workshops</p> <p>Feedback scores</p>	<p>A post-diagnostic helpline and pre assessment home visit service. Monthly parent groups, specialist workshops for teenagers with Autism.</p> <p>This pilot supports children and families who are on the waiting list for ASD assessment and supports those post diagnosis. Data from April – September:</p> <p>51 Home visits across 3 locations Support groups in 3 locations average 11 attendees per month</p> <p>Pre Assessment workshops 107 attendees</p> <p>Youth Groups On average 10 attendees per location</p> <p>Teenager workshops started in September</p> <p>Thames Valley Adventure Playground Meets April, June, August and October Average number of attendees: Bracknell number of families 8, 10 children with ASD, 4 siblings RBWM number of families 5, 7 children with ASD, 1 sibling Slough number of families with ASD 14, 15 children with ASD and 4 siblings</p> <p>The East Berkshire CCG put additional funds in to reduce waits which has led to a 25% reduction in ASD waits since April 2015. Numbers waiting to begin intervention in the ADHD pathway have continued to reduce and are down by a further 63% over the last quarter 2015</p>		
Criteria	EASE OF ACCESS		

<p>Free Service Monthly parent support group, day and evening Home visiting programme Staff who are able to provide targeted support to ensure inclusion for all communities within the 3 localities.</p> <p>WHOLE SYSTEM WORKING Autism Berkshire is the official referral point from CAMHs after people who have had a diagnosis for their child or whether they are placed on a waiting list. They continue to work with children moving into adult hood and support need changes. Working with education, health, emergency and employment services and local authorities. Learning disabilities within Autism, dealing with challenging behaviour, school exclusions, securing a diagnosis, contact with the criminal justice system.</p> <p>BUILDING RESILLIENCE Positive thinking for carers courses, home visiting, special seminars and conferences on key issues, information and training activities for parents and support groups</p> <p>GAP: This addresses the gap of early years settings and parents need support following diagnosis particularly of ASD</p>
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Table 15: Commissioning Additional ASD/ADHD Assessments between 1st November 2016 and 31st March 2017.

Pilot	Provider	Which of the three Local Areas does this Pilot cover:	Start date:
Additional capacity to reduce waiting times for ASD and ADHD assessments.	BHFT	All 3	1 st November 2016
Budget:	Spent year to date as at 30 th September 2016	Monitoring Arrangements	Strategic KPIs met by this pilot:
£178,000	£00	Monthly Project Management checks, Quarterly reports from service provider, Service provider presentation to group twice a year	1,2,3,5,7,8
Objectives:			
To reduce the wait times for ASD and ASD/ADHD assessments further.			
KPIs:		Impact to date:	
The additional funding will be used to reduce ASD and ASD/ADHD wait times by 60 and 30 respectively. This		An early indication of success should be known in December 2016.	

will be on top of existing provision and existing and new funding will be monitored separately.

Criteria	<p>EASE OF ACCESS This one off allocation of additional funding should reduce the backlog freeing up access.</p> <p>WHOLE SYSTEM WORKING By freeing up access to complete additional ASD/ADHD assessments, this should have a knock on effect on other services such as Autism Berkshire who support those on the waiting list.</p>
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In addition to the above new services for Eating Disorders and ASD and ASD/ADHD assessments which fall under the category of targeted support for vulnerable children and young people, work is currently underway considering how we can best provide CAMHS services to two other vulnerable groups. These are Looked after Children including unaccompanied asylum seeking children. In this respect a multi-agency steering group has been established to proactively plan and jointly discuss forthcoming need that might arise relating to the UASC protocol. This group first met in September 2016 and are meeting again in November 2016 to progress planning. A further vulnerable group currently under discussion are children and young people who are at risk of entering the Youth Justice System or in transition, stepping down and potentially at risk of re-offending.

Table 16: BARNARDO'S ADHD PARENT TRAINING

Pilot	Provider	Which of the three Local Areas does this Pilot cover:	Start date:
ADHD Parent Training, The parent factor	Barnardo's Training Consultancy	3 localities	April 2016
Budget:	Spent year to date as at 30 th September 2016	Monitoring Arrangements	Strategic KPIs met by this pilot:
£2,874.00	£2,874.00	Monthly	1,2,3,5,7
Objectives:			
Funded from 15/16 training of parents with children diagnosed with ADHD To help the understand diagnosis and treatment, learn new strategies to help them to support their child, advocate on the child's behalf particularly in the education system.			
KPIs:	Impact to date:		
Numbers trained feedback scores	12 people trained Increased link between community services and CAMHS Feedback life had changed for the positive in the way they understand their children		
CRITERIA	<p>BUILDING RESILIENCE: Reducing Stigma increasing support for families and carers and CYP</p> <p>GAP: This addresses the GAP need for increased support and advice for parents and carers following diagnosis of ADHD</p>		

WORKFORCE – INCREASING CAPACITY AND CAPABILITY OF THE WIDER SYSTEM

Table 17: ELSA TRAINING

Pilot	Provider	Which of the three Local Areas does this Pilot cover:	Start date:
Emotional Literacy Support Assistant (ELSA) Training programme for schools to build capacity to work with children on their Emotional literacy	RBWM	All three CCGs	April 2016
Budget:	Spent year to date as at 30th September 2016	Monitoring Arrangements	Strategic KPIs met by this pilot:
£13,597.00	£3,600.00	Monthly reporting	1,2,3,5,7
Objectives:	Extension of Emotional Literacy Support Assistant programme across the 3 CCG's focus on ASD		
KPIs:	Impact to date:		
Numbers trained Feedback scores	<p>The funding for RBWM was provided mainly to offer training and support to Slough and Bracknell. RBWM set up a working group which met on 3 occasions, including a full training day run by RBWM. RBWM are also offering their staff to support Slough's first training programme. Trained ELSAs also receive regular 6-weekly group supervision from Educational Psychologists.</p> <p>New cohorts of circa 60 teaching assistants have been trained across East Berkshire this financial year. This training enables ESAs to work directly with pupils in their schools providing advocacy for the child and developing pupils' emotional resilience. ELSAs can also cascade the skillset with colleagues in their respective networks. The first course was completed at the end of November 2016 with feedback and full evaluation. Feedback from the training has been very positive.(95% scored the course as good/excellent 4 and 5 and 1 person scored it at 3 (0= Poor and 5=Excellent)</p> <p>RBWM schools have rated ELSA training very highly and due to further demand RBWM have been able to offer additional training. ELSA training continues to be an essential development for TAs who support children and young people with emotional, behavioural and social needs in our schools.</p>		
	<p>EASE OF ACCESS Monthly parent support group, day and evening Home visiting programme Staff who are able to provide targeted support to ensure inclusion for all communities within the 3 localities.</p> <p>WHOLE SYSTEM WORKING Work in partnership with all maintained schools and academies in the borough to deliver a high quality service for our most vulnerable</p>		

<p>children and young people.</p> <p>BUILDING RESILLIENCE Helps children identify their feeling Social skills, emotions, bereavement, social stories and therapeutic stories, anger management, self-esteem, counselling skills such as solution focused and friendship.</p> <p>Building resilience of staff working in schools, to be more proactive and able to respond earlier to support children.</p> <p>GAP: This helps address the GAP within the school support services to build children’s and young people resilience</p>
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Table 18: PEPPCare Training

Pilot	Provider	Which of the three Local Areas does this Pilot cover:	Start date:
PEPPCare training for primary care staff – Provider ¹¹	Oxford Academic Health Network	All 3 CCGs	April 2016
Budget:	Spent year to date as at 30 th September 2016	Monitoring Arrangements	Strategic KPIs met by this pilot:
£20,000.00	0.00	Monthly Project Management checks, Quarterly reports from service provider, Service provider presentation to group twice a year	1,2,3,5,7,8
Objectives:	KPIs:	Impact to date:	
<p>To equip primary care and education professionals with skills to detect MH Issues & Psychological distress in CYP</p> <p>To increase awareness of mental health issues – including how it may present in young people, how to assess it and what might keep it going</p> <p>To help staff understand when it is appropriate to</p>	<p>Numbers trained</p> <p>Feedback scores from service users</p>	<p>397 in the East trained average scores using Kirkpatrick method 4.3 out of 5 (5= strongly agree 11 Modules currently – 10 additional modules were developed – 3 further planned – ASD & Mental Health, Whole school Approaches to Resilience and Working with Families)</p> <p>Training Modules</p> <ul style="list-style-type: none"> • Eating disorder • Depression: Supporting young people with 	

¹¹ Appendix 10 Eating Disorders pathway

refer for additional support

To help staff understand what CBT, and other evidence based interventions are and how they work

To familiarise staff with some useful techniques to help children and young people manage their mental health (that can be used in the primary care/school setting)

Behavioural Activation techniques

- Adolescent Anxiety: Using CBT techniques to support young people with anxiety
- Self-Harm, supporting young people who self-harm
- Conduct disorder
- Overcoming childhood anxiety:
- An introduction to guided parent-delivered cognitive behavioural therapy Conduct and Behaviour
- Resilience Training
- Separation Anxiety and School Refusal: Supporting children and their families with CBT techniques
- Specific Phobia: Using CBT techniques with children and young people with specific phobia
- Obsessive Compulsive Disorder: Supporting children and young people with OCD
- Post Traumatic Stress Disorder: Supporting children and young people with PTSD

To increase awareness of mental health issues – including how it may present in young people, how to assess it and what might keep it going

To help staff understand when it is appropriate to refer for additional support

To help staff understand what CBT, and other evidence based interventions are and how they work

		To familiarise staff with some useful techniques to help children and young people manage their mental health (that can be used in the primary care/school setting)
Criteria	<p>EASE OF ACCESS: Minimum of 50 teaching sessions and 650 staff trained, Utilising BHFT's BHFT's SHaRON Online Network. The anxiety and Depression network will continue to support roll out.</p> <p>WHOLE SYSTEM WORKING: Teachers, support workers, specialist education provision, GP's, practice nurses, paediatric nurses, A&E Staff, school nurses, LA Workers</p> <p>GAP This addresses the identified gap at local schools of using evidence based resources in PSHE and within school support services to build upon children and young people's resilience. It also addresses the gap of a service to help GPs and schools navigate all service provision for emotional health and well being</p>	

EMOTIONAL FIRST AID

Table 19:

Pilot	Provider	Which of the three Local Areas does this Pilot cover:	Start date:
Emotional First Aid	Solent lead by RBWM	Training of 3 localities	April 16
Budget:	Spent year to date as at 30 th September 2016	Monitoring Arrangements	Strategic KPIs met by this pilot:
£28,000	£19,314.58	Monthly	1,2,3,5,7
Objectives:	<p>Funded from 15/16 parental Training course to dispel the myths that mental health means mental illness. It is about encouraging the wider Children's Workforce to get alongside a child or young person experiencing emotional distress, before any professional help is sought. The training is quite intensive – 3 days one week and then 3 days the following week and then the trainers need to be able to organise and offer the programme to a group of 8-12 parents for about 10 weeks and can train others to deliver the programme. This programme is about building parents emotional resilience rather than behavioural</p>		
KPIs:	Impact to date:		
Numbers trained feedback scores	12 parenting workers trained across the 3 localities Feedback positive		
CRITERIA	<p>EASE OF ACCESS Free Parental Training</p> <p>WHOLE SYSTEM WORKING: Local Authority and Schools & CCG</p> <p>BUILDING RESILENCE: Reducing Stigma, improving understanding and support for CYP with Mental Health Issues</p> <p>GAP: This addresses the gap of providing support for parents and carers with regards to recognising and responding appropriately to a range of mental health problems which if not addressed early can develop into disorders such as anxiety or depression</p>		

CRISIS CARE

Table 20:

Pilot	Provider	Which of the three Local Areas does this Pilot cover:	Start date: September 2016
Crisis	BHFT	All 3	
Budget:	Spent year to date as at 30 th September 2016	Monitoring Arrangements	Strategic KPIs met by this pilot:
£157,891	£0.00	Monthly update	1,3,4,5,6,7
Objectives:			
<p>To create a crisis step down support team which will augment the existing community and social care services and provide focussed high level crisis support to enable Tier 4 discharge and the support of people with complex issues until appropriate follow on services are in place; this is in line with National Policy. This service is available to any child presenting in crisis and aims to prevent escalation to tier 4. The output of this targeted support will be to provide a quick response to crisis and may help to reduce the waiting times in tier 3.</p>			
KPIs:	Impact to date:		
<p>Response times, Numbers of patients seen in different settings, Diversions from A&E, Impact on paediatric admissions, reduction in length of stay on paediatric wards, reduction in use of POS, Impact on length of stay T4 beds, User feedback showing increased numbers of young people feeling that they have been listened to & routine outcome measures for interventions show positive outcomes.</p>	<p>Monthly Project Management checks, Quarterly reports from service provider, Service provider presentation to group twice a year</p> <p>Approved in Sept 16, so impact info awaited.</p> <ul style="list-style-type: none"> • More timely crisis response both in community and/or a hospital setting • Improved crisis provision in hospital setting in the way of liaison • Access to Tier 4 beds • Improved community support to enable step-down from tier 4 		
CRITERIA	<p>EASE OF ACCESS: Referral</p> <p>WHOLE SYSTEM WORKING: Joint management of high risk cases</p> <p>BUILDING RESILIENCE: Better patient experience , flexible and responsive service to meet CYP mental health needs</p> <p>GAP As part of the Future in Mind planning this service is responsive to meet the needs of CYP at risk of experiencing a mental health crisis</p>		

SPECIALIST CARE

Table 21: EATING DISORDERS

Pilot	Provider	Which of the three Local Areas does this Pilot cover:	Start date:
Eating Disorders	BHFT	All 3 CCGs	September 2016
Budget:	Spent year to date as at 30 th September 2016	Monitoring Arrangements	Strategic KPIs met by this pilot:
£212,000 (BHFT Contract)	£0	Monthly Project Management checks, Quarterly reports from service provider, Service provider presentation to group twice a year	1,3,4,5,6,7
Objectives:			
To meet the Government's drive to improve mental health services and ensure that the same standards are provided to mental health conditions as physical health conditions to provide an enhanced Eating Disorder services for children and young people.			
KPIs:		Impact to date:	
To record % of cases that received NICE treatment		Operational from September 2016	
CRITERIA	EASE OF ACCESS: referral Young SHaRON, and eating disorder clinics to increase access WHOLE SYSTEM WORKING: Local Authority Schools, CCG BUILDING RESILIENCE: providing on-going support and advice for parents, carers and young people GAP: This addresses the gap of a lack of central service to help parents/carers/GP's navigate all service provisions for emotional health and wellbeing. At an appropriate level within the system.		

In addition to the above 11 new service developments, the greatest proportion of CAMHS care for East Berkshire is provided by Berkshire Health Foundation Trust (BHFT).

Berkshire Healthcare NHS Foundation Trust (BHFT) provides specialist CAMH services to the eligible population of Berkshire. This provision includes Tier 3 CAMHS within the community and a 9-bedded 24/7 Tier 4 general CAMHS in-patient service provided at the Berkshire Adolescent Unit (BAU) located at Prospect Park.

The BHFT service has historically been commissioned jointly with the West Berkshire CCG's to enable the provision of a service-wide model which enables some economies of scale and mitigates against some of the boundary issues that might otherwise arise. The CAMHS community services underwent a redesign which went live in November 2012, from which time a new model of delivery was implemented, with a new Common Point of Entry for BHFT CAMH services and new pathways including a CBT-based anxiety and depression service, and attention deficit hyperactivity disorder pathway, autism assessment service and locality-based specialist community teams to support the young people with the most complex needs. As with the above 11 services the CAMHS working Group¹², reporting to the CAMHS Board oversee the development, delivery and progress the range of services provided by BHFT. These services are accessed via

¹² Contract performance reporting is via the Mental Health Services contract and performance meeting.

a Common Point of Entry (CPE) which also provides a signposting facility directing service users to the most appropriate support required.

A key focus of the CAMHS transformation programme is to reduce waiting times for all BHFT CAMHS services. In line with the national picture, BHFT CAMHS had seen an approximately 50% increase in referrals to the service over the previous 5 years. The Berkshire East CCG's increased funding to the BHFT CAMH service in 2015/16 to enable increased recruitment of staff to meet demand and reduce waiting lists.

Good progress has been made on this to date with the total number of children and young people waiting having reduced 46% in this financial year (1st April 2016 – 30th September 2016). The overall level of reduction is 70% in the year to date if the numbers waiting on the Autism Assessment Team, which is an assessment only service, are excluded.

Numbers waiting to begin intervention in the ADHD pathway have continued to reduce and are down by a further 63% over the last quarter. The current average waiting time for referrals on this pathway is 10 weeks. A full report of BHFT progress with CAMHS services is available in Appendix 7.

The Autism Assessment team has the largest number of young people waiting and the longest waits, with the longest routine wait having reduced from over 2 years in 2015/16 to 18 months currently and the total number of young people waiting more than 12 weeks for an ASD assessment having reduced by 23.4% since the beginning of the year. This length of wait is still considered unacceptable to the CAMHS working group and as a result agreement has just been reached to invest an additional £178k in this current year which will pay for an additional 90 assessments before 31st March 2017¹³. This is not a recurring funding, but will help to accelerate the existing plans for reducing waiting times. The average waiting time for those currently waiting for an Autism Assessment is 38 weeks.

Table: 22 All External Referrals to CAMHS via CPE by quarter by year

Quarter/month by year	2014/15	2015/16	2016/17
April	147	186	163
May	183	156	231
June	177	199	193
Q1 Totals	507	541	587
Quarter/month by year	2014/15	2015/16	2016/17
July	211	247	215
Aug	104	127	142
Sept	213	172	181
Q2 Totals	528	546	538

¹³ See Supporting Provider Business Case in Appendix 12.

Table 21 above gives a summary of external referrals to CAMHS through CAMHS CPE from the three Berkshire East CCG's for Q1 and Q2. Data reported for 2014/15 and 2015/16 is given for comparison purposes. Referrals appear to have reduced slightly in Q2 compared to the same quarter for which is in line with evidence from the NHS National Benchmarking Network which indicates that referrals to specialist CAMH services have started to level off. Significant work has been being undertaken to educate referrers about local care pathways and 2015/16, Work to improve quality of referrals has continued over the last quarter with the development of regular CAMHS updates which have been sent out to all providers. An audit of referrals not accepted by the BHFT CAMHS Common Point of Entry is being undertaken during Q3 to inform further education for referrers and to assist in Berkshire CYP emotional wellbeing and mental health transformation planning.

Improved Access for children and young people to Psychological Therapies (CYP IAPT)

The Children and Young People's Improving Access to Psychological Therapies programme (CYP IAPT) is a service transformation programme developed by NHS England that **aims to improve existing** Child and Adolescent Mental Health Services (CAMHS) working in the community.

The programme works to facilitate transformation of existing services for children and adolescents through the embedding of three core principles:

- working in partnership with children and young people to shape their local services
- improving the workforce through training in best evidence based practice
- improving outcomes through the implementation of frequent/session by session outcome monitoring to help the therapist and service user work together

The programme is aimed primarily at staff working in Tier 2 and Tier 3 Community CAMH Services, from NHS staff to local authority staff working in targeted services, from staff working in universal settings including teachers, social workers, educational psychologists, to Voluntary Sector workers in school and youth settings.

BHFT CAMHS has been part of the Reading/Oxford collaborative since 2012 as a Wave 2 participant in the programme. The service has been developed as a whole county service, with some staff working across localities to ensure consistent high quality and equitable care across. Staff in all localities have been trained in the evidence-based CBT programme for anxiety and depression; all clinical leads have undertaken or are undertaking the CYP IAPT Transformational Leadership programme, clinical supervisors have undertaken the appropriate supervision training and more generic CAMHS staff are supported to access the Enhanced Evidence-based Practice programme (EEBP).

East Berkshire recognises the national requirement to fully embed the CYP IAPT programme and principles across all local partners providing emotional wellbeing and mental health care to children and young people.

Key Challenges:

Take up of CYP IAPT training in East Berkshire has been slow due to a number of challenges relating to both pressure on services, difficulty recruiting backfill staff and the structure of services within the area. There were challenges in the early years of the programme with Local Authority employed staff not meeting criteria to access the training. Since the development of the EEBP programme, four practitioners from RBWM have undertaken this training, one member of the Behaviour Support Team, two members of the Wellbeing Service (one of whom started training in September 2016) and one member of the Intensive Family Support Project (IFSP). Other Local Authorities and voluntary sector partners are considering the need for CYP IAPT training as part of their workforce development plans.

Next steps: An audit of need for CYP IAPT training across teams/services (bearing in mind the team's client

group/referral process and client group access to other agencies etc.). Consideration will need to be given to meeting the essential/core aspects of a team's service delivery, whilst members of the team train. Further, we will need to consider the maintenance of the coverage, for example ensuring trained staff can utilise their skills regularly within their role to maintain competencies, ensuring good overall service retention and assurance that trained staff work within their competency and receive appropriate supervision either in-house or external which may entail additional costs and time. In on-going development of CYP IAPT services, we will also be ensuring service user participation and robust outcome measures in the IAPT specification as well as service user engagement within the Local Authority Emotional Wellbeing and Mental Health strategy groups to inform service development and design. In the future it will be important to ensure where possible that all relevant providers are required to submit outcome data directly via MHMDS. This is currently an area requiring development as data submissions at present require N3 connections.

LOCAL AUTHORITY COMMISSIONED SERVICES FOR CHILDREN AND YOUNG PEOPLE:

TABLE 23

Service	Provider	Objective	Available 16/17 Financial year
Bracknell Forest Information and Advice Centre	Bracknell Forest Council	Impartial information and advice and support to parents carers and children and young people who have or may have had a Special Educational Need	Yes
Autism Berkshire	Bracknell Forest Council	Provide comprehensive advice and services for all ages of people with autism their families and carers.	Yes
Home Start	EAST BERKSHIRE	Offers free, confidential support, friendship and practical help to parents	Yes
Relateen	Bracknell	Children and Young People's Counselling services for any young person who's having problems. Whether it's depression and mental health concerns or issues with parents or people at school.	Yes
Berkshire Youth	Bracknell	Provide support to youth leaders and young people strive to encourage young people to adopt a healthy lifestyle. The activities team offer a range of competitive and non-competitive events for young people to become involved in - promoting participation for life.	YES
Kooth	Xenzone	Free, confidential online mental health support and Counselling	YES

Table 24: BUILDING EMOTIONAL RESILIENCE IN BRACKNELL FOREST SCHOOLS

Pilot	Provider	Which of the three Local Areas does this Pilot cover:	Start date:
Building Emotional Resilience in Bracknell Forest Schools	Bracknell Forest Council Public Health team and working with Soulscape	Bracknell Forest	October 2016
Budget:	Spent year to date as at 30 th September 2016	Monitoring Arrangements	Strategic KPIs met by this pilot:
£40,000	£0	Monthly monitoring by BFC updates and reported to CAMHS working group	1,2,3,5,7,8
Objectives: To embed and support learning outcomes around emotional health and wellbeing already being			

delivered through the curriculum and/or drop down days in primary and secondary schools and the Further Education College.

To increase knowledge and awareness of good mental health, mental illness and the impact of stigma.

To build on the Anti-Stigma focus groups previously delivered by the public health team.

KPIs:	Impact to date:
Delivery of 15 sessions of anti-stigma workshop	Complete by April 2017
Delivery of anti-stigma campaign	
CRITERIA	EASE OF ACCESS: Primary and Secondary school WHOLE SYSTEM WORKING: Local Authority and Schools BUILDING RESILENCE: Reducing Stigma

Table 25: ASD EDUCATION AND TRAINING FOR PARENTS

Pilot	Provider	Which of the three Local Areas does this Pilot cover:	Start date:
Education and training for parents (ASD)	The Autism Group	All three	Although funding was agreed for this project, the start date was delayed and has subsequently been replaced by the pilot described in Table 29 below.
Budget:	Spent year to date as at 30th September 2016	Monitoring Arrangements	Strategic KPIs met by this pilot:
£9,246.00	£0	To be agreed prior to start date.	To be agreed
Objectives			
To provide autism training to parents/carers and those working directly or indirectly with individuals with ASD To offer special interest social groups to young people aged 11-25 To offer parent support Project cancelled and funds transferred to contingency. Contingency used to commission new pilots.			

FORTHCOMING ADDITIONAL NEW SERVICES WITHIN 2016/17

Following a review of the services provided by the CAMHS Transformation Plan during 2016/17 the CAMHS Working Group have been able to commission an additional four new services via a bidding process. A panel was held in November 2016 and the following new services have been agreed to be provided by 31st March 2017.

6.1 Building Capacity with Early Years Practitioners

Table 26: ELSA Training

Pilot	Provider	Which of the three Local Areas does this Pilot cover:	Start date:
ELSA Training Programme for schools to support ADHD	RBWM	3 localities	December 2016
Budget:	Spent year to date as at 30 th September 2016	Monitoring Arrangements	Strategic KPIs met by this pilot:
18,000	0.00	Monthly	1,2,3,5,7
Objectives:			
<p>3 day training programme developed by a senior EP for use with Early Years Practitioners.</p> <ul style="list-style-type: none"> improve the emotional wellbeing of children under-5, improve practitioner confidence in supporting children's personal, social and emotional development as part of the Early Years Foundation Stages (EYFS), improve practitioner knowledge and skills in supporting children's emotional wellbeing, support the development of whole setting approaches for the promotion of wellbeing in the Early Years. <p>Funded from 15/16</p>			
KPIs:		Impact to date:	
Numbers trained Feedback from trainees Parents report on smooth transfer for their children to school			
CRITERIA	EASE OF ACCESS: up to 30 pre-school staff being trained WHOLE SYSTEM WORKING: Local Authority and Schools BUILDING RESILIENCE: Reducing Stigma and increasing CYP support		

6.2 Youth Talk Counselling in Windsor to improve access and reduce waiting times

Table 27 Youth Talk Counselling

Pilot	Provider	Which of the three Local Areas does this Pilot cover:	Start date:
Windsor and Maidenhead Counselling Services	Youthtalk	Windsor	December 2016
Budget:	Spent year to date as at 30 th September 2016	Monitoring Arrangements	Strategic KPIs met by this pilot:
20,000	0.00	Monthly	1,2,3,5,7
Objectives:			
Continuation of existing service for 11 years upwards, parents and carers, with various levels of distress with multiple issues from disclosures of sexual violence, self-harm and difficult relationship with food and mental distress. There is a growing need for support of higher levels of self-harm. Funding will provide more training around complex issues ensuring that they are managed sensibly and appropriately. Increase training delivery into school again around the complex issues facing young people with emotional well being; supporting schools to have a healthy and appropriate approach when dealing with pupils facing these challenges.			
KPIs:		Impact to date:	
<ul style="list-style-type: none"> • Reduce waiting list by 20% within 6 months • Offer 48 hours of counselling per month in Slough by January 100% increase • Offer 800 hours of counselling per month in Windsor and Maidenhead • Deliver 750 hours of counselling per month in Windsor and Maidenhead • Recruit 10 new counsellors within 6 months • Deliver 24 hours of training accessible to the counsellors within 6 months 			
CRITERIA	<p>EASE OF ACCESS: Website, Facebook page, and twitter account we also occasionally provide skype counselling. The website has been designed to appeal across a broad spectrum</p> <p>WHOLE SYSTEM WORKING: Local Authority and Schools, GP's, other 3rd Sector agencies</p> <p>BUILDING RESILIENCE: Reducing Stigma and increasing CYP support</p>		

6.3 Mental Health Support for young offenders in Bracknell to improve access, whole system working and build resilience.

Table 28 Mental Health Support for young offenders

Pilot	Provider	Which of the three Local Areas does this Pilot cover:	Start date:
Mental Health Support for young offenders	Youth Offender Service	Bracknell	December 2016
Budget:	Spent year to date as at 30th September 2016	Monitoring Arrangements	Strategic KPIs met by this pilot:
8,000	0.00	Monthly	1,2,3,6,9
Objectives:			
<p>Supervise young people aged between 10-18 subject to youth and Crown Court orders, The objective of this pilot is to enable dedicated mental health support for young offenders who are a high risk group in terms of mental health and is a big gap in the holistic multi agency service. The key focus of this project is in preventing young people from ending up in custody, early intervention and prevention re mental health support is crucial. There is evidence that the prison population contains a very high number of people with mental health problems which have never been addressed in childhood.</p>			
KPIs:		Impact to date:	
<ul style="list-style-type: none"> • Prevent Reoffending of young offenders • Reduce the use of custody for young people • Reduce first time entrants to the youth justice system 			
CRITERIA	<p>EASE OF ACCESS: Young people on court orders have to attend the YOS, so there is not an access problem, use of mobile phones, to communicate by text and WhatsApp with young people to remind them of their appointments. Also use relevant apps to work with young people to address their risk of reoffending, and DVDs.</p> <p>WHOLE SYSTEM WORKING: Local Authority, Police, Primary Health Care, GP's, other 3rd Sector agencies</p> <p>BUILDING RESILIENCE: preventing young people from ending up in custody, early intervention and prevention re Mental Health support is crucial.</p>		

6.4 Youth Line counselling to build capacity to improve emotional health and wellbeing.

Table 29: Youth Line

Pilot	Provider	Which of the three Local Areas does this Pilot cover:	Start date:
Face to Face Counselling Service	Youth Line	Bracknell	December 2016
Budget:	Spent year to date as at 30 th September 2016	Monitoring Arrangements	Strategic KPIs met by this pilot:
10,000	0.00	Monthly	1,2,3,5,7
Objectives:			
To build capacity to meet the demand of young people who are experiencing difficulties with their emotional health and wellbeing. CYP that may fall into the gap between universal and targeted services. This will be done through the provision of quality face to face 1-1 counselling services to young people aged between 12 and 25. The service is designed to be an early intervention service that prevents more serious problems from arising			
KPIs:		Impact to date:	
Training <ul style="list-style-type: none"> • Attendance Numbers • Analysis and feedback • Impact on practice (monitored through supervision) 			
CRITERIA	<p>EASE OF ACCESS: Relaunched website, providing self-help information. Their information is useful for those who are awaiting and appointments, parents and carers and other professionals when they are looking for a service</p> <p>WHOLE SYSTEM WORKING: Local Authority, Schools , GP's, other 3rd Sector agencies, Youth Service</p> <p>BUILDING RESILIENCE: Improve the quality of skills to support CYP's emotional health and mental well being</p>		

6.5 TABLE 30: The Autism Group

Pilot	Provider	Which of the three Local Areas does this Pilot cover:	Start date:
Counselling Support for teenagers and young adults with autism	The Autism Group	3 localities	December 2016
Budget:	Spent year to date as at 30 th September 2016	Monitoring Arrangements	Strategic KPIs met by this pilot:
7,042	0.00	Monthly	1,2,3,5,7,9
Objectives:			
<p>Many young people on the autism spectrum have no friends, many express sadness and frustration at this lack of friendships. This can cause increasing levels of low mood and increasing resistance to leaving the home and this impacts negatively on their mental health. It also can impact the rest of the family who are also at risk of becoming isolated because they cannot leave their autistic family member alone. <i>This pilot will:</i></p> <ul style="list-style-type: none"> • provide autism training to parents, carers and those working directly and indirectly with individuals with ASD • Offer special interest social groups to young people aged 11-25 • To free parent support carer training and an ongoing “The Autism Group@Home” service for individual parents 			
KPIs:			Impact to date:
<p>Parents Training</p> <ul style="list-style-type: none"> • 4-8 attendees per session • Parents recommendations to friends and family >75% • Parents report and increased understanding of ASD >75% • session product positively evaluated by parents <p>Special Interest Groups</p> <ul style="list-style-type: none"> • Young people have increased number of friends >75% • Young people enjoy the social activity >75% • Parents record enjoyment of support and/or break from caring >75% • Parents would recommend to others/family >75% <p>TAG @Home</p> <ul style="list-style-type: none"> • 10 families on enquiry sheet by end of March • Parents report an increased understanding of how ASD affects their son/daughter >75% • Parents report feeling less isolated after 2 sessions >75% • Parents would recommend to friends and family >75% 			
CRITERIA	<p>EASE OF ACCESS: On site training, special interest groups meet at Berkshire College of Agriculture, Burchetts Green and The Elevate Hub. The Autism Group @home service will be provided in the parents home</p> <p>WHOLE SYSTEM WORKING: Local Authority, Schools, GP’s, other 3rd Sector agencies</p> <p>BUILDING RESILIENCE: Improve the quality of skills to support CYP’s families and carers dealing with emotional health and mental well being resulting from ASD</p>		

6.6 The Commissioned CAMH Services for 2017/18

The following tables outlines the 17/18 commissioned CAMHS Transformation Services

TABLE 31– COMMITTED FINANCES FOR 2017/18

Berkshire East CCGs CAMHS 17/18 Tracker									
Scheme	Budget				FOT				
	B&A	Slough	WAM	Total	B&A	Slough	WAM	Total	
16/17 CAMHS baseline budget	200,000	224,000	200,000	624,000	200,000	224,000	200,000	624,000	
Youth Justice funding from NHSE	14,962	16,746	16,323	48,031	14,962	16,746	16,323	48,031	
Allocation	214,962	240,746	216,323	672,031	214,962	240,746	216,323	672,031	
CAMHS Rapid Response (BHFT)	68,727	76,964	73,954	219,645	68,727	76,964	73,954	219,645	
Youth Justice - SALT	14,962	16,746	16,323	48,031	14,962	16,746	16,323	48,031	
Autism Berkshire				51,000				0	
The Autism Group				16,971				0	
The Special Parenting Group				29,989				0	
Xenzone (KOOH)				132,800				0	
Youth Line				15,000				0	
Oxford ASHN (PPEPCARE)				44,500				0	
Bracknell YOT				14,125				0	
WAM Counselling Services				30,000				0	
Information guide for Children				10,000				0	
				0				0	
Expenditure				612,061	83,689	93,710	90,277	267,676	
Uncommitted funds				59,970	131,273	147,036	126,046	404,355	

TABLE 32 – COMMISSIONED PROVIDERS FOR 2017/18

Provider	Deliverable	Amount awarded
Autism Berkshire	Pre assessment Workshop Support Group Home Visits Youth Groups National Autistic society seminar	£51,000
The Autism Group	Special interest social groups Parent support Autism training to parents/carers	£16,971
The Special Parenting Group	Parenting courses, workshops Workshops Diagnosis Support services Pre and Post Autism Services Pre and post ADHD Services Sleep service	£29,989

	Sleep service for families of LAC	
Xenzone (KOOH)	Online counselling service from WAM and Slough	£132,800
Youth Line	1- 1 Face to Face Counselling for young people	£15,000
Oxford ASHN (PPEPCARE)	Providing training sessions to teachers and others working in education and primary care – enabling support of CYP in distress	£44,500
Bracknell YOT	CAMHS practitioner for the Youth Offending Service - 7.5 hours per week	£14,125
WAM Counselling Services	Humanistic Counselling Service for 11+	£30,000
Information Guide for Children (collaborations with West Berks)	Pocket book	£10,000

There is a balance of £59, 970 of unallocated funding which is currently under discussion for expenditure.

KEY CHALLENGES AND THE ROADMAP TO 2020/21

7.1 Key challenges

East Berkshire's Transformation has delivered over and above its key objectives for 2016/17. However, the working group recognised that there is no room for complacency and are fully aware of the immense challenges which lay ahead. There are a number of additional areas the working group will be addressing. These include:

- 24/7 Crisis Care/step down/admission avoidance. We will be reviewing the existing short term pilot in line with Access and Waiting times standards guidance due out soon
- increasingly co-ordinated transitional arrangements for young people in the 14 to 25 age group
- additional focus on vulnerable groups such as asylum seeking children, looked after children, pre and post preventative work with children and young people at risk of ending up in the Youth Justice system
- learning disabilities for children and young people within CAMHS.

In the months leading to end of 2016/17, the East Berkshire CAMHS Transformation Working Group will be placing greater emphasis on the requirements for strengthened evidence based CYP interventions with a diagnosis of autism – the group that are above the skills of the voluntary sector services who deliver the targeted pre and post diagnostic support but would not yet use the specialist CAMHS criteria.

We will also be undertaking an exercise to ensure that services such as Attachment & conduct disorder – specialist parenting, systemic family therapy models provide consistent high quality services across East Berkshire. This links in with vulnerable families – LAC, CP, CiN, DV, DAA etc. This will include an external validation process of all commissioned CAMHS providers focussing on outcomes which support the commissioning cycle framework. Discussions are being held with NHS England to support the CAMHS voluntary sector service providers with implementing the new CAMHS Minimum Dataset. The CAMHS Working group will be further reviewing this.

Referrals for ADHD assessment and care continue to increase. This means that referrals are outstripping the numbers who are discharged from the BHFT CAMH service. This is consistent with the challenges facing the adult ADHD and ASD services, and therefore impact on transition, SEND and Transforming care priorities. With an 18% expected rise in the birth rate in East Berkshire in the next 10 years, careful modelling will be required to ensure service provision keeps pace with need.

Further additional investment in Health & Justice is expected to take place early in 2017/18 aligned to service requirements.

The CAMHS Working Group will also be reviewing the developments of the school nursing services; role of health visiting services in prevention and early intervention in early years; perinatal mental health service.

7.2 Impact and Outcomes - A roadmap to 2020/21

East Berkshire's roadmap to 2020/21 in principle follows the NHS Commissioning Cycle methodology¹⁴. In operational terms, this means that needs assessments, reviewing the performance of all CAMHS service

¹⁴ <http://commissioning.libraryservices.nhs.uk/commissioning-cycle>

providers and planning are considered at regular intervals within the CAMHS Transformation Working Group. This includes representation from all CAMHS stakeholders and service users. From this working group, recommendations for developments and/or new services are then made to the Children's Board which has delegated authority to sanction CAMHS Transformation allocation of budget. Monthly monitoring of CAMHS Transformation services also takes place at the CAMHS Transformation Working Group meeting which has a slot reserved to hear updates from each of the CAMHS service providers in rotation, against pre-agreed key performance indicators. Executive summaries are then provided to the Children's Board and where appropriate, providers also attend and present progress to date. The working group also makes recommendations to the Children and Young Peoples' Board in terms of future service requirement based on needs assessment. The Roadmap to 2020/21 can be found in Appendix 3.

8. Summary and next steps.

In summary, East Berkshire has achieved over and above its original ambitions for 2016/17 and will continue to keep on track to deliver complete and planned transformation by 2021 in line with the needs of its local population and national requirements.

This refreshed CAMHS Transformation document has provided a detailed and transparent overview of the increase in spending on CAMHS services between 2015/16 and 2016/17 and illustrated how 2017/18 will see further positive increases to ensure CAMHS transformation development. Information is provided on the 15 new services operational in 2016/17 commissioned through the CAMHS working group. There remains a significant amount of work to achieve East Berkshire's ambitious goals and no room for complacency. An overview of some of the challenges is provided in Section 7. Whilst the CAMHS Transformation Working Group strive to improve collection of robust datasets and thorough contract monitoring, in line with the commissioning cycle, it remains vigilant to any indications of unintended consequences. For example taking counselling practitioners out of practice to train in IAPT for three days a week for a whole year to meet the target of 100% IAPT coverage is expected to negatively impact on the capacity for face to face counselling and in turn will impact waiting times.

The CAMHS Working Group meet bi-monthly and this document is a 'live' document which will continue to be updated at regular intervals and available on the East Berkshire CCGs' website.

TABLE OF APPENDICES

SECTION 9

APPENDIX 1

EAST BERKSHIRE CCGs CAMHS TRANSFORMATION PLAN SELF EVALUATION

Transparency & Governance	
Will the LTP be both refreshed and republished by the deadline of 31 October 2016 and is it included in the STP?	Publication of the refreshed plan will take place following the Children’s Transformation Board December 2016 meeting. Final sign off will then follow from the Business Planning and Strategy Group. Permission for this late publication has been sought from NHS England.
"Does the LTP include a baseline (15/16), including figures for:	
- finance;	Yes, except for Slough Local Authority/Children’s Trust which it has not been possible to obtain due to organisational transition.
- staffing (WTE, skill mix, capabilities);	Yes, except for Slough Local Authority/Children’s Trust which it has not been possible to obtain due to organisational transition. Yes, except for Slough Local Authority/Children’s Trust.
- activity (e.g. referral made/accepted; initial and follow-on contacts attended; waiting times; CYP in treatment)"	Yes
"Is the refreshed LTP the result of engagement with a wide variety of relevant organisations, including children, young people and their parents/carers, youth justice and schools & colleges? Does it evidence their participation in:	Yes
- governance;	Yes
- needs assessment	Yes
- service planning	Yes
- service delivery and evaluation	Yes
- treatment and supervision?	The definition for this is unclear. ES has emailed Stephen Madgwick who is checking.  RE Self Assessment.msg
Has the LTP been signed off by the Health and Wellbeing Board and other relevant partners, such as specialist commissioning, local authorities etc.?	It will be at the Business & Strategy meeting following December 2016 Children’s Board.
Are there clear and effective multi-agency governance board arrangements in place with senior level oversight for planning and delivery?	Yes

Does the plan clearly identify areas of effective provision alongside current challenges and priorities?	Yes
Are there clear mechanisms and KPIs to track progress?	Yes as identified in each of the Transformation Templates
"Is the refreshed LTP published on local websites for the CCG, local authority and other partners? Is it in accessible format, with all key investment and performance information from all commissioners and providers within the area?"	This will take place following final approval by Business Planning & Strategy.
Does it include specific plans to improve local services?"	Yes
Understanding Local Need	Yes
Has the plan been designed and built around the needs of CYP and their families?	Yes
Does the plan evidence a strong understanding of local needs and meet those needs identified in the published Joint Strategic Needs Assessment (JSNA)?	Yes as far as possible.
Does the plan make explicit how health inequalities are being addressed?	Yes as far as possible.
Does the plan contain up-to-date information about the local level of need and the implications for local services?	Yes as far as possible.
LTP Ambition 2016-2020	Yes
Does the LTP identify a system-wide breadth of transformation of all relevant partners, including the local authority, third sector, youth justice and schools & colleges?	Yes
Does the plan have a vision as to how delivery will be different in 2020?	Yes
"Does the plan address the whole system of care including:	
- early prevention and early intervention;	Yes
- early help provision with local authorities;	Yes
- routine care;	Yes
- crisis care and intensive interventions;	Yes but acknowledges more work to be done.
- groups with extra vulnerability (e.g. 'looked after children', those who have been abused and / or those within, or at risk of entering the justice system);	Yes
- inpatient care?	This is under development
- specialist care e.g. eating disorders	Yes

Workforce	Yes, except for Slough Local Authority area.
Does the LTP include a multi-agency workforce plan?	This is under development.
Does the plan identify the additional staff required by 2020 and include plans to recruit new staff and train existing staff to deliver the LTP's ambition?	This is under development
Does the plan detail the required work and engagement with key organisations, including schools and colleges and detail how the plans will increase capacity and capability of the wider system?	Yes
Collaborative Commissioning	
"Does the LTP include details about creating joint plans to:	Yes
- develop a local integrated pathway for CYP requiring beds that includes plans to support crisis, admission prevention and support appropriate and safe discharge?	This is under further development.
- ensure join up with Health and justice Commissioners to develop local integrated pathways,(including transitioning in or out of secure settings, SARCs and liaison & diversion)	This is an area of additional investment from April 2017.
A good joint plan will identify: the aim; the pathways concerned; the partners involved with a joint commitment to deliver; a project plan including planning structures; resources (including resource transfer); time scale; benefits and outcomes and; risk assessment and potential barriers."	All key stakeholders have participated in the development of this Plan.
CYP Improving Access to Psychological Therapies (CYP IAPT)	Yes
"Does the LTP evidence full membership and participation in CYP IAPT and its principles? These principles include:	Yes
- collaboration and participation;	Yes

APPENDIX 2

ACTION PLAN FOR DELIVERING CAMHS TRANSFORMATION IN EAST BERKSHIRE IN 2016/17



2016 17 Action Plan
for Delivering Transfc

APPENDIX 3



CAMHS
Roadmap04.06.2017.

EAST BERKSHIRE ROADMAP FOR 2020/21

APPENDIX 4

EAST BERKSHIRE DEMOGRAPHIC DATA



2016 10 28 East
Berkshire Population I

APPENDIX 5
IAPT coverage in RBWM



IAPT Coverage.docx

APPENDIX 6

**Service user participation at BHFT CAMHS: 4TH October 2016 and evaluation
And service user engagement poster**



BHFT CAMHS
Participation East Ber



CAMHS Needs you!
.pdf



Conference
Evaluation.pptx

Appendix 7
CAMHS BHFT Q2 REPORT



Agenda Item 6
CAMHS Q2 2016 17 Ç

**Appendix 8
Governance Structure**



Appendix A CAMHS
Governance & Stakeh

**Appendix 9
PPEPCare evaluation**



PPEPCare evaluation
for training delivered

**Appendix 10
Eating Disorders Pathway**



COMMUNITY EATING
DISORDER SERVICE I

Appendix 11



Training gaps 3rd
March 2016 JF.ppt



CAMHS
Transformation Group

Appendix 12

Business Case from BHFT for providing additional 90 ASD/ADHD Assessments Nov 16 to March 17



Investment and
business case ASD As

**Appendix 13
The THRIVE model**



Thrive model oct
15.pptx

**Appendix 14
The Three Local Area Parents' Guides**



Print Ready 4 to 11 Parents Guide - Sloug
Print Ready 4 to 11 Parents Guide - RBWI
Print Ready 4 to 11 Parents Guide - Brack

**Appendix 15
CAMHS Working Group Review of what has been achieved since 15/16 and gaps that remain in 16/17**



2016 10 07
Transformation Refre

**Appendix 16
CAMHS Transformation Plan Commissioning Plan to 2016-17 to 2020-21**



CAMHS
Transformation Group report for schools April



Executive summary -

Appendix 17

East Berkshire CCGs CAMHS Working Group Terms of Reference and East Berkshire CCGs Childrens Transformation Board Terms of reference



2017 03 28 Terms of
Reference for CAMHS Berkshire Children's Bx



2016 July East
Berkshire Children's Bx