“Be bold, be brave and do not compromise. We can transform the provision of children’s mental health care, and the rewards for doing so are enormous.”

Anne Longfield, OBE, Children’s Commissioner
1. Foreword

NHS East Berkshire CCG and its partners, including children, young people and their carers, Slough Borough Council, Bracknell Forest Council, Royal Borough of Windsor and Maidenhead Council, schools and the third sector, are committed to promoting the mental health and emotional wellbeing of the children and young people who live in our area. As a partnership, one of our key aims is to ensure that our children and young people are supported to develop emotional resilience, and that those organisations and individuals with whom they have contact seek to nurture positive emotional health and wellbeing. We will actively explore opportunities to pool our resources where this enables us to improve the scale and quality of services, and where there are clear benefits in doing so for local children and young people.

Whilst we recognise the progress made locally over recent years both at an organisational and locality level, we also acknowledge the significant work still to be done to make our shared vision a reality for our children and young people. This Children and Young People’s Mental Health and Wellbeing transformation plan for East Berkshire aims to describe our level of ambition. It sets out in detail the actions we will be taking together over the coming year to engage with our children and young people and communities in developing truly collaborative and integrated models of early help and prevention, and high-quality care when needed. At the heart of our vision are the children and young people themselves, who will continue to be the vibrant driving force behind improving and informing our approaches and models of services which genuinely work for them.

A pivotal part of our plan is the enhancement of our focus on preventative work and targeted support for vulnerable groups. This approach is critical to creating a local offer which empowers and supports our young people and their families so that fewer of them reach a mental health crisis.

Where children and young people require medical assessment and intervention, we will ensure that waiting times are reduced alongside providing wider support.

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## 2. Abbreviations

<table>
<thead>
<tr>
<th>Abbreviation</th>
<th>Description</th>
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<tbody>
<tr>
<td>ACE</td>
<td>adverse childhood experience</td>
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<tr>
<td>ADHD</td>
<td>attention deficit hyperactivity disorder</td>
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<tr>
<td>A&amp;E</td>
<td>accident and emergency</td>
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<td>AfC</td>
<td>Achieving for Children</td>
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<tr>
<td>AnDY</td>
<td>anxiety and depression service at Reading University</td>
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<td>ASD</td>
<td>autism spectrum disorder</td>
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<tr>
<td>BAU</td>
<td>Berkshire Adolescent Unit (Willow House)</td>
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<tr>
<td>Berkshire Healthcare</td>
<td>Berkshire Healthcare NHS Foundation Trust</td>
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<tr>
<td>CAMHS</td>
<td>child and adolescent mental health services</td>
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<td>CBT</td>
<td>cognitive behavioural therapy</td>
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<td>CCG</td>
<td>clinical commissioning group</td>
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<td>CID</td>
<td>counselling for depression</td>
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<td>CLA</td>
<td>children looked after</td>
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<tr>
<td>CPD</td>
<td>continuing professional development</td>
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<td>CQUIN</td>
<td>commissioning for quality and innovation</td>
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<tr>
<td>CRHTT</td>
<td>Crisis resolution and home treatment tem</td>
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<tr>
<td>CTR</td>
<td>care treatment review</td>
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<tr>
<td>CYP-IAPT</td>
<td>children and young people’s improving access to psychological therapies</td>
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<tr>
<td>CYP</td>
<td>children and young people</td>
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<tr>
<td>DBT</td>
<td>dialectic behavioural therapy</td>
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<tr>
<td>DIT</td>
<td>dynamic interpersonal therapy</td>
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<tr>
<td>ELSA</td>
<td>emotional literacy support assistant</td>
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<tr>
<td>GP</td>
<td>general practitioner</td>
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<tr>
<td>ICS</td>
<td>integrated care system</td>
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<tr>
<td>IPT</td>
<td>interpersonal psychotherapy</td>
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<tr>
<td>LA</td>
<td>Local Authority</td>
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<tr>
<td>LGBTQ+</td>
<td>lesbian, gay, bisexual, transgender or questioning</td>
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<tr>
<td>LOS</td>
<td>length of stay</td>
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<td>LTP</td>
<td>Local Transformation Plan</td>
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<td>JCB</td>
<td>Joint commissioning board</td>
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<td>MHSDS</td>
<td>mental health service data set</td>
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<td>Acronym</td>
<td>Description</td>
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<td>NHS E</td>
<td>NHS England</td>
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<tr>
<td>OCD</td>
<td>obsessive compulsive disorder</td>
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<td>ONS</td>
<td>Office for National Statistics</td>
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<td>OHFT</td>
<td>Oxford Healthcare NHS Foundation Trust</td>
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<tr>
<td>PPEP Care</td>
<td>psychological perspectives in education and primary care</td>
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<td>PH</td>
<td>Public Health</td>
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<tr>
<td>RBWM</td>
<td>Royal Borough of Windsor and Maidenhead</td>
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<td>ROMs</td>
<td>routine outcome measures</td>
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<td>SARC</td>
<td>sexual assault referral centre</td>
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<td>SEND</td>
<td>special education needs and disabilities</td>
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<td>SCST</td>
<td>Slough Children’s Service Trust</td>
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<td>TVSCN</td>
<td>Thames Valley Strategic Clinical Network</td>
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<td>TCP</td>
<td>Transforming care partnership</td>
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<td>TT</td>
<td>talking therapies</td>
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<td>YHC</td>
<td>young health champions</td>
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<td>YOT</td>
<td>youth offending team</td>
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<td>YOS</td>
<td>youth offending service</td>
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3. Introduction

Against a national and local backdrop of ever-increasing demand on children and young people’s mental health services, we have updated our ongoing strategy in order to drive forward change. Since the publication of our last Local Transformation Plan for Children and Young People’s Mental Health and Wellbeing in March 2017, we have made progress in some key areas. These are outlined below, as are the current challenges that we face. To help meet these challenges, this refreshed plan identifies four key priority outcomes and enablers.

3.1 Background information

In line with the national picture, the demand for children and young people’s mental health services in East Berkshire’s three localities – which encompass Bracknell Forest, the Royal Borough of Windsor and Maidenhead (RBWM) and Slough – has continued to increase over recent years.

National data, as outlined in the ‘Bright Futures’ report¹, states that one in ten young people are affected by mental health problems. Locally and across agencies, professionals are telling us that they are encountering growing numbers of children and young people with emotional health difficulties and mental ill health. In addition to this, there are also significant numbers of children and young people now presenting as suffering from anxiety and/or lower-level depression, or exhibiting behaviours potentially related to an undiagnosed and/or unmet mental health need.

As a consequence, our specialist child and adolescent mental health services (CAMHS) have recently seen a considerable increase in both referral rates and in the complexity of the cases they are dealing with. Despite rising referral rates, however, approximately 50% of the children and young people referred to specialist CAMHS have needs that do not require this level of intervention and are deemed to require a lower level of support. This can, at times, leave children, young people and families/carers feeling frustrated.

We are also seeing more and more children and young people with mental health problems using urgent and emergency care services. Whilst the average length of a hospital stay has become shorter, the actual number of admissions has continued to rise. For example, across East Berkshire there has been a steady increase in the number of acute hospital admissions resulting from deliberate self-harm.

To support local leadership and accountability, NHS England asked clinical commissioning groups (CCGs) to work with commissioners and providers from across the NHS, local government, children’s care, education, youth justice and the voluntary sector to develop Local Transformation Plans (LTPs) for children and young people’s mental health and wellbeing.

In October 2016, East Berkshire published its first LTP, in response to the recommendations set out in Future in Mind: promoting, protecting and improving our children and young people’s mental health and wellbeing (March 2015). Our original LTP, which was approved by NHS England in October 2016,

presented nine key strategic performance indicators to help shape transformation. In March 2017, a refresh of the original plan was undertaken and an interim assessment of progress towards achieving local ambitions was carried out.

This LTP covers the whole spectrum of services for children and young people’s emotional and mental health and wellbeing within East Berkshire. It involves professionals working together with children, young people and their families/carers to design and provide the best possible services.

Whilst NHS East Berkshire CCG is the lead for the coordination of this plan, the word ‘we’ is referenced in the context of the wider system working together.

3.2 What is this refreshed plan about?

This LTP refresh builds on both the original plan and the 2017 refresh. It outlines our ongoing strategy to affect wholesale change by addressing the remaining gaps in service provision and tackling emerging areas of need. This plan will be published on both the CCG and Local Authority (LA) websites.

The plan makes reference to the populations of both the CCG localities (Bracknell and Ascot, Slough and Windsor, Ascot and Maidenhead) and the Local Authorities (Bracknell Forest, RBWM and Slough) as the boundaries of these organisations are not quite coterminous.

This version of the plan has been informed by a comprehensive assessment of the needs of children, young people and their families/carers. The population data provided in the original plan (2016) has been refreshed to reflect current population projections and combined with up-to-date prevalence data to provide a more comprehensive understanding of current levels of need, including those of specific vulnerable groups.

The plan has also been updated based on:

- what children, young people and families have told us
- what professionals across agencies in East Berkshire have told us
- information about current performance across services
- a workshop with Directors of Children's Services and Directors of Public Health
- working with the CAMHS Future in Mind Group (now called the East Berkshire Local Transformation Plan for CYP Mental Health and Wellbeing Group)
- feedback from Health and Wellbeing Boards
- feedback from Local Safeguarding Boards

In implementing this plan, we aim to take a more asset-based approach to transformation. We intend to build on the strengths that already exist in the area and on the good work that is already being done, including by:

- producing integrated models for delivery
- developing a more robust and more coordinated early help offer to support children and young people at the earliest point in their life and at the earliest point in their problem
- supporting mental health and wellbeing in children and young people through prevention and awareness raising
- taking a whole-family approach by offering help to parents, carers and siblings

The plan describes how as a local system we will improve the emotional wellbeing of children and young people by adopting a multiagency approach. Fundamental to this is the need for partners to combine resources and expertise across the systems, with colleagues in Local Authorities, health, education, youth justice and the voluntary sector all working together towards a clear, shared objective. For some areas of
transformation, extra investment may be required using the additional funding from NHS England allocated to the CCG.

The nine strategic performance indicators in the original plan have been revised and updated to produce four key priority outcomes. These are outlined with information about how each will be achieved, what is already happening and what success will look like, along with the details of four key enablers.

While the priorities have been updated, our overall vision remains the same. This LTP contains an update on the progress made since the last plan was published in March 2017.

<table>
<thead>
<tr>
<th>From this (original LTP)</th>
<th>To this (new LTP)</th>
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<tbody>
<tr>
<td>nine strategic performance indicators</td>
<td>four key priority outcomes and enablers</td>
</tr>
<tr>
<td>limited detail about the delivery against strategic indicators</td>
<td>clear information about how we will achieve these outcomes</td>
</tr>
<tr>
<td>limited evidence to demonstrate a multiagency plan</td>
<td>clear information about what success will look like</td>
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<tr>
<td>a focus on transformation in the context of how the additional funding will be spent</td>
<td>alignment with partners’ priorities through links and partnership working</td>
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<td></td>
<td>move from consultation to co-production for delivery of the plan</td>
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<td></td>
<td>multiagency ownership and delivery of the plan through new governance arrangements</td>
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<tr>
<td></td>
<td>a systematic and suitable approach to transformation, so it is about more than just the additional funds allocated from NHS England</td>
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Figure 1: Key areas of change between the last published LTP and this one

3.3 East Berkshire’s vision

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 will be 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.
3.3.1 East Berkshire local area partners believe that all children should:

- enjoy a happy and fulfilling childhood
- be resilient and able to manage their emotional health and wellbeing within their family, school and community environments
- have rapid access to the most appropriate range of mental health services when they need them (‘right care, right time, right place’)

3.3.2 To achieve this vision, East Berkshire’s guiding principles will be to:

- listen to the voices of the children and young people we serve
- keep a needs assessment up to date in an ever-changing landscape, through regular review and dialogue with our local area partners
- strive to achieve equity, build resilience, reduce stigma and produce strategic plans that are inclusive of the needs of the most vulnerable groups
- work collaboratively with local area partners
- learn from best practice in other areas
- set out explicit lines of accountability, governance and transparency in commissioning arrangements

3.4 Summary of achievements to date

Below is a review of our achievements since the last plan was published in March 2017 (there is more detail about these in section 10):

- Provision of online support via Kooth offering children and young people access to help 24 hours a day, 365 days a year.
- Face-to-face youth counselling in the community provided by the voluntary sector across East Berkshire.
- Psychological perspectives in education and primary care (PPEP Care) training has been commissioned and is being rolled out across the workforce in education (teaching and support staff) and health (GPs, practice nurses, school nurses, A&E staff and others, including LA staff, youth workers, YOT).
- Early intervention support for anxiety and depression has been commissioned via the AnDY Clinic.
- Ongoing participation of children and young people in the development of mental health services. In November 2017, a survey about access to health services was completed by almost 1,000 children and young people. Following the success of the survey, focus groups were held with 58 children and young people to gather additional feedback on mental health services and support.
- The Young Health Champions peer-education/co-production network is being piloted in Slough.
- Three voluntary sector organisations have been commissioned to provide information and support to families whose children are waiting for autism or ADHD assessments, or who already have a diagnosis.
- The Common Point of Entry for Berkshire Healthcare NHS Foundation Trust (Berkshire Healthcare) is now open Monday to Friday, 8am until 8pm.
- The SHaRON online platform has been enhanced by Berkshire Healthcare and is now operational for a wider range of service users, including those experiencing perinatal mental health issues, families who are waiting for autism assessments, and advice and consultation for professionals who are worried about children and young people and adults with eating disorders.
- The number of in-patient beds at the Berkshire Adolescent Unit has been increased; the unit is now open seven days a week.
- Increased capacity in local age-appropriate crisis-response services – a CAMHS rapid response team is providing a swift response to young people presenting to emergency and acute services in
mental health crisis. It also supports young people on the edge of crisis in the community in order to prevent crisis presentation where it is safe to do so.

- An enhanced CAMHs community eating disorders service has been jointly commissioned with NHS Berkshire West CCG and is now operational.
- A new early intervention in psychosis (EIP) service is in place for all ages, including children (13+) and young people, and is meeting national targets.
- We commissioned the Little Blue Book of Sunshine – hard copies have been distributed to all local schools and an online version has been made available.
- Training for health staff working in primary care is being provided through the CCG’s Protected Learning Time for general practice on emotional wellbeing and mental health care services.

3.5 Summary of current challenges

While progress has been made, there remain some ongoing challenges, which include:

- a fragmented service offer – children and young people don’t always know about the additional support that has been commissioned
- unfamiliarity among professional partners and school staff, who are often unaware of the services that exist in each area and how to access them
- rising demand on specialist CAMHS (this continued in the first quarter of 2018, with the total number of referrals up by 14.5% compared to the same quarter in 2017)
- a lack of dedicated mental health roles for early intervention
- weak links between targeted services within LAs and specialist mental health services
- under-developed parent/carer participation
- a data-rich but intelligence-poor system with weak transparency of existing data
- the absence of a coordinated, system-wide approach to workforce development
- a high number of inappropriate referrals to specialist CAMHS – approximately 50% of East Berkshire referrals fall into this category
- high levels of demand on the CAMHS rapid response team
- increasing demand on the Berkshire eating disorders service, which is causing pressure on timescales for routine and urgent referrals
- collaborative commissioning needs further development
- transformation to date has focused heavily on the provision of additional services, as opposed to developing a system-wide approach
- a tiered approach to support, which in practice means that children and young people have to fit the services, rather than the services fitting the changing needs of the child or young person
### 3.6 Overview of our key priority outcomes

<table>
<thead>
<tr>
<th>Outcome 1: Communities, schools, families and young people will work together to build resilience, learning from young people themselves how best to help them to cope with life’s ups and downs</th>
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<tbody>
<tr>
<td>We will promote good mental health and emotional wellbeing to allow children and young people to thrive and to stay positive. We want to ensure that communities, schools, families and young people are equipped with the skills, knowledge and confidence required to build resilience and to learn from young people themselves, facilitating the development of peer support.</td>
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<thead>
<tr>
<th>Outcome 2: Children and young people will have access to early help to meet any emerging emotional and mental health needs</th>
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<tr>
<td>We will focus on early intervention. We want children and young people, their families and the systems that care for them to be able to access timely and effective early support for mental health difficulties as and when they first start to appear, to help prevent things from getting worse.</td>
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<tr>
<th>Outcome 3: Better communication – we will provide improved and coordinated information about the mental health and wellbeing support available and we will communicate this information effectively to children, young people and families, communities and professionals</th>
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<tr>
<td>We want everyone to be able to find clear information about all the mental health and wellbeing help that is available in our area. We will therefore strive to produce better information and to communicate it more effectively to children, young people and their families and to the communities and professionals who support them.</td>
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<th>Outcome 4: Improved coordinated care for children and young people with complex mental health needs and vulnerable children and young people – ensuring the right support, at the right time, in the right place</th>
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<tr>
<td>We will make sure that all children and young people who are in crisis can obtain immediate, round-the-clock help, wherever they live. We acknowledge and understand that some groups of children and young people have increased vulnerability to mental health problems (e.g. looked after children, those with learning disabilities and young offenders) – these young people and their families/carers can face greater challenges than their peers in accessing support. We will ensure that professionals work together to provide well-coordinated services that offer appropriate, timely help and treatment.</td>
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### Enablers

- Co-production and collaboration
- Communications
- Workforce development
- Data and intelligence
4. National and local strategic contexts

A key element of the current national strategic context is the government’s green paper, published in December 2017 – here we provide an update on our delivery of the commitments set out within it. Our local strategic context includes the Frimley integrated care system (ICS) and the Berkshire Transforming Care Partnership (TCP), which have overlapping priorities for children and young people’s mental health and wellbeing. In addition, East Berkshire is made up of three Local Authorities, each with its own health and wellbeing strategy; their local strategic priorities are outlined below.

4.1 National strategic context

The government has stated that children and young people’s mental health is a priority area. An additional investment of £1.4 billion has already been committed to transform children and young people’s mental health services between 2015 and 2021. Both ‘Future in Mind’ and the ‘Five Year Forward View for Mental Health’ set out how joint working across agencies could improve outcomes for children and young people.

4.1.1 Transforming children and young people’s mental health – the green paper

The delivery of the commitments set out in the 2017 green paper will represent a major expansion to support for children and young people’s mental health and will build on the commitments already set out in Implementing the Five Year Forward View for Mental Health. The green paper announced that the government would make available funding to implement the proposals: an additional £215 million between 2018/19 and 2020/21 to support the roll out of the Mental Health Support Teams and to pilot a four-week waiting time for access to children and young people’s mental health services. In addition, £15–£20 million a year will be made available for dedicated training funds to support the creation of Designated Senior Leads for Mental Health in schools over the course of 2019/20–2023/24. In year one, there is a fund of £16 million to establish Mental Health Support Teams and £8 million towards four-week waiting time pilots.

NHS East Berkshire CCG was invited to submit an expression of interest for Wave One of the children and young people’s mental health trailblazer, which provides funding for:

- creating community-based Mental Health Support Teams, helping children and young people in schools and colleges
- running pilots to test the feasibility of achieving and maintaining a four-week waiting time for NHS children and young people’s mental health services (specialist CAMHS)

Along with local Directors of Children’s Services and Directors of Public Health, we have now decided to submit an expression of interest for the future Wave Two for the Mental Health Support Teams. As a health and care system, we have a shared vision to adopt a whole-system approach to transforming support for children and young people’s mental health and wellbeing. We have agreed that our collective focus will be working with education colleagues to explore and develop a fully integrated model which delivers a sustainable approach to improving the emotional wellbeing and resilience of our children and young people.

We have supported NHS Berkshire West CCG to submit an expression of interest to pilot the four-week waiting time (Wave One) for the CAMHS anxiety and depression pathway and specialist community team across the whole of Berkshire. We will know the outcome of the expression of interest by December 2018.
4.1.2 Public Health England Prevention Concordat

Public Health England launched the Prevention Concordat for Better Mental Health programme at the end of August 2017 in response to recommendation two in the ‘Five Year Forward View for Mental Health’. The aim is to galvanise cross-sector action to put in place effective prevention planning arrangements in all local areas. The focus is on a shared commitment to the prevention of mental health problems and the promotion of good mental health. The scope of the Prevention Concordat is broad and covers the whole of the life course. However, the Faculty of Public Health has acknowledged that: “Most mental illness has its origins in childhood. The most important modifiable risk factors for mental illness and the most important determinants of mental wellbeing are childhood ones. The most important opportunities for the prevention of mental illness and promotion of mental health therefore lie in childhood, many of them in the context of the family.”

Developed by a partnership of statutory and voluntary sector organisations, and in conjunction with people with lived experience of mental health problems, the Concordat calls for a range of national and local action on mental health in order to:

- transform the health system so it has prevention-focused leadership, enabling help and support to be provided much earlier and therefore avoid mental health crises
- work collaboratively to improve everyone’s mental health
- draw on the expertise of people with lived experience and of the wider community to identify solutions and promote equality
- build capacity and capability across the workforce

There are a number of local areas that are formally signed up to the Concordat. Although East Berkshire is not currently one of these, across our area partners and stakeholders are committed to working together in a way which increases the focus of our local system on prevention and the wider determinants of mental health, consistent with the Concordat’s recommendations.

4.2 Local strategic context

4.2.1 Frimley Health and Care integrated care system

Frimley Health and Care integrated care system (ICS) is a partnership of organisations (including CCGs, Local Authorities and health and social care providers) working together to improve health and care services for local people. The aim is to combine efforts and resources to make a bigger difference for communities, residents, patients and staff.

The ICS plan for 2016–2021 covers a population of 750,000 residents through nine councils (county, borough and district). It sets out how social care and health services delivered by councils and health authorities will become part of a more integrated system, fit for the future. The ICS includes three CCGs – East Berkshire, Surrey Heath and North East Hampshire and Farnham.

The plan has a strong focus on promoting good mental and physical health and will support the delivery of the ‘Five Year Forward View for Mental Health’ and local transforming care plans for people with learning disabilities. The plan’s delivery requires services around mental health and learning disabilities to be integrated, and this has been embedded in each workstream.

During 2019/20 the ICS will establish a work stream dedicated to children and young people (CYP) in recognition of the importance of a cohesive and collaborative focus on improving outcomes. Key priorities will include: autism and ADHD, urgent care, and end-of-life care for children and young people. The group will also oversee the delivery of the aims outlined in the ‘Five Year Forward View for Mental Health’ that specifically cover children and young people, including eating disorders services and improved access to NHS-funded community mental health services for those with a diagnosable condition.
The new work programme will interface with and may have direct membership links to other key ICS programmes (such as Prevention and Wellbeing and Maternity and Mental Health), with shared membership of sub-groups where appropriate. It is intended that the work carried out will be complementary to and supported by organisations and local children and young people’s partnerships that are already in place, and their associated CYP strategies, Local Transformation Plans and governance.

4.2.2 The Berkshire Transforming Care Partnership

Transforming Care is about preventing hospital admissions by improving the care and support for children, young people and adults who have a learning disability and/or autism and with either or both:

- behaviour that challenges
- mental health conditions

Berkshire has a Transforming Care Plan which shows:

- when people will be moved out of hospital
- how to get the right services in place in the community
- how to stop people going into specialist hospitals unless they really need to

The Berkshire Transforming Care Plan has four main aims:

- To make sure fewer people need to be hospitalised in an assessment and treatment unit by providing better services in the community. This means reducing the number of specialist hospital beds from 16 to 11 by March 2019.
- To make sure people do not stay in hospital for longer than they need to.
- To make sure people get good-quality care and the right support in hospital and in the community. This includes community teams for people with learning disabilities and housing and care market experts, as well as specialist intensive support teams.
- To make sure everyone who is in hospital or is at risk of being admitted to hospital has a care and treatment review (CTR). A CTR is a meeting attended by the person, their families/carers and the people who support them – for example, experts by experience, health and social care professionals, clinical commissioners and reviewers. In the CTR meeting, everyone discusses how they can help the person to become more independent.

In all aspects of its work that are specific to children and young people, the Transforming Care Partnership also supports their families and carers.

Children, young people and adults with a learning disability and/or autism have the same right as anyone else to live satisfying and valued lives, and to be treated with dignity and respect. They should have a home within their community, be able to develop and maintain relationships, and get the support they need to live healthy, safe and rewarding lives. To ensure that these aims are met, strategic links have been made between the Berkshire Transforming Care Partnership and the LTP to enable a collaborative approach.

4.2.3 Local strategic priorities

The mental health and wellbeing outcomes for children and young people are greatly shaped by a wide variety of social, economic and environmental factors, such as education, ethnicity, poverty, housing and residential area. It is clear that improvements in mental health and wellbeing outcomes cannot be made without action on these wider determinants.
Support for children and young people with mental health needs is therefore a golden thread that runs through a range of key strategic documents across our three localities (Bracknell Forest, RBWM and Slough):

- Slough Borough Council Five Year Plan 2018–2023
- Slough Wellbeing Strategy 2016–2020
- Slough Multiagency Early Help Strategy 2017–2021
- Bracknell Forest Council Plan 2015–2019
- “Seamless Health” Bracknell Forest Joint Health and Wellbeing Strategy 2016–2020
- Bracknell Forest Children and Young People’s Partnership Plan 2018–2021
- Bracknell Forest SEND Improvement Strategy 2017–2020
- Bracknell Children and Young People’s Partnership Plan 2018–2021
- Bracknell Emotional Health and Wellbeing Strategy
- Bracknell Forest Children and Young People’s Mental Health and Emotional Wellbeing Strategy 2016–2019
- Royal Borough of Windsor and Maidenhead Council Plan 2017–2021
- Joint Health and Wellbeing Strategy April 2016–March 2020
- Royal Borough of Windsor and Maidenhead SEND Partnership Strategy 2017–2020
- Berkshire Healthcare NHS Foundation Trust Quality Strategy 2016–2020
- Frimley Health and Care System Sustainability and Transformation Plan

NHS East Berkshire CCG work closely with colleagues from Local Authorities and Berkshire Healthcare NHS Foundation Trust to ensure there is alignment between other overlapping agendas relating to children and young people’s emotional health and wellbeing. Where appropriate, there is health representation on the relevant boards/groups who are leading the delivery of the above strategies.

4.2.4 Work with NHS Berkshire West CCG

We will continue to further develop our relationship with NHS Berkshire West CCG (the main NHS provider, Berkshire Healthcare, functions across the whole of Berkshire). There are a number of policy areas in which we are already working in partnership with the west, including an eating disorder review and a planned autism/ADHD scoping exercise, to review the current provision of children’s and adults’ ASD and ADHD services with a clear recommendation for a future model.
5. Health needs assessment

It is estimated that more than 5,700 children aged 5–16 living in the East Berkshire area have a mental health disorder, with just over 2,000 of these estimated to require specialist CAMHS support. Here we provide an overview of those groups of children and young people who are at the highest risk of experiencing mental health problems; data relating to self-harm admissions is also given. Most of the data presented below has been sourced from Public Health and/or each of the local Joint Strategic Needs Assessments.

5.1 National profile of need

Research suggests that half of all adults with mental ill health experience their first symptoms by the age of fourteen, and three-quarters by the age of twenty-four. The mental health of children and young people may be particularly adversely affected by poor parenting, family issues, abuse and bullying. Tackling mental ill health at this stage can therefore not only help children and families now, but can set children up to be happier, healthier adults.

"Future in Mind" states: "Mental health problems cause distress to individuals and all those who care for them. Mental health problems in children are associated with underachievement in education, bullying, family disruption, disability, offending and anti-social behaviour, placing demands on the family, social and health services, schools and the youth justice system. Untreated mental health problems create distress not only in the children and young people, but also for their families and carers, and the wider community, continuing into adult life and affecting the next generation."

Information in key policy documents suggests that:

- one in ten children and young people aged 5–16 suffer from a diagnosable mental health disorder
- between one in every 12 and one in every 15 children and young people deliberately self-harm
- more than 50% of all adults with mental health problems were diagnosed in childhood – less than half were treated appropriately at the time
- the number of young people aged 15–16 with depression nearly doubled between the 1980s and the 2000s
- the proportion of young people aged 15–16 with a conduct disorder more than doubled between 1974 and 1999
- 72% of children in care have behavioural or emotional problems
- emotional and mental health problems affect about 60% of looked after children in England, a high proportion of whom experience poor health and educational and social outcomes after leaving care
- 95% of imprisoned young offenders have a mental health disorder

Adverse childhood experiences (ACEs) are situations which lead to an increased risk of children and young people experiencing a negative impact on their health, or other social outcomes, across the course of their lives. The following ACEs are all associated with poorer mental health outcomes for children and adolescents:

- witnessing domestic violence and abuse
- being party to a safeguarding arrangement or becoming a looked after child
- living with a parent with mental health issues
- being abused, physically and/or emotionally
- living with parental alcohol and/or substance misuse
- suffering bereavement and loss
- living in a low-income household and/or with parents with a low level of educational attainment
• having disabilities, including learning disabilities
• coming from a Black Minority and Ethnic (BME) group, including Gypsy Roma Travellers (GRT)
• identifying as Lesbian, Gay, Bisexual, Transgender or Questioning (LGBTQ+)
• experiencing homelessness
• being engaged with the criminal justice system
• being a young carer
• misusing alcohol and/or substances
• being a refugee or asylum seeker

5.2 Population profile

Mid-year estimates for 2017 from the Office for National Statistics (ONS) indicate that the East Berkshire resident population of children and young people (aged 0–18) is 109,826, which is approximately 26% of the total population. Of our three localities, Slough has a higher percentage of children and young people. Approximately 29% (43,876) of the total population in Slough is aged 18 or under, compared with 25% (29,752) in Bracknell Forest and 24% (36,198) in the Royal Borough of Windsor and Maidenhead (RBWM).

5.2.1 Population growth projections

The ONS has produced population projections for people resident within CCG boundaries. These are trend-based projections, which use the previous year’s births, deaths and migration figures to estimate how the population will change over the course of the next 20 years.

<table>
<thead>
<tr>
<th>Locality</th>
<th>2019</th>
<th>2021</th>
<th>2029</th>
<th>2034</th>
<th>2039</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bracknell Forest</td>
<td>5.1%</td>
<td>10.7%</td>
<td>11.0%</td>
<td>10.5%</td>
<td>11.0%</td>
</tr>
<tr>
<td>Slough</td>
<td>2.0%</td>
<td>0.6%</td>
<td>-0.1%</td>
<td>-17.8%</td>
<td>-17.4%</td>
</tr>
<tr>
<td>RBWM</td>
<td>3.9%</td>
<td>8.6%</td>
<td>9.2%</td>
<td>8.6%</td>
<td>8.6%</td>
</tr>
</tbody>
</table>

By 2021, the overall population of under 18s for East Berkshire is predicted to grow by 11%.

5.3 Emotional health and wellbeing – East Berkshire

The 2014/15 What About YOUth (WAY) survey asked a sample of 15-year-olds about their health and lifestyle behaviours. Respondents were asked questions about their wellbeing using the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS). This scale is formed of 14 statements covering a range of feelings and attitudes towards life and respondents are asked to rate themselves against these to create an overall score of wellbeing. The wellbeing score can go from 14 to 70, with 70 being the highest score. Nationally, the average wellbeing score for 15-year-olds was 47.6 out of 70. Bracknell Forest’s average score was close to the national average at 47.8. Slough’s average score was higher at 48.1; RBWM’s was significantly higher at 48.7.

Of the Bracknell Forest respondents, 14.3% stated that they had low life satisfaction, which was similar to the national response of 13.7%. In Slough, 15.2% of respondents stated that they had low life satisfaction, also close to the national figure. A significantly smaller proportion of RBWM respondents reported low life satisfaction at 10.8%.

The WAY survey also asked respondents about bullying. Results showed that 54.8% of Bracknell Forest respondents and 53.9% of RBWM respondents stated that they had been bullied in the past couple of months. These were both close to the national figure of 55.0%. When asked whether they had bullied others in the previous two months, 7.7% of Bracknell Forest respondents and 11.6% of RBWM respondents stated that they had, compared to 10.1% nationally. In Slough, both questions produced
results close to the national figures: 54.2% of respondents stated that they had been bullied in the past couple of months, while 10.1% stated that they had bullied others in the same period.

5.4 Mental health and children and young people in East Berkshire prevalence data

5.4.1 Preschool prevalence data

There is relatively little data about prevalence rates for mental health disorders in preschool-aged children. A literature review of four studies looking at 1,021 children aged 2–5 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 produces the following figures for the number of local children who may have a mental health disorder:

- 1,335 children aged 2–5 years inclusive living in Bracknell Forest
- 2,070 children aged 2–5 years inclusive living in Slough
- 1,520 children aged 2–5 years inclusive living in RBWM

5.4.2 School-aged children prevalence data

The prevalence of mental health disorders in school-aged children varies by age and sex, with boys more likely (11.4%) to have experienced or be experiencing mental health problems than girls (7.8%). Children aged 11–16 years old are also more likely (11.5%) than 5–10-year-olds (7.7%) to experience mental health problems. On the whole, boys are more likely than girls to experience conduct disorders and other mental health problems. However, girls are more likely to experience or have experienced certain conditions, such as eating disorders.

Nationally, it is estimated that nearly one in ten children aged 5–16 has some form of clinically diagnosable mental health disorder.

Table 2: Estimated number of children and young people aged 5–16 in each area affected by each type of disorder (based on prevalence rates shown in figure 2 below)

<table>
<thead>
<tr>
<th></th>
<th>Mental health disorder</th>
<th>Emotional</th>
<th>Hyperkinetic</th>
<th>Conduct</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bracknell Forest</td>
<td>1,523</td>
<td>590</td>
<td>242</td>
<td>895</td>
<td>3,250</td>
</tr>
<tr>
<td>Slough</td>
<td>2,455</td>
<td>926</td>
<td>418</td>
<td>1,518</td>
<td>5,315</td>
</tr>
<tr>
<td>RBWM</td>
<td>1,756</td>
<td>688</td>
<td>272</td>
<td>1,012</td>
<td>3,728</td>
</tr>
<tr>
<td>TOTAL</td>
<td>5,734</td>
<td>2,204</td>
<td>932</td>
<td>3,425</td>
<td>12,293</td>
</tr>
</tbody>
</table>
Figure 2: Estimated prevalence of disorders, by type, in children and young people, as a percentage of the population aged 5–16

Bracknell Forest and RBWM have a slightly lower prevalence of mental health disorders compared to the English national average of 9.2%, whereas Slough has a slightly higher prevalence (9.6%).

Similarly, Bracknell Forest and RBWM have a slightly lower prevalence of emotional health disorders compared to the national average, whereas Slough has the same prevalence rate of 3.6%.

For hyperkinetic disorders, Bracknell Forest and RBWM have a lower prevalence rate compared to that of England, whereas Slough has a higher rate of 1.6%.

Bracknell Forest and RBWM also have slightly lower prevalence rates for conduct disorders, compared to England, whereas Slough has a slightly higher rate of 5.9%.

5.4.3 Estimated number of children and young people requiring support from child and adolescent mental health services (CAMHS)

The National Child and Maternal Health Network (ChiMat) Needs Assessment for East Berkshire estimated that a total of 24,645 children and young people may require support from CAMHS. This has been broken down for each of the CAMHS tiers below.

Table 3: Estimated number of children and young people who may require CAMHS support by tier

<table>
<thead>
<tr>
<th></th>
<th>Tier 1</th>
<th>Tier 2</th>
<th>Tier 3</th>
<th>Tier 4</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bracknell Forest</td>
<td>4,770</td>
<td>2,230</td>
<td>590</td>
<td>25</td>
<td>7,615</td>
</tr>
<tr>
<td>Slough</td>
<td>5,865</td>
<td>2,735</td>
<td>725</td>
<td>30</td>
<td>9,355</td>
</tr>
<tr>
<td>RBWM</td>
<td>4,810</td>
<td>2,245</td>
<td>595</td>
<td>25</td>
<td>7,675</td>
</tr>
<tr>
<td>TOTAL</td>
<td>15,445</td>
<td>7,210</td>
<td>1,910</td>
<td>80</td>
<td>24,645</td>
</tr>
</tbody>
</table>

**Tier 1**: A service provided by professionals whose main role and training is not in mental health. These include GPs, health visitors, school nurses, social services, voluntary agencies, teachers, residential social workers and juvenile justice workers.
**Tier 2:** A service provided by specialist, trained mental health professionals. They work primarily on their own, but may also provide specialist input to multiagency teams. Roles include clinical child psychologists, paediatricians, educational psychologists, child psychiatrists and community child psychiatric nurses.

**Tier 3:** Aimed at young people with more complex mental health problems than those seen in Tier 2, this service is provided by a multidisciplinary team, including child and adolescent psychiatrists, social workers, clinical psychologists, community psychiatric nurses, child psychotherapists, occupational therapists and art, drama and music therapists.

**Tier 4:** These specialised services are aimed at children and adolescents with severe and/or complex problems and may be offered in residential, day-patient or out-patient settings. Tier 4 services include in-patient units, secure forensic adolescent units, eating disorder units, specialist teams for victims of sexual abuse and specialist teams for patients with neuropsychiatric problems.

### 5.4.4 Hospital admissions as a result of self-harm

Our three Local Authority areas gather data on the number of hospital admissions they see as a result of self-harm by children and young people (see figure 3 below).
Overall, across East Berkshire in 2016/17 there were 276 admissions for deliberate self-harm for children and young people age 10–24, compared to 247 in 2015/16 and 204 in 2014/15.

The Bracknell Forest rate of self-harm admissions per 100,000 of the population was 508.0 for 2016/17, which is significantly higher than the England average of 404.6 per 100,000.

The Slough rate of 298.7 per 100,000 is lower than the England average and the RBWM rate is similar to that of England. The data further suggests that among 5–19-year-olds there is a significantly higher proportion of self-harm in Bracknell Forest than the England average.

### 5.5 Groups at higher risk of mental health problems

#### 5.5.1 Children Looked After (CLA)

Looked after children are four times more likely to experience mental health issues than their peers. Almost half (45%) of children and young people in care meet the criteria for a psychiatric disorder. In March 2017 there were a total of 415 children from East Berkshire in care (115 children and young people from Bracknell Forest, 110 from RBWM and 190 from Slough). Applying a prevalence rate of 45% equates to an estimated 186 children in care meeting the criteria for having a psychiatric disorder.

#### 5.5.2 Children and young people with learning disabilities

Children and young people with learning disabilities are more likely to experience mental health problems, with prevalence rates of up to 40% compared to 10% of children and young people without a learning disability. The table below shows the prevalence rates for learning disabilities applied to the relevant population in East Berkshire, which suggests that there are 1,596 children aged 5–19 with a learning disability. Therefore, based on a prevalence rate of 40%, a total of 638 children and young people with learning disabilities in our area may experience mental health problems.
<table>
<thead>
<tr>
<th>Age category</th>
<th>Prevalence rate</th>
<th>Estimated number of children with a learning disability</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children aged 5–9 with a learning disability</td>
<td>0.97%</td>
<td>303</td>
</tr>
<tr>
<td>Children aged 10–14 with a learning disability</td>
<td>2.26%</td>
<td>634</td>
</tr>
<tr>
<td>Children aged 15–19 with a learning disability</td>
<td>2.67%</td>
<td>659</td>
</tr>
</tbody>
</table>

### 5.5.3 Young offenders

A third of young people in the youth justice system are estimated to have a mental health problem. In 2016 there were 106 first-time entrants to the youth justice system (10–17-year-olds) in East Berkshire (22 young people from Bracknell Forest, 29 from RBWM and 55 from Slough).

The prevalence data of mental health problems for young people in contact with the criminal justice system nationally ranges from 25% to 81%. By applying this range of prevalence rates to the total number of first-time entrants to the youth justice system, we can estimate that approximately between 26 and 85 young offenders in our area have a mental health problem.

### 5.5.4 Lesbian, Gay, Bisexual, Transgender or Questioning (LGBTQ+) children and young people

Young LGBTQ+ people have higher rates of poor mental health, self-harm and suicide than their non-LGBTQ+ counterparts. This is in part explained by the negative impact of discrimination and marginalisation, both direct and indirect, on LGBTQ+ children and young people.

Data from Stonewall shows that nearly one in four LGBTQ+ young people have tried to take their own life at some point and more than half deliberately harm themselves. Unfortunately, at the moment there is no reliable prevalence data available on how many LGBTQ+ children and young people there are in the general population.

### 5.5.5 Children and young people with special educational needs

In 2017 there were a total of 2,924 children and young people in East Berkshire with an education, health and care (EHC) plan, or statement. Slough has the highest number of children and young people with an EHC plan (1,219), compared to RBWM (851) and Bracknell Forest (685).
Table 5: Breakdown of primary need for CYP with an EHC plan by area LA (September 2018)

<table>
<thead>
<tr>
<th>Primary need</th>
<th>Bracknell Forest</th>
<th>Slough</th>
<th>RBWM</th>
</tr>
</thead>
<tbody>
<tr>
<td>ASD</td>
<td>230</td>
<td>387</td>
<td>300</td>
</tr>
<tr>
<td>BESD</td>
<td>60</td>
<td>77</td>
<td></td>
</tr>
<tr>
<td>DNA</td>
<td></td>
<td>4</td>
<td></td>
</tr>
<tr>
<td>HI</td>
<td>10</td>
<td>45</td>
<td>20</td>
</tr>
<tr>
<td>M</td>
<td>2</td>
<td>54</td>
<td></td>
</tr>
<tr>
<td>MLD</td>
<td>119</td>
<td>70</td>
<td>99</td>
</tr>
<tr>
<td>MSI</td>
<td>2</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>OTH</td>
<td>1</td>
<td>15</td>
<td>33</td>
</tr>
<tr>
<td>PD</td>
<td>36</td>
<td>54</td>
<td>48</td>
</tr>
<tr>
<td>PMLD</td>
<td>11</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td>SLCN</td>
<td>96</td>
<td>185</td>
<td>178</td>
</tr>
<tr>
<td>SLD</td>
<td>38</td>
<td>42</td>
<td>12</td>
</tr>
<tr>
<td>SMEH</td>
<td>40</td>
<td>42</td>
<td>194</td>
</tr>
<tr>
<td>SPLD</td>
<td>31</td>
<td>32</td>
<td>64</td>
</tr>
<tr>
<td>VI</td>
<td>9</td>
<td>25</td>
<td>13</td>
</tr>
<tr>
<td>Blank</td>
<td></td>
<td>176</td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>685</strong></td>
<td><strong>1,219</strong></td>
<td><strong>897</strong></td>
</tr>
</tbody>
</table>
6. What children and young people have told us

The participation of children and young people has been crucial for the development of our LTP. Over the course of the last year, we have worked closely with a range of children and young people through key professionals and the existing youth-voice mechanisms. This section outlines the important work that has been done to capture children and young people’s voices and presents its key messages and findings. These findings have been taken into account in the development of the new outcomes in this version of the LTP.

Across East Berkshire there are a number of strong existing youth-voice mechanisms, including Slough Youth Parliament, Bracknell Forest Youth Parliament and the Royal Borough of Windsor and Maidenhead (RBWM) Youth Council.

The CCG, youth-voice leads from each Local Authority (LA) and the participation lead for Berkshire Healthcare NHS Foundation Trust (Berkshire Healthcare) have worked together with children and young people to gather the information presented in this section.

6.1 Getting it Right survey

Between October 2017 and December 2018, East Berkshire Clinical Commissioning Group and Local Authorities in Bracknell Forest, RBWM and Slough carried out a survey to understand whether the health and community services being offered to young people are easy for them to use. The survey, which the Slough Youth Parliament helped to promote, was aimed at 11–18-year-olds across East Berkshire. It generated 962 responses, of which 448 were from children and young people from Slough. An infographic was produced with the main key findings and is attached at Appendix B.

Table 6: Key messages from the Getting it Right survey

<table>
<thead>
<tr>
<th>Question</th>
<th>Key features</th>
<th>Summary comment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who would you go to for help and support about your health?</td>
<td><strong>Highest response rate:</strong> Doctor: 68.19% Someone in the family or at home: 68.5% <strong>Lowest response rate:</strong> Member of your faith group: 3.43% Youth worker: 4.26%</td>
<td>Still primary focus on the doctor and within the home. Need to consider how we support parents/carers more by ensuring they have the right information to give to their family members. Need to consider working with GPs, supporting them to support young people.</td>
</tr>
<tr>
<td>Who would you go to for information (leaflets, websites, apps) about what to do in your local area when you are not at school and have some free time?</td>
<td><strong>Highest response rate:</strong> Someone in the family or at home: 49.79% Your friends: 47.61% <strong>Lowest response rate:</strong> Member of your faith group: 4.57% Telephone helpline:</td>
<td>Again, the focus is on family and friends; as highlighted above, it is important that we get the right information out to them. This all links to how we communicate with both parents/carers and young people in giving clear and consistent messages.</td>
</tr>
<tr>
<td>Service</td>
<td>Best answer</td>
<td>Worst answer</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>-------------------</td>
<td>--------------</td>
</tr>
<tr>
<td><strong>Sexual health</strong></td>
<td><strong>Highest response rate:</strong> Doctor: 45.17% School: 39.7%</td>
<td><strong>Lowest response rate:</strong> Faith group: 2.58% Youth club: 7.83%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drugs and Alcohol</td>
<td><strong>Highest response rate:</strong> School: 47.45% Doctor: 39.11%</td>
<td><strong>Lowest response rate:</strong> Faith group: 4.98% Youth club: 12.78%</td>
</tr>
<tr>
<td>Mental health</td>
<td><strong>Highest response rate:</strong> Doctor: 53.36% School: 48.05%</td>
<td><strong>Lowest response rate:</strong> Faith group: 8.46% Youth Club: 15.73%</td>
</tr>
<tr>
<td>Healthy relationships</td>
<td><strong>Highest response rate:</strong> School: 56.48% Online: 35.58%</td>
<td><strong>Lowest response rate:</strong> Faith group: 12% Health clinic: 15.11%</td>
</tr>
<tr>
<td>Fitness &amp; body image</td>
<td><strong>Highest response rate:</strong> School: 43.68% Online: 37.3%</td>
<td><strong>Lowest response rate:</strong> Faith group: 5.31% Local community venue: 16.05%</td>
</tr>
</tbody>
</table>

| Best time to seek advice and support | **Highest response rate:** After school: 47% | **Lowest response rate:** Before school: 13.93% | Not an unsurprising answer to this – we need to think about channelling times for the provision of advice and support after school, both face to face and online. |
| Which of the following would       | **Highest response rate:** Clearly, trust and confidentiality are key issues. | | |
Confidential service: 57.8%
Someone I can trust: 71.62%
**Lowest response rate:**
Someone who is my age: 25.16%
Online service: 22.14%

Age doesn't seem to matter, as long as the person is trustworthy. It is interesting that an online service is not favoured, other than for advice on relationships and image.

| Highest response rate: | Text reminder: 58.52%
Lowest response rate: | Phone call/factsheet: 25.88% |

This needs to be part of all agencies’ policies for engagement with young people to reduce DNAs.

| Online counselling: | Yes: 41.43%
Face-to-face counselling: | Yes: 40.68% |

It is interesting that just slightly more respondents know about online counselling, yet it is not as popular as face-to-face counselling. However, almost 60% of respondents are not aware of these services at all – hence our emphasis on the importance of communication.

| Have you heard of the ‘Little Blue Book of Sunshine’? |
Yes: 16.74%
No: 83.26% |

Again, our communication campaign to promote the book has clearly not worked well.

| If yes, how do you rate the book? |
Very helpful: 14.59%
Helpful: 42.7%
Not helpful: 42.7% |

Of the 281 respondents who had heard of the book, 57.29% said it was helpful or very helpful, representing 161 positives and 120 negatives. It would be interesting to understand why so many young people found the book unhelpful.

6.2 Focus groups with children and young people

As a follow-up to the Getting it Right survey, a number of focus groups were held with children and young people in collaboration with the youth-voices lead in each Local Authority, educational psychologists and the participation lead for Berkshire Healthcare. A total of 58 children and young people took part in the focus groups. The main themes that emerged are listed below:

- **Theme 1: Young people could identify and talk passionately about the activities that made them feel happy and positive**

  The young people provided examples of a range of things they do that make themselves feel positive and happy, often mentioning that they liked to ‘keep busy’ to distract themselves from worries. The activities they reported enjoying were very varied, but included listening to music, going out with friends and doing sport.

  Some said they liked to do things with others, but many also described enjoying having time alone but still being occupied, e.g. having a kick-about in the park, reading, going running or cooking.
• **Theme 2: Young people turned to these activities if they felt low or unhappy**

Young people referred to the things they do to be happy and positive as ways of coping whenever they may feel down or low. Some talked about how they might reach out to friends or family, but very few would initially go outside this immediate support structure to seek help.

In addition to keeping busy with their favourite positive activities, some young people did report that they dealt with feeling low by doing things to manage their emotions, such as having a good cry or talking to friends. A number of participants said that they used time alone (‘me time’) – e.g. watching Netflix or exercising – to release difficult emotions. A few young people mentioned that they would go to sleep and then wake up the next day with a new perspective and energy to face things. Some did say that they might talk to their parents, although others would hesitate to do this because they felt their parents had their own worries.

• **Theme 3: When young people needed help, close networks would be their first port of call; trust and confidentiality would be important factors in deciding whether to access support further afield**

Beyond their own immediate support group of family and friends, the young people did say that if they wanted help they would perhaps consider talking to someone in school. However, many shared the perception that the school might tell parents and that peers and other teachers may then find out about the problem.

Some spoke about school counsellors, but several participants didn’t know whether this support was available at their school. Many young people were positive about the option of turning to a school counsellor, especially as such a person was seen as being somewhat separate from the school. Nonetheless, others felt that access to a school counsellor would be limited and via school staff anyway, thus infringing on confidentiality.

• **Theme 4: There was a varied level of knowledge about services already available to young people; awareness of locally provided services was particularly limited**

In an example of good practice, some pupils described how their school planner included a list of sources of support on offer to young people. There was generally greater awareness of national support. Most of the young people, for instance, had heard of ChildLine, although the perception was that this was a service aimed at younger children and more for reporting problems at home. Knowledge of the local support available was very limited. Most of the young people had heard of Kooth, but very few knew about counselling in the community.

Most young people said they would prefer face-to-face to online help. However, some did express a preference for online support, because they perceived this to be more confidential. A number of young people said that they used online sources to look things up, e.g. watching YouTube videos or googling for more information.

• **Theme 5: Young people’s experience of learning about emotional wellbeing at school was varied; they felt that short, to-the-point messages relating to life stages would be more engaging**

Young people shared examples of how they had learned about emotional wellbeing in school. Unfortunately, in some of the feedback, participants reported that the school’s approach had not been very engaging. Examples included how some of them had received five weeks of PSHE lessons on emotional health, which they felt was too long.
Some young people regretted the fact that they are often not given information about emotional health when it would be most useful. They would rather learn about tools to promote positive emotional health during or just before potentially stressful periods, such as at exam times, when choosing options or post Year 11. Participants identified some of the things they were keen to learn about, including how to recognise the signs of emerging emotional ill health. If they are feeling low, they want to be able to identify whether they should be concerned about it and to know how best to manage their feelings. They also thought that teaching about emotional health should be made more relevant to their lives and that lessons should be delivered in a way that was more punchy and engaging.

These key messages, along with other feedback that we have received, have been taken into account in the development and implementation of the refreshed Local Transformation Plan.

6.3 Berkshire Healthcare – additional information about what children and young people are telling us

As well as the multiagency participation work with children and young people described above, Berkshire Healthcare have a full-time participation worker and are committed to the active involvement of children, young people and their parents/carers in making decisions about changes to CYP and family services, including specialist CAMHS. This is not just about consultation, but genuinely involving young people and their families in the decision-making process, highlighting their experience, and giving them feedback on how their contribution has made a difference.

6.3.1 Issues raised through feedback and solutions proposed

In 2018 Berkshire Healthcare collected feedback and views from young service users and their families through questionnaires, regular steering groups and specific consultations. The information below outlines some of the key issues raised through recent engagement work and describes how Berkshire Healthcare plans to address these concerns:

- **Service users said:** It is often difficult to get through to specialist CAMHS on the phone.

  Berkshire Healthcare recognise the difficulty that people sometimes have in contacting some of the specialist CAMHS teams by phone and understand how frustrating that is. The Trust’s Children, Young People and Families directorate have been working to review the administrative needs and resources across all services over the last six months and have allocated dedicated reception staff to some areas of particularly high need. They have also updated their phone systems at several specialist CAMHS sites with the aim of making it easier for service users to get through. The impact of these changes will be monitored over the coming months.

- **Service users said:** The waiting times we can expect to experience before entering specialist CAMHS are unclear.

  Whilst it is challenging to give precise waiting times, due to the fact that Berkshire Healthcare have to prioritise those young people most at risk at any one time, and that this changes frequently, all teams within the specialist CAMHS try to give clear information on the likely waiting times for appointments. Berkshire Healthcare regularly review waiting times and have processes in place to provide support and communicate with people while they are waiting, but they are working with our service users to explore how we can communicate these more effectively in the future. Berkshire Healthcare will be clearer on the approximate waiting time that service users are likely to experience before accessing specialist CAMHS appointments.

- **Service users said:** It is often difficult to get a referral to CAMHS from GPs.
Berkshire Healthcare specialist CAMHS representatives are active members of the local transformation partnership. They have worked closely with the CCG and other partners to promote the message that the best person to make a referral is someone who knows the young person and their needs and difficulties well. That is often not the young person’s GP, but could be a teacher, youth worker, parent/carer or, if they are aged over 16, the young person themselves. It takes time for this message to become embedded, but Berkshire Healthcare continues to promote it, through their website, their single, online referral form, in their training and meetings with schools, through GP forums and via information on the GP IT systems.

- Service users said: Clinicians tell us they are going to do something (such as make a referral to another pathway), but it does not happen. We have to chase them.

Berkshire Healthcare specialist CAMHS have said that this is not acceptable. Fortunately, it happens infrequently. However, the trust encourages any young people or families who may have experienced this situation to contact the relevant clinician and, if unable to do so, to contact the service manager so that they can resolve the issue quickly. Berkshire Healthcare are keen to ensure that the service that they provide is the best that it can be and want to learn from instances when things do not work well, so that they can make changes. Information about how to make a complaint is clearly displayed in all specialist CAMHS clinics and on the Berkshire Healthcare website. If necessary, young people and families can also make a formal complaint. However, we hope that will not be necessary.

- Service users said: We would like young people who are approaching transitions (educational, or when approaching the age of 18) to be prioritised. Some young people, after having been on the waiting list for a lengthy period, have been told they need to start transitioning to another service as soon as they begin their CAMHS treatment.

Berkshire Healthcare specialist CAMHS work closely with adult mental health services and, when a young person approaching the age of 18 is referred, liaise with the appropriate adult service to consider which service can best meet that young person’s needs. Young people who are 17 and a half or over are prioritised for treatment across all teams and pathways, and families are encouraged to make CAMHS staff aware of any further upcoming transitions. Young people approaching transitions, such as changes of school, or academic exams, will have their circumstances taken into consideration when teams are discussing priorities for allocating appointments.

- Service users said: We would like a follow-up appointment to be arranged immediately when we access the CAMHS rapid response team.

The specialist CAMHS rapid response team was a newly developed service at the time that this feedback was received. They have now changed their processes so that young people who are service users are given the date and time of the follow-up appointment on the day they access the rapid response team.

- Service users said: Assessment and triage need to happen much earlier on the anxiety and depression pathway (we waited many months).

Berkshire Healthcare agrees that the waiting times for some of our services have not been satisfactory. The anxiety and depression team carried out two separate initiatives to reduce waiting times last year and have made changes to their triage and assessment processes so that assessment now happens much more quickly.
Service users said: We feel that the anxiety and depression pathway needs an autism (ASD) specialist for incidences of co-morbidity.

The anxiety and depression pathway is a specialist service that offers cognitive behavioural therapy (CBT) based treatments to young people with moderate to severe anxiety, depression, OCD and PTSD. There is good evidence that these treatments can be successful for those with ASD, if adapted appropriately. The team frequently see young people with neurodevelopmental difficulties, including autism, and do offer one-to-one CBT that is adapted to an individual's needs. Members of the anxiety and depression team have undertaken specialist training in autism, and the team have employed a clinical psychologist who has expertise in ASD to help further develop interventions for this group of young people. The team have been working closely with the autism specialists in their autism assessment team to design and deliver joint training more widely across the service. For example, members of the anxiety and depression pathway provide support to families via the autism teams’ Young SHaRON online network and the teams are developing joint workshops for families of young people with autism and anxiety.

Service users said: There is a lack of early help when mental health problems arise. It feels as though we need to reach crisis point/hospitalisation before any action is taken.

Berkshire Healthcare agrees that more help needs to be available for children and young people as soon as mental health difficulties begin to emerge. This is an issue that does not only impact families in East Berkshire – several national initiatives are currently being undertaken to address the need for earlier support, and the government have pledged funding to develop these strategies (see information in section 4). The provision of earlier help is also a priority outcome in this LTP (see section 8.2, outcome 2).

Berkshire Healthcare specialist CAMHS are active members of the CAMHS transformation partnership and have worked closely with the CCG and other partners to achieve this priority. Although Berkshire Healthcare specialist CAMHS work primarily with children and young people with moderate/severe mental health difficulties, whose symptoms have often been occurring over several months, they have developed a number of resources that contribute to early help. The Berkshire Healthcare online resource provides information and guidance for families and links to other self-help resources. The Young SHaRON online network, for example, provides immediate, peer-moderated support to families of young people referred for an autism assessment. The anxiety and depression pathway run workshops for parents, carers and adolescents to provide early help following initial referral to the service.

Service users said: The attitude of (non-CAMHS) staff is sometimes a worry when we access A&E services

The issue of stigma around mental health, including from some healthcare professionals, is something that has been highlighted as a concern nationally and there are a number of national initiatives that are seeking to address it. Young people who had been seen by the CAMHS rapid response team shared examples that related to their experiences of this locally while taking part in focus groups to explore their experiences of care. These examples have been shared with the relevant organisations, who have put in place actions to tackle this issue.

Service users said: We would like to see changes in the way the ADHD pathway’s ‘was not brought’ policy is communicated to young people/families when they do not arrive for appointments.
Berkshire Healthcare has worked with their service-user participation groups to review the letters that they send when families miss appointments. They are also working to include information on this and other important policies on their website and to ensure that information is clearly displayed in all of service waiting areas.

- Service users said: **We would like to continue to receive phone calls and letters from CAMHS while we are waiting for treatment to start.**

All of Berkshire Healthcare’s CAMHS teams have developed protocols to provide care for young people who are waiting for assessment or treatment. They have worked with members of their participation group to identify the aspects of these policies that are important to service users, and are working to ensure that these are in place. Berkshire Healthcare will continue to consult with young people and families on how best they can support them during periods of waiting for treatment.

6.4 Make Your Mark ballot, October 2018

The recent Make Your Mark ballot for 11–18-year-olds was one of the largest youth consultations of its kind in UK history. Across East Berkshire 16,474 young people took part in voting for the top issues of concern to be debated by the Youth Parliament in the House of Commons in November 2018. Nationally, mental health – specifically, ‟**mental health services should be improved with young people’s help and should be available in schools**” – was voted as the second issue of concern. In Bracknell Forest, mental health was voted the top issue of concern, in Slough it was voted the second and in RBWM it was voted the fifth (out of ten issues).

The results of the ballot reinforce the importance of mental health as an issue for children and young people. Furthermore, they remind us that, if our plans for local transformation are to succeed, children and young people themselves will need to be the driving force behind the change. They will have to be directly involved in informing and improving our approaches to ensure that services genuinely work for them. To guarantee that co-production remains a priority for the LTP, it has been added as an enabler in section 8 and also features throughout the outcomes, as does participation.

6.5 Young Health Champions co-production network

To further develop our participation work with children and young people, NHS East Berkshire CCG has allocated funding to develop a Young Health Champions (YHC) programme, accredited by the Royal Society of Public Health. The programme has been launched in Slough, with a view to extending it across Bracknell Forest and RBWM. The project aims to:

- deliver a youth-led, peer-education, emotional wellbeing programme
- form a co-production network to support peer engagement, communication and service design and commissioning
- provide a meaningful mechanism to connect young people to strategic boards so that they can help shape future health and wellbeing services

Young Health Champions is a peer-education approach, designed to empower young people to have a positive influence on their own health and the health of those around them. YHC are recruited and trained to support their peers in making healthier lifestyle choices in relation to emotional wellbeing. Aided by an allocated staff member in their school, YHC will provide a link to local services and sources of further support in their communities. The project allows for a two-way process, as YHC can advise on the accessibility and profile of their local health services for young people, as well as supporting the co-production of services.

The project builds on the pockets of existing peer-led approaches across community groups and schools,
adding value to these by providing:

- strong infrastructure backed by accredited training
- a more standardised framework, giving the quality assurance of an approach led by young people
- the chance to extend a peer-education approach to a wider range of health-related activities, such as information sharing, awareness raising, health-promotion events and co-design of services
- a partnership approach between health, education and the voluntary sector

In addition to their role as peer educators, the Young Health Champions will form a co-production network to help with the ongoing work to support the delivery of the LTP. The project will also seek to add value to the existing youth-voice mechanisms (youth parliaments/councils).
7. Where are we now with children and young people’s mental health services (CAMHS)?

This section describes the current core offer for mental health services provided across Health and Local Authorities that have a dedicated mental health role (it does not include additional services commissioned as a result of extra funding allocated from NHS England as part of the local transformation agenda, such as community counselling, as these are detailed in section 10).

7.1 Early intervention services with dedicated mental health support

This section covers early intervention services that have dedicated mental health professionals. Across East Berkshire there are many other organisations, including early help support within Local Authorities, youth services and voluntary sector organisations, who make a valuable contribution to promoting the health and wellbeing of children and young people. We recognise and value this support.

Within East Berkshire, the dedicated mental health support for early intervention is underdeveloped and fragmented. While some pockets of good practice are described below, this offer is not currently consistent across the whole area.

7.1.1 Talking Therapies

The Talking Therapies Berkshire service is provided by Berkshire Healthcare NHS Foundation Trust (Berkshire Healthcare) and commissioned by the NHS East Berkshire CCG. Talking Therapies offer a range of treatments, including cognitive behavioural therapy (CBT), counselling for depression (CfD) and interpersonal psychotherapy for depression (IPT). They also provide dynamic interpersonal therapy (DIT) for young people aged 16+ who are dealing with the following mental health problems: depression, anxiety, phobias, panic, stress or obsessive-compulsive disorders (OCDs). In addition, Talking Therapies have been delivering school Stress Less workshops to Year 11 students and above throughout East Berkshire.

Table 7: Talking Therapies (TT) – self-referrals received and Stress Less workshops delivered

<table>
<thead>
<tr>
<th></th>
<th>Sept 2016 to August 2017</th>
<th>Sept 2017 to August 2018</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Number of young people</td>
<td>Number of young people</td>
</tr>
<tr>
<td>School Stress Less workshops delivered</td>
<td>149</td>
<td>121</td>
</tr>
<tr>
<td>Accessed TT as self-referrals from 16/17-year-olds</td>
<td>200</td>
<td>191</td>
</tr>
</tbody>
</table>
7.1.2 Wellbeing Team – RBWM

The Wellbeing Team in the Royal Borough of Windsor and Maidenhead (RBWM) was set up in response to increasing concerns about the mental health and wellbeing of children and young people, which was specifically identified by school audits as an area of need. The team’s programme will operate for at least three years until April 2019, focusing on children and young people’s mental health and wellbeing. This service is currently funded by RBWM Council and is delivered by Achieving for Children.

The purpose of the Wellbeing Team is to support children and young people and their families at the earliest stages of emerging mental health concerns in order to understand and effectively manage (where appropriate) their difficulties. The team also aims to ensure that school staff and other professionals feel supported to help children and young people experiencing mental health problems, in the hope that this will reduce the need to turn to specialist services, both in CAMHS and social care.

Support is made available to all children and young people (aged 5–18 years) in Windsor and Maidenhead schools. The Wellbeing Team offers some direct work, such as consultations and initial assessments and time-limited, focused interventions (the latter include CBT-informed strategies and group work/workshops with children and young people). They also undertake indirect work, such as training, Early Help meeting support and signposting. The team’s three main areas of focus are: social communication difficulties; attention problems and hyperactivity; and low mood and anxiety.

During September 2017–August 2018, a total of 121 individuals were assessed by or received an intervention from the Wellbeing Team through the Early Help Hub. This included referrals from 10 secondary schools, 22 primary schools, 6 first schools, 4 middle schools and 2 specialist schools. The main presenting issue for referrals was anxiety (51 out of the 121 cases).

Table 8: Staff within the Wellbeing Team 2018/19

<table>
<thead>
<tr>
<th>Wellbeing practitioners</th>
<th>2018/2019</th>
<th>Notes for 2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Head-count</td>
<td>FTE</td>
</tr>
<tr>
<td>CBT practitioner</td>
<td>4</td>
<td>2.5 Permanent and casual contract. From mid-November 2018 will be further 0.6 FTE returning from maternity leave.</td>
</tr>
<tr>
<td>Create, Arts and Play therapist</td>
<td>1</td>
<td>0.4 From mid-November 2018 this team member will be increasing time by 0.1 FTE.</td>
</tr>
<tr>
<td>Play therapist</td>
<td>1</td>
<td>0.1 Volunteer</td>
</tr>
<tr>
<td>Total</td>
<td>6</td>
<td>3 By mid-November 2018 the total will have increased to 3.6 FTE.</td>
</tr>
</tbody>
</table>
7.1.3 Slough Children’s Service Trust – clinical team

Slough Children’s Services Trust (SCST) was set up in October 2015 and is an independent, not-for-profit company providing social care and support services to children, young people and families. The clinical team’s role is to support the implementation of systemic social work, that is, the application of systemic theory as the practice framework for social work. Systemic approaches are a good fit for social care, as they help people to mobilise the strengths of their relationships to overcome problems and achieve change.

The role of the clinicians is to model and work with practitioners to implement systemic approaches and to assess the emotional wellbeing/mental health issues of family members. Clinicians work directly with families and individuals (in some instances) and refer to appropriate agencies. It is envisaged that working with families to increase safety for children, grow their social support networks and manage conflict in relationships will lead to longer-term change and better outcomes for children.

Table 9: Clinical staff within SCST 2018/2019

<table>
<thead>
<tr>
<th></th>
<th>2018/2019</th>
<th>Notes for 2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Head-count</td>
<td>FTE</td>
</tr>
<tr>
<td>Clinicians Early Help</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>0.5 FTE to recruit</td>
<td></td>
</tr>
<tr>
<td>Clinicians CP</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Clinicians CWD</td>
<td>vacancy</td>
<td>0.5 FTE to recruit</td>
</tr>
<tr>
<td>Clinicians CLA</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Systemic Lead</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Play therapist CLA</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Counsellors CLA</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td></td>
<td>Roles moved to other parts of service</td>
<td></td>
</tr>
</tbody>
</table>

7.2 Specialist CAMHS

NHS East Berkshire CCG commissions the Berkshire Healthcare CAMHS to provide specialist child and adolescent mental health services. These include support, advice, guidance and treatment for children and young people (aged up to 18) with moderate/severe mental health difficulties, whose symptoms have a significant impact on their day-to-day lives. Usually, these symptoms will have been occurring over several months and will not have responded to interventions from prevention and early intervention services, such as youth counselling and behaviour support, evidence-based parenting or treatment from primary mental health practitioners. Children and young people (CYP) being seen by Berkshire Healthcare CAMHS will often need ongoing support from these and other services provided by the LA, alongside more specialist mental health care.

The Berkshire Healthcare CAMHS are made up of the following:

- Children, Young People and Families (CYPF) Health Hub (CAMHS Common Point of Entry, or CPE)
- CAMHS rapid response team (RRT)
- ADHD pathway
- autism assessment team
- CBT service for anxiety and depression
- community early intervention in psychosis (EIP) service
- community eating disorders service (BEDS CYP)
- locality specialist community team for young people with complex mental health difficulties
7.2.1 Common Point of Entry (CPE): CYP Health Hub

All referrals to the service come through the CPE, which is part of the multidisciplinary referral hub for all Berkshire Healthcare children’s services. Skilled clinicians in this team gather additional information about the referral, assess the level and immediacy of clinical risk and determine the most appropriate service to support a young person’s needs. The clinician will then refer the child or young person on to specialist pathways/teams or another more appropriate service.

7.2.2 Specialist pathways

All Berkshire Healthcare specialist pathways or teams are multidisciplinary. They are comprised of therapists from a wide range of staff groups (including child and adolescent psychiatrists, psychologists and psychotherapists, family therapists, nurses, occupational therapists, social workers, dietitians, etc.) with the relevant skills and training to deliver the NICE-approved, evidence-based interventions required.

The specialist pathways include:

- **specialist community teams (SCT):** locality-based teams offer assessment and treatment for multiple and/or complex mental health needs
- **anxiety and depression (A&D) pathway:** offers assessment and treatment for anxiety disorders, depression, obsessive-compulsive disorders (OCDs) and/or single-incident post-traumatic stress disorder (PTSD)
- **attention deficit hyperactivity disorder (ADHD) pathway:** offers assessment and treatment for ADHD
- **autism assessment team (AAT):** offers assessment for autism spectrum disorder (ASD); this pathway does not include post-assessment treatment
- **eating disorder team:** this specialist team offers swift assessment and evidence-based treatments for young people with an eating disorder
- **rapid response team (RRT):** provides a fast response to young people in mental health crisis presenting to emergency and acute services, and supports young people on the edge of crisis in the community to prevent crisis presentation where safe to do so

7.2.3 Investment in specialist CAMHS, referral rates and waiting times (as of end of Q1, 2018)

A significant investment was made into the specialist CAMHS in April 2015, based on demonstrable increasing demand on the service and in line with the principles of parity of esteem between physical and mental health care.

This investment preceded the publication of the ‘Five Year Forward View’ and ‘Future in Mind’ recommendations to transform local CAMHS and increase access. The investment was based on addressing the gap that had developed between the demand on the service and the capacity to meet that demand.

The achievement of the twin aims of reducing waiting lists and waiting times was based on there being no additional increase in referral rates and the existence of effective, early intervention and specialist (Tier 4) services to enable smooth transitions and flexible, effective use of resources.

Initial improvements were seen in both the number of children waiting and waiting times across all areas of the service. However, referrals have continued to grow and demand has continued to outstrip capacity. As a result, waiting times are again increasing.
The increase in referrals for East Berkshire has continued in 2018/19, with the total number up by 98 (14.5%) compared to the same quarter last year. There has been a continual increase in annual referrals for East Berkshire (April–April): in 2014/15 the total number of referrals into the CPE was 2,151; in 2017/18 this was 2,721.

National data suggests that approximately 70% of referrals to NHS-funded CAMH services are accepted for treatment. Recent data from Berkshire Healthcare suggests that in East Berkshire as a whole, approximately 55% of referrals to the CAMHS CPE are accepted following triage and passed on to specialist teams. In Bracknell Forest LA, this figure is 57%, in Slough it is 45% and in RBWM it is 53.5%. The national data is based primarily on services that are commissioned jointly to deliver early intervention and specialist services. A previous audit of referrals not accepted by Berkshire Healthcare CAMHS showed that those not accepted were generally referrals that should have been directed to early intervention services, for example for behavioural difficulties without any evidence of a mental illness or for low-intensity anxiety and mood difficulties.

At the end of Q1 of 2018, the average waiting time for referrals via the CPE, inclusive of those with an agreed breach reason and those waiting for autism screening, was seven weeks. Referrals sometimes breach waiting times targets due to reasons outside the service’s control. These include family choice, for example due to holidays, non-response to contact or other reasons.
Figure 5: Referrals to each of the specialist CAMHS pathways

Locality specialist community teams (SCTs)

The current average waiting time for referrals to the SCTs (inclusive of referrals with an agreed breach reason) is seven weeks. The waiting times are for first contact with the team. As shown in figure 5 above, there has been a small reduction in the number of referrals to the SCTs in East Berkshire.

There has been a focused piece of work between the CPE and the SCTs to improve the initial triage and assessment process, which has meant that a higher proportion of referrals to these teams are now appropriate.

There are further waiting times for specific interventions in each locality. All referrals are reviewed in regular team meetings, have jointly developed care plans in place, are offered support through the locality team duty system and have been referred to, or provided with information on other local services as appropriate.

Anxiety and depression (A&D) pathway

The number of referrals to the anxiety and depression team increased in early 2018. In Q1 (April–June 2018) there were 31 referrals, compared to 24 in Q4 of the previous financial year (January–March 2018). There has also been a rise in the number of children and young people waiting for longer than the treatment target time of 12 weeks.

Improvements to the initial triage and assessment process have enabled referrals for low-intensity anxiety and mood disorders to be filtered out prior to being transferred to the A&D team. These children and young people are now quickly directed to more appropriate services, including the AnDY clinic (which is commissioned using the CAMHS Transformation Funding).

Neurodevelopmental services (autism assessment and ADHD)

Referrals to the autism assessment and ADHD teams have continued to grow above the resourced capacity of the teams.

The average waiting time for children and young people currently on the waiting list for an autism assessment is 45 weeks. There were 616 children and young people from East Berkshire waiting for an autism assessment as of the end of Q1 (June 2018). There were also a further 240 referrals to this team awaiting completion of triage in the CPE.

The waiting list for the ADHD service continues to grow. There are now 157 young people waiting for an ADHD assessment, with 93 having waited for more than 12 weeks (of these, 35 have a breach reason recorded or an appointment booked). In Q1 of 2017 there were 75 young people waiting for an ADHD assessment, with 26 waiting for more than 12 weeks. The current average waiting time for the ADHD team is 22 weeks; however the longest waiting time for routine referrals is now at 12 months.
Table 10: Current specialist CAMHS waiting times at a glance (as of July 2018)

<table>
<thead>
<tr>
<th>Pathway</th>
<th>Average waiting time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Common Point of Entry (CPE) – CYPF Health Hub</td>
<td>All referrals are risk assessed in the CPE within 24 hours. The current average waiting time for more in-depth triage of routine referrals in the CPE, inclusive of those with an agreed breach reason and those waiting for autism screening, is seven weeks.</td>
</tr>
<tr>
<td>Specialist community team</td>
<td>The current average waiting time is seven weeks. The waiting times are for first contact with the team.</td>
</tr>
<tr>
<td>Anxiety and depression pathway</td>
<td>The average waiting time for those referrals currently on the A&amp;D pathway waiting list is nine weeks.</td>
</tr>
<tr>
<td>ADHD pathway</td>
<td>The current average waiting time for the ADHD team is 22 weeks; however the longest waiting time for routine referrals is now at 12 months.</td>
</tr>
<tr>
<td>Autism assessment team</td>
<td>The average waiting time for those referrals currently on the waiting list is 45 weeks. Families who are waiting for assessment are offered help via the SHaRON online platform and support commissioned from Autism Berkshire, Parenting Special Children and the Autism Group (see section 10).</td>
</tr>
</tbody>
</table>

For information relating to the eating disorder and rapid response services, see sections 10.7 and 10.8.

Table 11: Current staffing within Berkshire Healthcare specialist CAMHS (as of September 2018)

<table>
<thead>
<tr>
<th>Role</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical staff</td>
<td>6.55</td>
</tr>
<tr>
<td>Qualified nurses</td>
<td>15.20</td>
</tr>
<tr>
<td>Support worker</td>
<td>0.46</td>
</tr>
<tr>
<td>Clinical psychologists</td>
<td>17.96</td>
</tr>
<tr>
<td>Systemic psychotherapists (including family therapists)</td>
<td>6.06</td>
</tr>
<tr>
<td>Art, dance and music therapists</td>
<td>0.58</td>
</tr>
<tr>
<td>Allied health professionals</td>
<td>1.80</td>
</tr>
<tr>
<td>Other therapists</td>
<td>0.46</td>
</tr>
<tr>
<td>Social workers</td>
<td>1.56</td>
</tr>
<tr>
<td>Operational managers</td>
<td>1.29</td>
</tr>
<tr>
<td>Administrative staff</td>
<td>10.76</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>62.68</strong></td>
</tr>
</tbody>
</table>

7.3 Tier 4: admissions and average length of stay

Tier 4 services are commissioned by NHS England and provide care for those children and young people with the most complex mental health needs.
Data from the last three years shows an increase in admissions for East Berkshire (see figure 6 below), which is in line with the national picture. However, the rate of increase has slowed significantly since the introduction of the new CAMHS rapid response service in 2017/18. Between April 2017 and April 2018, there were a total of 23 Tier 4 inpatient admissions, 15 of which were out of area and 8 in area (Willow House – formerly Berkshire Adolescent Unit, or BAU) for children and young people from East Berkshire.

Figure 6: Tier 4 East Berkshire admissions: three-year comparison

The data shown in figure 6 above for 2015/16 dates back to the previous model of working in what was then known as the Berkshire Adolescent Unit (BAU). There were longer admissions overall, with the aim of providing therapeutic treatment packages, in part due to the model but in part due to the limitations in community help and the ability to support step-down. The development of Willow House into a full Tier 4 unit, providing a model of short-term assessment and acute treatment, and the introduction of the CAMHS rapid response service has enabled a decrease in our overall number of out-of-area admissions. It has also resulted in a reduction in average length of stay, enabling more appropriate admissions to support a young person through a period of short-term crisis as an integral part of their treatment programme.

Figure 7: Tier 4 East Berkshire admissions in and out of area and reasons for out-of-area (OOA) admissions

Over the last three years, there has been an increase in out-of-area admissions (see figure 7 above) (this means in young people admitted to units other than Willow House, so includes those admitted to the Huntercombe Unit in Maidenhead). However, there has been a sustained reduction of approximately 40% in the number of young people admitted to a Tier 4 unit at any one time (i.e. we have more young people receiving care at this level, but for shorter periods).

We are seeing an increase in the number of young people needing treatment for eating disorders and who require nasogastric-tube (NG) feeding alongside acute mental health care. At present, Willow House is unable to offer this, although they do admit young people for specialist eating disorders care if they do not
require NG feeding. We have also seen an increase in the number of young people with high risks of harm to self and risks of violence and aggression to others requiring admission. As this group of young people cannot currently be safely cared for in Willow House, they require admission to General Adolescent Units with access to purpose-built de-escalation facilities.

The implementation of the rapid response team has reduced the number of young people who would have required admission. In particular, the team’s work has reduced inappropriate admissions of young people who present with challenging and high-risk behaviour, but for whom clinical evidence shows admission would not be beneficial or may be potentially harmful. However, the needs of the young people being referred for admission have changed, resulting in more requiring specialist placements. Berkshire Healthcare is working with NHS England and the partners from the ICS to progress relocation of Willow House to a purpose-built site at Prospect Park Hospital in Reading. This new site will include two de-escalation suites and a sensory room, as well as facilities to cater for young people with a diagnosis of eating disorders who require NG feeding.

![Average LOS over 12 month period in Tier 4 inpatients](image)

**Figure 8: East Berkshire Tier 4 patients’ average length of stay (LOS) over a 12-month period in 2016/17 and 2017/18**

The average length of stay for Tier 4 admissions has improved year on year (see figure 8 above). (Data for the 2015/2016 financial year is not included, as Willow House was a five-night, seven-days-per-week unit at the time, so was not counted within the full Tier 4 bed stock.) It is important to note that the number of admissions is low, which means that delayed discharge in just one patient can have a significant impact on monthly and yearly average length of stay. (A delayed discharge is declared when a patient has completed their assessment or treatment, however there is no identified safe discharge location at the time of completed admission.) The primary reason for the reduction in average length of stay is the change in the core function of Tier 4 services, which now offer short-term acute admission and preparation for community treatment. The rapid response team’s role is critical, both to enable community crisis support and prevent admission, and also to enable early step-down care. The impact of changes at Tier 4 on the locality-based community CAMHS teams cannot be underestimated, as these teams are now managing a cohort of young people who would previously have been in Tier 4 services.

### 7.4 THRIVE

At present in East Berkshire we still very much rely on a tiered-model approach to service delivery across the system. However, we plan to move to a more ‘THRIVE-like’ approach to develop our services. We intend to utilise the THRIVE framework and principles when considering, as a whole system, how we want services for children and young people to be delivered. The THRIVE model offers the following benefits:

- emphasis is placed on prevention and the promotion of mental health and wellbeing in the community
- it is a needs-based model that allows care to be provided according to five distinct groupings, determined by a child/young person’s needs and preferences for care
children and young people are empowered to be actively involved in decisions about their care and support through shared decision-making; the model also enables the routine collection of preference data

- it provides a clearer distinction than before between: self-management; intervention; and treatment and support
- it is complementary to successful existing models e.g. CYP IAPT

The THRIVE model removes the current organisational barriers and four tiers of service by focusing on the needs of the children and young people themselves and providing evidence-based, outcome-focused interventions to meet those needs. A vital element is that the workforce has the correct skills, experience and capabilities to meet the needs of the CYP to achieve their identified goals and outcomes.

The THRIVE model (see figure 9 below) conceptualises four clusters (or groups) of young people with mental health issues and their families, as part of the wider group of young people who are supported to thrive by a variety of prevention and promotion initiatives in the community. The image to the left describes the input that is offered for each group. The image to the right describes the state of being of people in that group (using language informed by consultation with young people and parents/carers with experience of service use).

Figure 9: The THRIVE model

Implementing the THRIVE framework will require thought about how to effectively engage and work with the whole system of local services for children and young people’s mental health. We will be supported by the national i-THRIVE team to develop this area of work.
8. New priority outcomes and enablers

Here we provide details on our four new key priority outcomes. Within each outcome, highlights of some of the changes already taking place across the system are summarised, followed by information about what we will do over the course of the next year (our priority actions) to help achieve our goals. An overview of what success will look like is also given for each outcome, along with the key enablers that will drive forward real transformation by 2020/21. As with any transformation agenda there are challenges, and this section also documents key risks and mitigating actions.

8.1 Overview

The new outcomes/enablers have been developed around the themes of ‘Future in Mind’, which are listed below:

- promoting resilience, prevention and early intervention
- improving access to effective support – a system without tiers
- care for the most vulnerable
- accountability and transparency
- developing the workforce

One of the key factors in the successful implementation of the outcomes and enablers outlined in this section is collaborative leadership. For this reason, governance structures have been designed to ensure integrated care and a move towards collaborative commissioning. Whilst NHS East Berkshire CCG is the lead for the coordination of this plan, the word ‘we’ is referenced in the context of the wider system working together to drive forward transformation at pace. The new, multi-stakeholder Local Transformation Plan Group (see additional information in section 11) will play a vital role in facilitating a joined-up approach to help achieve positive change.
8.2 Four new key priority outcomes

Outcome 1: Communities, schools, families and young people will work together to build resilience, learning from young people themselves how best to help them to cope with life’s ups and downs

What we mean when we say this is our priority:

We will promote good mental health and emotional wellbeing to help children and young people to thrive and to stay positive. We want to ensure that communities, schools, families and young people are equipped with the skills, knowledge and confidence required to build resilience and to learn from young people themselves, facilitating the development of peer support.

What is already being done across the system – some examples:

- Talking Therapies have delivered a number of Stress Less workshops to local schools
- Emotional Literacy Support programme (ELSA) is being delivered across East Berkshire
- RBWM Wellbeing Team have started offering whole-school approach audits and consultation days
- Bracknell Forest PH have been delivering resilience sessions, supported by a Paralympian
- Slough schools held a conference on emotional wellbeing, supported by Slough Borough Council
- Bracknell Forest Youth Council have developed a mental health charter for schools
- Slough Youth Parliament has been delivering mental health awareness sessions in schools

What we will do in the next year:

- extend the work with the voluntary sector to gather service/community asset information to help profile the range of voluntary sector support that contributes to positive mental health and wellbeing
- extend the accredited Young Health Champions in schools and the community programme across East Berkshire to strengthen peer support and co-production
- launch a Feel Good week/fortnight, co-designed with our Young Health Champions, to raise awareness and promote the importance of good emotional health and wellbeing for East Berkshire CYP
- develop a PPEP Care module on resilience to help support mental health training for school staff
- work with Young Minds to develop our participation and to learn from national best practice
- team up with local communities and the voluntary sector to offer mental health first-aid training
- carry out a local evaluation of the impact and outcomes from the ELSA programme to share good practice across East Berkshire and feed into a wider workforce-development plan
- develop the work between education and health, building on good practice at a school level, to improve wellbeing and resilience in education

What will success look like?

- additional Young Health Champions will have been recruited and trained (bringing their total number to 48) and the co-production network will be in place across East Berkshire
- our first multiagency Feel Good week/fortnight will have taken place and been evaluated, with a view to this becoming an annual event
- a new PPEP Care unit on resilience training will have been rolled out across local schools and staff will be implementing the approaches learned in a way that benefits pupils
- a national participation audit from Young Minds will have been completed and a new participation plan will be in place
- improved alignment between health and education will make it easier to plan for the green paper initiative in the future
- there will be improved support, engagement and networking with the voluntary sector and local communities (including parents/carers); for example, 45 individuals from the local community and voluntary sector will have received training in mental health first aid
What we mean when we say this is our priority:

We will focus on early intervention. We want children and young people, their families and the systems that care for them to be able to access timely and effective early support for mental health difficulties as and when they first start to appear, to help prevent things from getting worse.

What is already being done across the system – some examples:

- Kooth online support is now available 24 hours a day, 365 days a year across East Berkshire
- to help children and young people with anxiety and/or depression, early help is in place through the AnDy clinic and efforts are now being made to link this with early help support within LAs
- face-to-face youth counselling is available across East Berkshire
- partners in the voluntary sector are offering information, advice and support to parents/carers pre and post autism diagnosis
- Talking Therapies support is now available for young people aged 16+ across East Berkshire
- a counselling network has been set up to link local counselling services
- RWBM (Achieving for Children) have an established Wellbeing Team who offer intervention support for school staff via training and consultation alongside time-limited, focused interventions and group work/workshops with children and young people

What we will do in the next year:

- continue to support a digital offer to provide children and young people with information and advice on mental health and emotional wellbeing
- pilot a dedicated online forum/network for school staff that enables them to connect with other professionals and offers initial consultations for staff to support pupils
- establish a coordinated and jointly commissioned approach for early intervention mental health support to reduce the reliance on specialist CAMHS
- hold a series of networking events to strengthen the links between specialist CAMHS and professionals who are supporting CYP with lower-level emotional health needs
- extend the counselling network to include school counselling; hold a CPD conference, inviting local school counsellors
- develop a more coordinated approach to parenting support across health, education and social care in line with local parenting strategies

What will success look like?

- we expect to see a reduction in the number of inappropriate referrals to specialists CAMHS and shorter waiting times as a result of earlier access to help (early intervention)
- there will be an increase in the use of online support providing instant access to support
- a consistent early intervention mental health support offer will be available across East Berkshire
- the access rate will have increased and we will have made progress towards the national target of 32% of CYP with a diagnosable mental health condition accessing mental health services by 2020
- feedback from staff via a series of networking events will have taken place to better join up the support with existing early help services and specialist CAMHS
- an online support forum for professionals will have been piloted for schools and evaluated, with a view to scaling it up across East Berkshire
- the first counselling conference for counselling services, including school counsellors, will have taken place and been evaluated with a view to making this an annual event
- improved and more coordinated parenting support will be available across East Berkshire

Outcome 2: Children and young people will have access to early help to meet any emerging emotional and mental health needs
What we mean when we say this is our priority:

We want everyone to be able to find clear information about all the mental health and wellbeing help that is available in our area. We will therefore strive to produce better information and to communicate it more effectively to children, young people and their families and to the communities and professionals who support them. To enable children and young people to access straightforward help at the right time, we will also make it easier to navigate our services by ensuring that all the necessary information is available in one place.

What is already being done across the system – some examples:

- good progress with the national transition target relating to the transfer of young people out of children’s mental health services to adult mental health or other relevant CCG-commissioned services (or being discharged) as a consequence of reaching a certain age
- Little Blue Book of Sunshine booklet produced by service users and distributed to all schools
- additional investment made by NHS East Berkshire CCG to fund 50 extra autism assessments
- Berkshire Healthcare have started trialling online autism assessments
- the voluntary sector is providing information, advice and support for pre and post diagnosis of autism and ADHD
- specialist CAMHS now accept self-referrals from CYP aged 16 and over and from parents/carers

What we will do in the next year:

- work with the national i-THRIVE team to embed the THRIVE principles in our programmes and become part of the i-THRIVE community
- develop a co-produced website that provides advice and information about all the available local support and services for mental health and wellbeing
- scope out the use of CYP mental health navigators/champions to help children, young people and families to better understand the support available and how to access it
- ensure all our Young Health Champions have basic awareness about the services on offer so that they can help communicate this information to their peers
- continue progress with the national transition target so performance moves from good to very good
- review the current provision of children’s and adults’ ASD and ADHD services (with a clear recommendation for a future model review) and update the shared care arrangements for ADHD prescribing to ensure seamless support between primary care and specialist CAMHS
- reduce the waiting times within specialist CAMHS by NHS East Berkshire CCG working with Berkshire Healthcare to produce a short-term initiative
- carry out a deep dive of inappropriate referrals to specialist CAMHS and produce a multiagency action plan to address this
- work with GPs to raise the profile of existing support and services for CYP mental health and wellbeing

What will success look like?

- national transition CQUIN – all aspects of performance will be reaching national targets, moving from good to very good
- the percentage of CYP with a diagnosable mental health condition receiving NHS-funded treatment will be increasing as per the planned trajectory to achieve 32% by 2020/21
- our co-produced website will be in place and will be monitored via metrics data
- follow-up to the Getting it Right survey: an increased percentage of respondents will state that they know where to go for mental health and wellbeing support
- we expect to see shorter waiting times for CYP mental health services as a result of closer monitoring and reductions in the number of inappropriate referrals
- we will have moved from a tiered approach to our service offer to the use of the THRIVE model, as developed with the national i-THRIVE team
Outcome 4: Improved coordinated care for children and young people with complex mental health needs and for vulnerable children and young people – ensuring the right support, at the right time, in the right place

What we mean when we say this is our priority:

We want to make sure that all children and young people who are in crisis can obtain immediate, round-the-clock help, wherever they live. For both crisis care and help for the vulnerable, we will strengthen the support available and ensure that professionals work together to provide appropriate, timely help and treatment.

What is already being done across the system – some examples:

- a CAMHS worker has been allocated to the Bracknell and Slough youth offending teams
- Slough Children’s Service Trust now have a clinical team working with practitioners to implement systemic approaches to assessing the emotional wellbeing/mental health issues of family members
- speech and language support has been commissioned for each of the local youth offending teams
- Kooth online support is available for care leavers up to the age of 25
- a rapid response service is now in place to help young people in crisis

What we will do in the next year:

- offer additional mental health training for foster carers, those working with care leavers and residential care staff
- build partnership working with care leavers and our leaving-care team to review the current offer and to scope development needed to improve support for care leavers
- review the needs and risk factors experienced by our children in need, children subject to Protection Plans and our looked after children, to enable us to assess the extent to which our mental health services are meeting children’s needs and where we should change/adapt our services to enhance partnership working to improve outcomes for children (including assessing the extent to which evidence-based parenting programmes may support families and thus reduce the development of children’s mental health problems)
- review the pathways for children and young people with learning disabilities (LD) and mental health issues; consider the need for a LD CAMH service, learning from the experience of other areas
- strengthen the arrangements for looked after children and care leavers from East Berkshire who are residing out of the area and require support from local specialist CAMHS
- review and redesign the health support for youth offending teams with support from the NHS England Health and Justice Commissioner, and the Youth Justice Board
- promote joint working across health and social care boundaries through a series of networking events
- implement new models of care for Tier 4 CAMHS
- build on the intensive support function via the TCP and expand to children and young people
- commission a hospital liaison service at Frimley Hospital for CYP experiencing a mental health crisis

What will success look like?

- referral pathways for looked after children will have been agreed to improve access to mental health services based on SDQ scores
- care leavers will report an improvement in support for mental health and wellbeing
- fewer children will experience ACEs and associated mental health problems
- a revised offer of health support will be in place for youth offending teams (YOT) based on need with clear outcomes from commissioned work jointly monitored by CCG and YOT
- social workers and mental health practitioners will be working together effectively
- we expect to see a continued reduction in hospital admissions (both Tier 4 and acute) and reductions in out-of-area Tier 4 placements due to improved facilities at Willow House
- improved integrated care through joint working will be available across health and social care
### 8.3 Enablers

To ensure delivery of the improvements listed in the new priority outcomes, and to allow for real transformation, some key changes are required. These are detailed below, with their cross cutting themes:

#### Data, intelligence and transparency

<table>
<thead>
<tr>
<th>In the next year we will:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• develop our trajectory of those CYP who will access services and what it means in regards to achieving the national access target of 35% by 2020 (building on the target of 32% by April 2019)</td>
</tr>
<tr>
<td>• ensure that all commissioned providers can flow data to the NHS by April 2019 to meet national access targets</td>
</tr>
<tr>
<td>• produce a data dashboard that profiles system wide CAMHS data</td>
</tr>
<tr>
<td>• produce a biannual report that shows progress against each of the priority outcomes for key stakeholders</td>
</tr>
</tbody>
</table>

#### Workforce development

<table>
<thead>
<tr>
<th>In the next year we will:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• work with Health Education England to develop a workforce strategy for East Berkshire/Frimley ICS/TCP</td>
</tr>
<tr>
<td>• carry out an evaluation of current training to help inform future workforce development and produce a local workforce plan for the short term</td>
</tr>
<tr>
<td>• offer mental health first-aid training within communities and for the voluntary sector</td>
</tr>
</tbody>
</table>

#### Communications

<table>
<thead>
<tr>
<th>In the next year we will:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• produce an easy read version of this plan for children and young people</td>
</tr>
<tr>
<td>• align comms messages across the system and have a clear communication plan linked to the LTP</td>
</tr>
<tr>
<td>• add a CYP focus to the existing CCG stakeholder bulletin and extend this comms to a wider audience</td>
</tr>
</tbody>
</table>

#### Co-production and collaboration

<table>
<thead>
<tr>
<th>In the next year we will:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• recruit a project worker for the LTP to help with the multiagency implementation of the plan</td>
</tr>
<tr>
<td>• engage in collaborative commissioning</td>
</tr>
<tr>
<td>• work with children and young people to develop a co-production pledge</td>
</tr>
<tr>
<td>• strengthen our work with parent/carer representatives</td>
</tr>
<tr>
<td>• refresh the current Future in Mind group (now called the East Berkshire LTP Group) to ensure that a wider, multiagency approach includes the voluntary sector</td>
</tr>
<tr>
<td>• work with LAs to strengthen links with education to help with the delivery of this plan</td>
</tr>
</tbody>
</table>
8.4 Risks and mitigating actions

Whilst we acknowledge that throughout the system core stakeholders are committed to improving mental health and wellbeing outcomes for children and young people, as with any transformation agenda there are challenges. Across East Berkshire there are a range of different organisations, including schools, the voluntary sector, LAs and health services, all providing some level of information, advice, guidance and support. All these bodies are key to driving forward the transformation agenda. Although most recognise the need to change to help achieve transition and are keen to play an active role, external factors may prevent from this happening at pace. The large number of organisations involved adds an extra layer of complexity and means there is a risk of poor cohesion and gaps between services. A focus on strong collaboration and communication, however time consuming, is therefore essential.

We have identified nine areas of risk, for each of which we propose a range of mitigating actions, as outlined in table 12 below. These risks and mitigations will be monitored by the new Local Transformation Plan (LTP) Group with exceptional reporting to the Joint Commissioning Board (see section 11 for details).

Table 12: Areas of risk and mitigating actions

<table>
<thead>
<tr>
<th>Area of risk</th>
<th>Mitigating action</th>
</tr>
</thead>
</table>
| Governance   | • new multiagency/parent/carer Joint Commissioning Board for CYP mental health and wellbeing in place that will assure the implementation of the LTP  
• additional support from NHS England via the Thames Valley Strategic Clinical Network  
• refreshed Future in Mind group (now called the LTP Group) with new terms of reference and membership  
• improved links with Health and Wellbeing Boards |
| Securing resources for CYP mental health transformation | • LTP has been jointly developed with key partners  
• CCGs and partners will be working collaboratively across the system to identify opportunities for economies of scale  
• exploring the extension of Section 75 agreements with LAs  
• CCGs and partners working collaboratively across Berkshire and the ICS to identify opportunities for economies of scale |
| Capacity within the CCG to lead this area of work | • project worker to be recruited to support the coordination of the deliverables in the plan  
• new governance arrangements in place  
• delivery will be via task-and-finish groups to help ensure work is shared across the system |
| Poor system engagement | • director-level engagement and support  
• engagement with Health and Wellbeing Boards  
• improving mental health and wellbeing is a multiagency priority and is being championed by system leaders  
• co-production network – CYP to become champions for this agenda |
<p>| Workforce     | • workforce development has been identified as a |</p>
<table>
<thead>
<tr>
<th><strong>Key Enabler in the Plan</strong></th>
<th><strong>Examples</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Data</td>
<td>data has been identified as a key enabler in the plan with some clear deliverables in the next year</td>
</tr>
<tr>
<td>Underdeveloped links with education</td>
<td>improved links with education via Directors of Children’s Services, e.g. in Slough links with Slough Education Partnership, new governance arrangements – schools will be invited to be part of this (November 2018), developing some projects directly with schools e.g. Young Health Champions, plan to attend each of the head teachers’ meetings from January 2018 in each of the localities</td>
</tr>
<tr>
<td>Competing priorities within different organisations</td>
<td>strengthened multiagency engagement with system leaders, improved governance arrangements for the delivery of the plan, strengthened engagement with the wider system to join up overlapping priorities and use these as a leverage for change, the new LTP Group will initially meet monthly to review progress, with an escalation route to the Joint Commissioning Board</td>
</tr>
</tbody>
</table>

**Data**
- data has been identified as a key enabler in the plan with some clear deliverables in the next year

**Underdeveloped links with education**
- improved links with education via Directors of Children’s Services, e.g. in Slough links with Slough Education Partnership
- new governance arrangements – schools will be invited to be part of this (November 2018)
- developing some projects directly with schools e.g. Young Health Champions
- plan to attend each of the head teachers’ meetings from January 2018 in each of the localities

**Poor communication**
- improved communication has been identified as a key enabler in the plan with some clear deliverables in the next year
- develop a communication plan and comms across respective partners
- new governance of the LTP Group – members will include comms from the CCGs and representatives from each participating organisation will have clear individual responsibility for links with their heads of communication
- the Communications and Engagement Manager from NHS East Berkshire CCG will be part of new LTP Group and will also sit on the Joint Commissioning Board
- an easy read version of the plan will be produced for wider stakeholders, including CYP
- Young Health Champions network being established to help with peer-to-peer communication via schools and in the community

**Competing priorities within different organisations**
- strengthened multiagency engagement with system leaders
- improved governance arrangements for the delivery of the plan
- strengthened engagement with the wider system to join up overlapping priorities and use these as a leverage for change
- the new LTP Group will initially meet monthly to review progress, with an escalation route to the Joint Commissioning Board
9. Where has the money been spent?

For some areas of transformation, extra investment may be required using the additional funding from NHS England allocated to NHS East Berkshire CCG. The information in this section concerns the finances for transformation-related activity, which includes funding specifically linked to the LTP. The allocation of funding and the spend are documented below. Only finance information from NHS East Berkshire CCG is given here; data on the total spend across the system on mental health and wellbeing services/support was not available for inclusion in the LTP.

9.1 Funding allocated to NHS East Berkshire CCG

Table 13 below shows all the additional funding allocated to NHS East Berkshire CCG to support the transformation agenda. Some of this money is allocated as specific grants for targeted programmes. This includes funding allocated to the eating disorder and perinatal mental health services (rows A and B respectively) and funding allocated by the Health and Justice Commissioner for speech and language support for local youth offending teams (row C). Some of the money is allocated to the CCG to support the delivery of additional transformation-related activity (row D), as detailed in the LTP.

Table 13: Total funding for transformation-related activity

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A Funding – Eating disorder service</td>
<td>£208,529</td>
<td>£208,529</td>
<td>£208,529</td>
<td>£208,529</td>
<td></td>
</tr>
<tr>
<td>B Funding – Perinatal mental health service</td>
<td>£95,645</td>
<td>£351,795</td>
<td>£366,970</td>
<td>£366,970</td>
<td></td>
</tr>
<tr>
<td>C Speech and Language funding from Health and Justice Commissioner</td>
<td>£48,031</td>
<td>£48,031</td>
<td>£48,031</td>
<td>£48,031</td>
<td></td>
</tr>
<tr>
<td>D Additional funding – CAMHS transformation</td>
<td>£0</td>
<td>£827,166</td>
<td>£973,437</td>
<td>£1,183,060</td>
<td>£1,323,259</td>
</tr>
<tr>
<td>TOTAL funding allocation</td>
<td>£1,131,340</td>
<td>£1,581,792</td>
<td>£1,806,590</td>
<td>£1,946,790</td>
<td></td>
</tr>
</tbody>
</table>

9.2 Spend on transformation – NHS East Berkshire CCG

Where funding has been allocated for a specific area, this spend is detailed in table 14 below (rows A, B and C). Row D shows the total additional money allocated to help support the implementation of the LTP.

For some of the services listed here, the figure shown represents the contribution from NHS East Berkshire CCG, and does not reflect the total cost of the service. This is the case for the eating disorder, perinatal mental health and rapid response services, all of which are Berkshire-wide services delivered by Berkshire Healthcare NHS Foundation Trust (Berkshire Healthcare).
Similarly, the figure given here for the Kooth online service does not reflect its total cost, as Bracknell Forest Public Health contributes to this amount. For Slough and the Royal Borough of Windsor and Maidenhead (RBWM), the CCG covers the full cost of the Kooth service.

**Table 14: Detailed spend on transformation**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A Eating Disorder Service</strong></td>
<td>221,000</td>
<td>221,000</td>
<td>221,000</td>
</tr>
<tr>
<td><strong>B Perinatal</strong></td>
<td>309,301</td>
<td>334,431</td>
<td>334,431</td>
</tr>
<tr>
<td><strong>C Speech and Language support</strong></td>
<td>41,601</td>
<td>48,031</td>
<td>48,031</td>
</tr>
<tr>
<td><strong>D Additional spend on transformation :</strong></td>
<td>500,642</td>
<td>930,000</td>
<td>1,070,199</td>
</tr>
<tr>
<td>Kooth online</td>
<td>180,176</td>
<td>117,700</td>
<td></td>
</tr>
<tr>
<td>Youth Counselling – Windsor and Maidenhead</td>
<td>30,000</td>
<td>30,000</td>
<td></td>
</tr>
<tr>
<td>Youth Counselling – Youth Line</td>
<td>15,000</td>
<td>15,000</td>
<td></td>
</tr>
<tr>
<td>Autisms Support – Autism Berkshire</td>
<td>51,000</td>
<td>50,000</td>
<td></td>
</tr>
<tr>
<td>Autism Support -- Parenting Special Children</td>
<td>29,990</td>
<td>29,990</td>
<td></td>
</tr>
<tr>
<td>Autism Support – The Autism Group</td>
<td>17,653</td>
<td>16,971</td>
<td></td>
</tr>
<tr>
<td>Ppep Care Training</td>
<td>44,500</td>
<td>44,500</td>
<td></td>
</tr>
<tr>
<td>CAMHS worker – Bracknell YOT</td>
<td>14,125</td>
<td>14,125</td>
<td></td>
</tr>
<tr>
<td>Little blue book of sunshine –print run</td>
<td>9,526</td>
<td>10,000</td>
<td></td>
</tr>
<tr>
<td>Andy Clinic (Anxiety and depression) support</td>
<td></td>
<td></td>
<td>82,000</td>
</tr>
<tr>
<td>Young Health Champions</td>
<td></td>
<td></td>
<td>20,000</td>
</tr>
<tr>
<td>ASD/Autism review (scoping exercise for all age hub)</td>
<td></td>
<td></td>
<td>80,000</td>
</tr>
<tr>
<td>Frimley hospital liaison – Berkshire Healthcare</td>
<td>5,559</td>
<td>8,334</td>
<td></td>
</tr>
<tr>
<td>Frimley hospital liaison - Surrey and Borders NHS Trust</td>
<td>35,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Programme costs</td>
<td>85,095</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other (inc PY)</td>
<td>18,018</td>
<td>3,000</td>
<td></td>
</tr>
<tr>
<td>Uncommitted funding</td>
<td>373,380</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>A Rapid Response Service</strong></td>
<td>220,000</td>
<td>220,000</td>
<td>220,000</td>
</tr>
<tr>
<td><strong>A Other spend</strong></td>
<td>88,000</td>
<td>53,128</td>
<td>53,128</td>
</tr>
</tbody>
</table>

**Surplus/(Deficit)**

|                      | 201,248 | 0 | 0 |
9.3 Planned spend for 2019/20

The total planned spend for 2019/20 is £1,806,590. Of this total, some of the funding is committed to certain areas due to how the funding is allocated (see rows A, B and C in table 14). This leaves a total of £1,070,199 to support the implementation of the LTP.

The Joint Commissioning Board, or JCB, (see section 11) has, as part of its governance, not only a responsibility to ensure delivery of the LTP, but also delegated authority to approve allocation of the associated funding. The JCB will progress the next steps in relation to the commissioning intentions and detailed allocation of this funding against the new outcomes outlined in this plan.
10. Summary of work delivered as part of CAMHS transformation

Since the first publication of the original LTP in 2016 we have made considerable advances towards transformation. This section provides an update on a number of key areas of development relating to transformation including: collaborative commissioning, the national transition CQUIN, workforce development, and recent data and outcomes. Between April 2017 and April 2018, a key focus of transformation was on the provision of additional services. These have been mapped to show what we have achieved in relation to the nine key strategic performance indicators outlined in the last refreshed version of the plan (published in March 2017).

10.1 Workforce development

Having an effective workforce with suitable skills is essential to ensure that we can improve outcomes for children and young people now and in the future. The workforce that has an impact on children and young people’s mental health and wellbeing is diverse and spans a range of sectors from education, health, community, LAs and the voluntary sector. It covers a broad range of professional groups, including teachers, social workers, youth workers, GPs, nurses (schools/mental health and primary care), counsellors, early help practitioners, etc. This leads to many opportunities to engage with and improve the emotional wellbeing and mental health of children and young people.

The THRIVE model (see section 7.4) focuses on the need to have a workforce with the correct skills, aptitudes and abilities when working with children and young people, rather than a specific group of professionals. This need for skills as opposed to specific professions is compounded by the national issue of a lack of specific mental health workers. As an area, we have experienced and acknowledged the challenges in recruiting to a number of our mental health/wellbeing posts, and we therefore seek to improve the workforce as a system.

To facilitate our system’s workforce development, a cross-organisational workforce task-and-finish group will be set up to develop a workforce strategy with the help of Health Education England. This will ensure we have a cohesive approach to planning, developing and increasing the number of people who are trained to support children and young people with their emotional and mental health needs. Work on this plan will start in January 2019. It will outline how, over the next two years, we can develop the existing workforce and team up with our local further-education facilities to deliver effective, accessible training opportunities.

10.1.1 Psychological perspectives in education and primary care (PPEP Care) training

Psychological perspectives in education and primary care (PPEP Care) training has been commissioned and is rolling out across the workforce in education (teaching and support staff) and health (GPs, practice nurses, school nurses, A&E staff and LA staff, including youth workers and youth offending teams). The aim is to help the wider workforce who also have a role in the holistic support offered to looked after children. Between April 2017 and April 2018, 1,352 professionals received PPEP Care training across East Berkshire. In the next year, in partnership with health services through the Local Transformation Plan work, we will be offering similar training to foster carers, adoptive parents, those working with care leavers and
residential care staff. We will also carry out a more robust evaluation of the training provided and a more detailed evaluation of its impact.

The LTP will ensure that work relating to workforce development aligns with work being undertaken by the Frimley Health and Care integrated care system.

**10.1.2 Emotional Literacy Support Assistant (ELSA)**

Initial funding, in 2016 and 2017, was allocated from NHS East Berkshire CCG to the Royal Borough of Windsor and Maidenhead (RBWM) (Achieving for Children) to develop training and support for the ELSA programme across East Berkshire. The funding covered RBWM developing the Early Years Wellbeing Practitioner training and ELSA programme and training staff from the Bracknell Forest and Slough Educational Psychology Service. Funding also allowed for each LA running the first-year training programme for schools and educational settings. ELSA training and support continues to be an essential part of training for teaching assistants who support children and young people’s emotional, social and behavioural needs in our schools, led by the Educational Psychology Teams. Further work is planned on pulling together a local evaluation of this work and sharing learning across the three localities – Bracknell Forest, RBWM and Slough.

**10.2 Children and young people’s improving access to psychological therapies programme (CYP IAPT)**

Central to the delivery of training for a range of the workforce is the children and young people’s improving access to psychological therapies project (CYP IAPT). The project’s key principles, reflecting those of THRIVE, are: access, outcomes measures, evidence-based interventions and participation.

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

The CYP IAPT programme works to transform local CAMH services. This includes all services provided by the NHS and partners from the Local Authority and the voluntary sector.

Berkshire has been a CYP IAPT site and member of the South and Central CYP IAPT Collaborative since 2012. The programme’s core principles reflect those of the THRIVE model (see section 7.4) and have been adopted by our local transformation programme, which has had a strong focus on co-production with service users and the use of routine outcome measures (ROM) in clinical care and to inform service development.
Table 15: Past and current take-up of CYP IAPT training offers across organisations

<table>
<thead>
<tr>
<th>Type of CYP IAPT training</th>
<th>Staff who have undertaken training so far</th>
<th>Staff undertaking training in 2018/19</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transformational leadership training</td>
<td>10 service leads from Berkshire Healthcare specialist CAMHS</td>
<td></td>
</tr>
<tr>
<td>Specialist parenting programme</td>
<td>2 service leads from Berkshire Healthcare specialist CAMHS</td>
<td></td>
</tr>
<tr>
<td>Post-graduate clinical CBT programme</td>
<td>10 service leads from Berkshire Healthcare specialist CAMHS</td>
<td></td>
</tr>
<tr>
<td>Enhanced evidence-based practice training (EEBP)</td>
<td>4 service leads from Berkshire Healthcare specialist CAMHS + 5 from Achieving for Children</td>
<td></td>
</tr>
<tr>
<td>Enhanced supervision training</td>
<td>5 Berkshire Healthcare clinical supervision + all Berkshire Healthcare senior staff</td>
<td></td>
</tr>
<tr>
<td>Clinical CBT training</td>
<td>2 from Berkshire Healthcare + 1 from Achieving for Children</td>
<td></td>
</tr>
<tr>
<td>Recruit to Train CYPWP training</td>
<td>2 from Berkshire Healthcare + 4 from the AnDY clinic</td>
<td></td>
</tr>
<tr>
<td>CBT supervision training</td>
<td></td>
<td>2 core Berkshire Healthcare staff</td>
</tr>
</tbody>
</table>

Also in 2018/19, a further 12 to 15 individuals on Recruit to Train contracts with Berkshire Healthcare NHS Foundation Trust (Berkshire Healthcare) and the AnDY clinic are undertaking training for cognitive behavioural therapy (CBT), psychological therapies (PT) or as children and young people’s wellbeing practitioners (CYPWPs).

With the change in funding for these programmes for core staff, we recognise that we need to develop a clear, multiagency strategy to define training needs, enable funding and coordinate access to the CYP IAPT programme. We are further exploring opportunities through the CYPWP Recruit to Train programme to develop early intervention services across our localities. East Berkshire has been a CYP IAPT site since 2011. The lead organisation for this work is Berkshire Healthcare.

The workforce task-and-finish group will provide the steer and define CYP IAPT training needs across the system, including exploring training opportunities for psychological wellbeing practitioner roles.

The data shown in figures 10 and 11 below is taken from the most recent benchmarking report for Berkshire Healthcare compared to the other providers in the South and Central CYP IAPT Collaborative, which covers the time period April 2017 to June 2018.
Figure 10: Berkshire Healthcare CYP IAPT implementation

Compared to the Collaborative average, Berkshire Healthcare specialist CAMHS scored above average in the percentage of targets met for participation and outcome monitoring, supervision and governance (see figure 10 above). The service is open to self-referral and there is a self-referral (parent/carer and young person if aged over 16) option on the CYP online referral form. Although the numbers of self-referrals were low, that is not necessarily a concern, given that Berkshire CAMHS primarily provide services at specialist/Tier-3 level.

Figure 11 below shows indices associated with the use of routine outcome measures (ROMs) (e.g. the percentage of cases for which there were paired outcomes at discharge that were recorded on the MHSDS). Compared to the Collaborative average, Berkshire Healthcare specialist CAMHS scored above average in the percentage of cases for which PREMs and PROMs were recorded.

Figure 11: Berkshire Healthcare routine outcome measures (ROMs)
One of the main priorities for Berkshire Healthcare has been action related to reporting ROMs data via the MHSDS. Work has been being undertaken on this and the first data set flowed in September 2018 (see section 10.6).

10.3 Early intervention in psychosis (EIP) service

This service is provided by Berkshire Healthcare and commissioned by NHS East Berkshire CCG. The team offers support to people over the age of 13 who are experiencing symptoms of psychosis for the first time, and where symptoms have lasted for one week or more.

10.4 Transitions – national CQUIN

Many young people experience a poor transition to adult services, and up to 50% of under 25s disengage from adult mental health services on transition from services for children and young people. Transition between services for children and young people and adults typically occurs at age 18. Currently there is a national CQUIN (an NHS target with financial implications that supports improvement in the quality of services) to incentivise improvements to the experiences and outcomes for young people as they transition out of children and young people’s mental health services. Improvements in the transition process are designed to prevent vulnerable young people from falling between gaps in services at a significant period in their lives.

Providers are required to supply the following information to their commissioners:

- a case-note audit to assess the extent of joint-agency transition planning
- a survey of young people’s transition experiences ahead of the point of transition (pre-transition/discharge readiness)
- a survey of young people’s transition experiences after the point of transition (post-transition experience)

Locally, this includes young people who are discharged from the Berkshire Healthcare specialist CAMHS, and are either transitioning to an adult mental health service (AMHS) within or outside Berkshire Healthcare or discharged to primary care.

In the financial year 2017/18, evidence to demonstrate achievement of the CQUIN was collected through the following routes:

- A retrospective audit of case notes held on electronic records (RiO) was used to collect evidence of the extent of joint-agency transition planning and ensure that good-practice guidelines had been met. Completed CYP discharge transition care plan forms were also consulted
- Evidence of discharge planning was collected from RiO and the discharge letter.
- The specialist CAMHS pre-transition survey and AMHS experience-of-transition survey questionnaires were developed jointly with adult services. The questionnaires were then reviewed and modified by the patient-participation group before being approved by commissioners. Families were contacted before and after transition, following individual sessions with their clinicians, and asked to complete the surveys over the phone. Their responses were then collated.

Berkshire Healthcare met the targets for the above in 2017/18. The CQUIN results reflect the consistent effort made by Berkshire Healthcare over the last three years to improve the experience of transition for young people and their families. The trust has updated its transition protocol in line with the NICE guidelines 2016. Tools have been developed to aid the process, including the transition care plan, which was used in the retrospective audit to gather data for the CQUIN. Following the success of the CQUIN in 2017, joint-agency planning for transition has been rolled out across the localities.
Overall, a majority of young people transitioning were satisfied with their pre-transition readiness for discharge and their experience with AMHS. However, some families believed that the transition process had been rushed and should have been discussed earlier on in the treatment. They also felt that, for young people who were finding the change difficult to adjust to, it would have been beneficial to meet a clinician from adult services more than once before being transferred into their care.

The surveys identified a gap in services for young people with neurodevelopmental disorders, particularly ADHD and ASD. For these young people and their families, the differences in prescribing practices between health providers appear to contribute to their concerns around transitioning. Families reported that they did not feel supported when discharged from CAMHS to their GP for medical monitoring while awaiting an appointment within the adult ADHD service. The young people also indicated their preference for more frequent contact from AMHS.

Berkshire Healthcare is also developing the use of the Ready Steady Go programme, which is designed to support young people through their transition to adult services. A pilot transition clinic has already been run, in which one of the Berkshire Healthcare consultants employed the programme’s principles with the parents that he saw. Berkshire Healthcare are currently exploring how best to implement Ready Steady Go and which groups of children and young people it would be most suitable for. The intention is to set up transition clinics within special schools – initially in East Berkshire from the age of 14 years – based on the Ready Steady Go principles.

10.5 Collaborative and place-based commissioning

Collaborative commissioning is defined as: “The ability to plan effectively in a coherent way to provide the highest quality healthcare, to reduce any inequalities in access to services and to improve outcomes. For providers, collaborative commissioning will mean the opportunity to have one conversation about all the services they provide.” (NHS England, 2015)

Patient feedback to NHS England has advised that care pathways are often disjointed, particularly where there are changes to the commissioning responsibility for services. This can lead to gaps in provision and insufficient sharing of data, resulting in poor outcomes for children and young people. In East Berkshire, we are committed to creating equity of service access and to achieving quality outcomes for all children, young people and young adults in our area. We recognise that in order to fulfil our aspirations to deliver transformation, a collaborative, cross-system approach with collective responsibility is crucial.

We are working within and across the system with the intention to deliver integrated and holistic care for children, young people and young adults. Our LTP sets out our shared vision and co-created outcomes. We will continue to enable partners to collaboratively identify the challenges that exist and to manage the common resources available. In 2019/20, our LTP will continue to pursue opportunities for collaborative commissioning, which are currently underdeveloped. Current areas of collaborative commissioning are listed below.

10.5.1 Tier 4 – a new model of care

Berkshire Healthcare has been working in close collaboration with Oxford Healthcare NHS Foundation Trust (OHFT) and other partners on the development of a new model of care for Tier 4 CAMHS. This work is being led by Oxford Health, which is the lead provider in the new Tier 4 network that is being developed to enable improved flow and access to Tier 4 beds within the geographical patch.

Berkshire Healthcare have been involved in the project from its infancy, and supported the development of the successful bid to NHS England. There is full representation across all governance streams (see figure 12) and both operational and senior clinical participation in developing and moving the project forward.
Figure 12: Tier 4 new model of care – governance structure

Plans are currently being worked up for a central bed-finding process accessed via OHFT to enable improved access to local care for young people, greater integration across the geographical patch and shared innovation and transformation. In the longer term, it is hoped that there will be financial savings that can be invested to improve access to community crisis and admission-avoidance services across the patch. Within Berkshire Healthcare, the management and leadership of our in-patient and rapid response services have been brought together. This means that we are able to ensure that our in-patient and community-based admission-prevention services are well represented in the development of the new model of care.

10.5.2 Collaborative commissioning – Local Authorities

In East Berkshire we have established new governance arrangements to support collaborative commissioning, via a multi-stakeholder Joint Commissioning Board. This new governance structure will facilitate collaborative commissioning for health and wellbeing services, including early intervention services and support for CYP mental health and wellbeing.

10.5.3 Collaborative commissioning – health and justice

A proportion of the transformation funding has come from NHS England Specialised Commissioners (Health and Justice), who worked collaboratively with NHS East Berkshire CCG to secure additional funding for a specialist speech and language therapist for each of the three East Berkshire youth offending teams. Provided by Symbol UK, this service commenced in April 2017 and will be funded for a period of three years. Its focus is to:

- provide training about young people’s speech, language and communication needs for all staff entering the youth offending teams
- provide guidance for the youth offending team and other professionals (particularly in education), so that they are able to effectively recognise, assess and support young people’s speech, language and communication needs
- provide direct, specialised intervention for young people with identified speech, language and communication needs where appropriate
10.6 Data and outcomes – national Mental Health Services Data Set (MHSDS)

All NHS-commissioned (and jointly commissioned) services are required to flow data for key metrics to the national Mental Health Services Data Set (MHSDS). The data set enables the monitoring of progress towards the national target of 32% of CYP with a diagnosable mental health condition accessing mental health services by March 2020/21.

In our area, achieving the national target continues to be a challenge, due to our initial low starting point and the small number of providers able to report through the MHSDS. However, we are working to improve the available service and to ensure that providers can demonstrate the effectiveness of their work while allowing us to capture a fuller picture of progress.

Our current specialist mental health service (Berkshire Healthcare) is submitting data to the MHSDS, but there are data-quality issues. We need to understand how data is interpreted by the MHSDS in order to comprehend the differences between what we see locally (Berkshire Healthcare) and what is being reported nationally. We are working with NHS Digital and Berkshire Healthcare to resolve these data-quality issues, with additional support from the Thames Valley Strategic Clinical Network (TVSCN) – this work is due to be completed at the end of March 2019. A separate working group has been established to oversee progress; members include stakeholders from NHS East and West Berkshire CCGs and Berkshire Healthcare (operational lead and data/performance leads), the commissioning support unit and representatives from TVSCN and NHS England South (South Central). We have also developed a clear action plan that is monitored by TVSCN through monthly reporting.

As part of our data-improvement and outcome-monitoring work, we intend to develop trajectories of those CYP who will access NHS- and/or jointly commissioned services across the system. These trajectories will be analysed to assess their impact on achieving the national access target. From April 2019, each commissioned provider will have to meet annually agreed targets as their contribution to improving access; it will also be a requirement that providers are able to flow data to the MHSDS.

With help from TVSCN, we have been exploring options to enable other non-NHS providers to also flow data to the MHSDS. We will be working with Mayden the main provider of the IYPAT system (a digital care-record system) to develop an infrastructure to submit data from services commissioned through the voluntary/independent sector. This mechanism will be in place by April 2019.

10.7 Eating disorder service

A new eating disorder service was commissioned in 2017 in collaboration with NHS Berkshire West CCG as part of the transformation agenda. The provider of the service is Berkshire Healthcare.

The Berkshire Healthcare eating disorder team offers rapid assessment and evidence-based treatments for young people with an eating disorder. The team is multidisciplinary and is made up of child and adolescent psychiatrists, dieticians, family therapists, nurses, psychologists and psychotherapists. The treatment provided by the team is consistent with The National Institute for Health and Care Excellence Guidelines for Eating Disorders (2017). The aim of treatment is to improve the young person’s psychological, physical and social functioning. In line with the Access and Waiting Time Standard for Children and Young people with Eating Disorders published by NHS England, treatment should start within a maximum of four weeks from first contact with a designated healthcare professional for routine cases and one week for urgent cases. These key performance indicators are part of the current contract.

The service is signed up to the Quality Network for Community Eating Disorders services for children and young people (QNCC-ED) and has previously undertaken a self-assessment against the standards. The whole team have also attended the national training programme for community CAMHS eating disorders teams and are part of the Thames Valley eating disorders best-practice network.
The team have received an average of 34 referrals per quarter, which indicates that if this trend continues, the annual rate of referral is likely to be in the region of 130–140, rather than the 90–100 for which it was commissioned.

The service as currently commissioned does not provide home treatment or 24/7 care. There has been a significant increase in the number of young people requiring an acute admission related to an eating disorder, often under section, from one in Q1 (April–June) of 2017 to seven in Q1 (April–June 2018). For eight of the 15 Berkshire young people currently admitted to a Tier 4 unit (Willow House or OOA), the primary reason for admission is an eating disorder. The number of referrals coded as urgent to this team has increased. This is having an impact on the capacity of the team, as they have to provide additional support to young people during an acute admission and/or attend CPA and care planning meetings, as well as providing on-going support for young people admitted for in-patient care.

Berkshire Healthcare has been working with NHS England to enable local admission of eating disorder patients where possible, and/or early step-down from out-of-area specialist placements. Berkshire Healthcare has also highlighted the considerable demand in this area in the New Models of Care for Tier 4 network meetings. Focused work is being developed with acute colleagues to improve joint provision for these young people and it is likely that actions relating to this client group will be devised as a result of the high-impact users programme.

Given the continued level of demand on the eating disorder team, Berkshire Healthcare is no longer able to offer assessments to routine cases within the four-week timeframe and therefore cannot meet the national access and waiting-times targets. Berkshire Healthcare is also unable to allocate cases to evidence and family-based treatment intervention straight away. Instead, young people are being offered needs-based holding appointments to monitor their physical health and initial psycho-education (mirroring the current situation in the anxiety and depression and locality specialist community teams). Young people who have attended an assessment and are considered to be routine cases are now being placed on a waiting list for family-based therapy (FBT), which is the primary evidence-based treatment. As is the case with all teams, this may affect the young person’s longer-term engagement with their treatment plan and means that resources are being used to mitigate risk rather than deliver treatment.

A CCG-led task-and-finish group has been set up to review demand and identify options to resolve the above capacity issues. This area of work is identified as a priority action under our new outcomes (see section 8, outcome 4).

10.8 Rapid response service – crisis care

The Berkshire Healthcare specialist CAMHS rapid response team was set up in 2016 and is commissioned in partnership with NHS Berkshire West CCG. The service operates from 8am–8pm Monday to Friday and 10am–6pm on Saturdays – outside these hours there is access to on-call specialists. The rapid response team offers timely mental health assessments and care for young people in crisis who may present at A&E or other community places. The team also provides short-term intensive support to children in the community.

The majority of referrals to rapid response are young people who have presented to A&E departments in crisis, and the team liaises with the hospital and other community services to organise the best discharge possible. The rapid response team also takes referrals directly from GPs and other external colleagues and works with locality specialist community CAMHS to support young people on the edge of crisis. Most referrals relate to self-harm behaviour or suicidal ideation in the absence of actual self-harm. In Q1 (April–June) of 2018, 40% of the team’s activity was undertaken at the Royal Berkshire, Wexham Park or other acute hospitals, providing assessment to young people who have presented in crisis and supporting those who have required an admission. The remainder of the team’s work is community-based activity to enable rapid discharge and/or prevent crisis.
10.8.1 Frimley Park Hospital crisis service: issues and solutions

In some local hospitals, such as Frimley Park Hospital (FPH), CYP crisis services are in place. Staff from these services will see children who have been admitted to hospital following self-harm injuries or suicidal thoughts, or those who have a mental health crisis whilst admitted. However, due to the way these services were commissioned, East Berkshire children presenting at FPH, for example, may not have been assessed.

In July 2017, the Frimley ICS commissioners and main providers of children and young people’s mental health services informed NHS East Berkshire CCG that they were finding the increase in East Berkshire children and young people presenting at FPH challenging, as they did not have enough resources and were not commissioned to see East Berkshire’s children and young people. This has led to children presenting at FPH receiving different services depending on their home address.

A task-and-finish group, which was formed as part of the Mental Health Steering Group at an ICS level, included commissioners and providers involved in the current CYP crisis service at Frimley Park Hospital. The group agreed that a place-based service should be created, with one provider assessing children and young people who are experiencing a mental health crisis and who are admitted to FPH. This service would liaise with the hospital and with other community services (including local children and young people’s services, such as CAMHS or the rapid response team) to organise the best discharge possible.

This is a non-recurrent request until April 2020 when we can review the CYP crisis pathway across the ICS, including the liaison and community crisis services.

10.9 Psychiatric liaison

A 24/7 psychiatric liaison service is well established within acute hospitals and carries out biopsychosocial assessments. During their working hours, however, the rapid response team provide this service for young people under the age of 18. Outside of those hours, assessment is undertaken by psychiatric liaison for those aged 16 or over. For under 16s, assessments are made in conjunction with duty doctors and the CAMHS consultant on call. Follow-up is then provided by the rapid response team for under 18s (for adults, where urgent follow up is needed, this is carried out by CRHTT).

10.10 Health and justice

‘Future in Mind’ recognised the crucial role of integrated care pathways in ensuring that young offenders with mental health needs at all stages of the criminal justice pathway are able to access the most appropriate care at the right time. In order to provide these integrated care pathways, commissioners across the whole system need to work together.

10.10.1 Forensic child and adolescent mental health service (FCAMHS)

Oxford Health NHS Foundation Trust is the lead provider (and overall coordinator) for the South Central Community FCAMHS, which comprises the Thames Valley, Hants & IOW and Dorset (covering East Berkshire). This specialised service acts as a tertiary referral service for CAMHS teams (including CAMHS/youth offending team link workers and learning disability services for young people). In addition, the team is accessible to all agencies (e.g. social services, YOTs, prisons, courts, solicitors, education, health commissioners, etc.) that may have contact with young people exhibiting risky behaviours or young people in the youth justice system who have mental health difficulties. The FCAMHS provides a highly specialist forensic mental health triage, advice and signposting and formal consultation to a variety of agencies regarding cases of concern. It offers support for local services to enhance the delivery of responsive, child-centred care in high-risk cases through multiagency care-planning and the promotion of user engagement. This service is commissioned by NHS England Specialist Commissioners.
10.10.2 Liaison and diversion service

The Thames Valley liaison and diversion service (TVLDS) operates by referring vulnerable adults and children who find themselves in the criminal justice system and who have been identified as having a mental health condition, learning disability, substance misuse and/or other vulnerability to an appropriate support service. At the point of arrest, there is the opportunity to identify these needs early on and to connect the young person and their family with the support they need to reduce the chance of repeated future involvement with the youth justice system. This service is currently provided by Berkshire Healthcare and is commissioned by NHS England Specialist Commissioners. TVLDS operates every day from 9am to 9pm and has strong links with the local youth offending services (YOS). Partnership working includes:

- all cases are routinely discussed at the Out of Court Disposal (OOCD) panel
- any young people who have a warrant issued and have mental health concerns are highlighted
- TVLDS provides assessments when open cases are seen in the cells with YOS
- YOS notifies TVLDS of any young people they have significant concerns about regarding their mental health, in case they are arrested and assessed

10.10.3 Sexual assault referral centres (SARCs)

For young people presenting at sexual assault referral centres (SARCs), there are two pathways into therapeutic services that will help meet the emotional and mental health implications of the experience that led to their attendance. In relation to cases of a current or recent sexual assault, the SARC refers the young person into specialist counselling services. A separate referral pathway exists to provide specialist counselling support for victims of prior or historic sexual assault and/or abuse. For Thames Valley children and young people, both specialist counselling services are provided by Trust House Reading. Members of the team there work closely with other providers of mental health services to whom they can signpost users who have additional emotional wellbeing and/or mental health issues beyond those that Trust House is commissioned to provide.

10.11 Special Educational Needs and Disability (SEND) reform

The Berkshire Healthcare specialist CAMHS contract has key performance indicators (KPIs) to support the East Berkshire delivery of the SEND reforms, measuring the timescales of health contributions to Educational and Health and Care plans (EHCP). The Designated Clinical Officer (who has the delegated responsibility to support the CCG in meeting its statutory duties in relation to SEND) is a member of the Joint Commissioning Board, which oversees the implementation of the LTP.

10.12 Perinatal mental health

Perinatal mental health is an important factor in determining a child’s mental health. Better perinatal mental health is associated with better outcomes for the child, including better relationships, improved learning and academic achievement, and improved physical health.

Berkshire Healthcare, through the Community Services Development Fund Wave One, has implemented a Berkshire-wide, NICE-concordant, specialist perinatal mental health community service. The service supports women who are at high risk of experiencing mental health problems in the perinatal period (during pregnancy and up to one year post-partum). The service has now been expanded to provide assessment, advice, guidance and signposting, as well as:

- pre-conceptual counselling for high-risk women
- follow-up care in the community, with mothers, significant others and professionals involved (including social care)
- pharmacist advice providing liaison, and developing guidance and protocols
- birth trauma pathway pilot
• C-section psychological assessment
• psychological birth care planning
• maternity mental health care planning
• support for complex needs, both antenatal and postnatal
• maternity/obstetric clinics
• Support Hope and Recovery Online Network (SHaRON)

10.13 Overview of additional services commissioned, as detailed in the last LTP

One of the core commitments made in the last LTP was to commission extra services. Between April 2017 and April 2018, in addition to the specialist CAMH services already provided by Berkshire Healthcare, we began offering the services listed in this subsection. These have been mapped into four key themes (some of which have been taken from ‘Future in Mind’), which are:

• promoting resilience, prevention and early intervention
• care for the most vulnerable
• improved crisis care
• developing the workforce

10.13.1 Promoting resilience, prevention and early intervention (early support) and offering more choice in the early help services available

Kooth online counselling offers an anonymous and confidential online counselling and emotional wellbeing support service, providing young people with a safe and secure means of accessing help from a professional team of qualified counsellors. Kooth also provides access to practical articles and self-help documents, as well as moderated forums where young people can discuss important issues that are relevant to them.

The Youthline counselling service provides confidential one-on-one, face-to-face counselling in the community in Bracknell Forest for children and young people aged 12–25.

Youth Talk counselling service provides counselling in community settings for children and young people up to 25 years old and their parents and carers in Slough and RBWM.

Some key highlights

• online information and counselling provided through Kooth has dramatically reduced the time that children and young people have to wait to talk to a mental health professional
• 1,680 new children and young people from our three localities have registered with Kooth
• high levels of satisfaction with Kooth: 95% of users would recommend the service to a friend
• 1,593 children and young people have been supported through face-to-face counselling sessions in the community provided by Youthline and Windsor and Maidenhead counselling services

10.13.2 Care for the most vulnerable

• Parenting Special Children offer a series of workshops and courses for parents/carers of children or young people who are pre or post assessment for autism and/or ADHD. This includes pre- and post-assessment and dual-assessment workshops, in addition to short workshops on topics such as sensory processing, overcoming sleep difficulties, and autism and anxiety. More in-depth, five-week courses – Time Out for Autism and Time Out for ADHD – are also available.
• Autism Berkshire support children and young people and their families before and after a diagnosis of autism (ASD) by developing their understanding of the condition, introducing coping strategies, providing information about the available help and benefits, and running accessible social and leisure activities.
• The Autism Group support parents/carers through special-interest social groups, parent support and autism-related training.
• Berkshire Healthcare is commissioned to provide early intervention (primary) and specialist CAMHS specifically for young people who are under the supervision of Bracknell youth offending service (YOS). An advanced mental health practitioner visits the site weekly for a total of 7.5 hours (0.2 W.T.E) to offer advice and consultation to YOS practitioners, complete assessments of young people and provide joint and individual direct work with clients where appropriate.
• Symbol UK provide one day per week of a specialist speech and language therapist for each of the three East Berkshire youth offending teams. The focus of the service is to offer the youth offending team workforce consultation and training on how to recognise and support young people’s speech, language and communication needs. Symbol also assist the team directly in screening the young people they work with for speech, language and communication difficulties, and provide targeted support to clients where needed.

10.13.3 Eating disorders and crisis care
• See sections 10.7 and 10.8

10.13.4 Developing the workforce
• See section 10.1

10.13.5 Other success stories
• The publication and launch of the Little Blue Book of Sunshine – a booklet co-produced by NHS East Berkshire CCG and local young people that includes tips on how to cope with feeling down and information about where to get help, advice and support.
• NHS East Berkshire CCG and the three Local Authorities were proud to support the recent attempt to beat the world record for the largest ever mental health awareness lesson at Madejski Stadium, Reading, on 10 October 2017. Although the event was unsuccessful in beating the world record, 350 children and young people from across Berkshire took part.
• Real positive engagement with young people in finding out what they think about specialist CAMHS and how they can be improved, through the Getting it Right survey and subsequent focus groups.
• NHS East Berkshire CCG has invested in funding an additional 50 autism assessments to help reduce the assessment waiting list.

10.14 Overview of progress against the original key strategic performance indicators

Table 16 below lists each service provider and the nature of their activity. Each is linked to one or more of the nine key strategic performance indicators that were identified in the last published version of this LTP (March 2017), which are listed below:

1. Overall improvements in the emotional wellbeing and mental health of the children and young people in East Berkshire.
2. Reduction in stigma and discrimination.
3. Improved early intervention and prevention, with swifter access to services and reduced waiting times at all levels of need.
4. Implementation of a seamless, whole-system, joined-up approach to care, leading to better access to services.
5. Improved advice, support, training and guidance for all.
6. Reduction in the number of young people presenting to emergency services as the result of an avoidable mental health crisis.
7. Children, young people and families actively engaged and an integral part of the design of services.
8. 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 people’s emotional wellbeing and mental health.

9. Support for young people aged from 14 to 25 to help them transition easily to adult services.

Table 16: Current service providers and links to strategic performance indicators from the March 2017 LTP

<table>
<thead>
<tr>
<th>Provider</th>
<th>Service/support offered</th>
<th>Strategic performance indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aik Saath</td>
<td>Young Health Champions – Slough</td>
<td>1, 2, 3, 5, 7</td>
</tr>
<tr>
<td>AnDY Clinic</td>
<td>Anxiety and depression support</td>
<td>1, 3</td>
</tr>
<tr>
<td>Autism Berkshire</td>
<td>Autism support</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Pre- and post-assessment workshops</td>
<td>1, 3, 4, 5, 8</td>
</tr>
<tr>
<td></td>
<td>Support group and home visits</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Youth social and leisure groups</td>
<td></td>
</tr>
<tr>
<td></td>
<td>National Autistic Society seminars</td>
<td></td>
</tr>
<tr>
<td>Berkshire Healthcare</td>
<td>CAMHS rapid response service</td>
<td>1, 4, 6, 8</td>
</tr>
<tr>
<td></td>
<td>Eating disorder team</td>
<td></td>
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<tr>
<td></td>
<td>CAMHS worker: Bracknell YOT (7.5 hours a week)</td>
<td></td>
</tr>
<tr>
<td>Kooth</td>
<td>Digital online support</td>
<td>1, 3, 5</td>
</tr>
<tr>
<td>Parenting Special Children</td>
<td>Support for parents/carers of children or young people pre or post assessment for autism or ADHD</td>
<td>1, 2, 4, 5, 8</td>
</tr>
<tr>
<td>PPEP Care</td>
<td>Training in psychological perspectives for staff working in education or primary care</td>
<td>1, 3, 4, 5, 8</td>
</tr>
<tr>
<td>Symbol</td>
<td>Speech and language for YOT teams</td>
<td>1, 5, 6</td>
</tr>
<tr>
<td>The Autism Group</td>
<td>Parent support</td>
<td>1, 3, 4, 5, 8</td>
</tr>
<tr>
<td></td>
<td>Autism training for parents/carers</td>
<td></td>
</tr>
<tr>
<td>YouthLine</td>
<td>Counselling service in Bracknell Forest</td>
<td>1, 3, 8</td>
</tr>
<tr>
<td>Windsor and Maidenhead Counselling</td>
<td>Counselling service for age 11+ in Slough and RBWM</td>
<td>1, 3, 8</td>
</tr>
</tbody>
</table>
11. Governance arrangements

This section provides information about the governance arrangements to date and on the new arrangements currently being put in place. Whilst NHS East Berkshire CCG is the lead on this project, in order to achieve the transformation set out in the plan there is a need for strong, collaborative leadership and our updated governance arrangements reflect this.

Prior to our first Local Transformation Plan being published in October 2016, a multiagency Future in Mind Group was established to deliver the outcomes outlined in the plan and to commission additional services. The group included members from public health, social care, schools, CAMHS providers and CCG commissioners. This group originally reported to the Children and Young People’s Transformation Board, which has since been replaced by the Joint Commissioning Board CYP Health and Wellbeing (East Berkshire).

The Future in Mind Group has been renamed – it is now called the Local Transformation Plan (Mental Health and Wellbeing) Group– and has new terms of reference and a refreshed membership. New members have been nominated by system leaders to help ensure that the group becomes more strategic in its approach.

The new Local Transformation Plan Group will enable collaboration between local area partners. We will work together, combining our skills, expertise and resources to support the implementation and delivery of the outcomes in the plan for children and young people’s mental health and wellbeing. The group will also create a forum to continuously review the mental health needs of East Berkshire’s children and young people. We will prioritise and plan services to meet those needs in a timely and accessible way using evidence-based methodologies, ensuring value for money and making recommendations to the Joint Commissioning Board. The chair for this group will continue to be the lead GP for Mental Health from NHS East Berkshire CCG.

The group is a multi-stakeholder group with representatives from health, Local Authorities, service providers, parents/carers and the voluntary sector (see figure 11 below). Some members will also lead task-and-finish sub-groups to undertake detailed work on specific projects and initiatives.

The new Local Transformation Plan Group will report into the Joint Commissioning Board, which not only has a responsibility to assure delivery of the Local Transformation Plan for CYP Mental Health and Wellbeing, but is also a delegated authority to approve allocation of the associated funding.
Figure 13: The LTP governance, participation and co-production network

We have also put in place a new mechanism to enable us to connect with children and young people directly to further strengthen our participation work. The network of Young Health Champions, which has just been established and will be rolled out across East Berkshire, will also act as a young people’s scrutiny panel and will support the co-production work linked to the delivery of the LTP.

The local Health and Wellbeing Boards will receive an annual update on the progress of the implementation process. The plan will also have an annual refresh to ensure that its focus and areas of development continue to reflect the needs of children and young people locally.

The work for the LTP will also closely align with the new CYP workstream for the ICS and continue to link with the TCP work.