



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

Wokingham Health and Wellbeing Board and Local Authority LA area

Version 3 18 September 2015

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1. Locality information

This local Transformation Plan relates to the Wokingham Borough Council Local Authority area.

One CCG serves the population of Wokingham Borough Council. This is Wokingham CCG.

There are four CCGs in Berkshire West. The four CCGs work collaboratively with a single contract with Berkshire Healthcare Foundation Trust (BHFT) for specialist CAMHs, mental and physical health services.

Wokingham Borough Council commissions targeted CAMHs from BHFT. Health Visiting and School Nursing are also provided by BHFT.

Berkshire West CCGs and Wokingham Borough Council commission a range of voluntary sector organisations through grants.

Royal Berkshire Hospital Foundation Trust (RBFT) is the main acute general hospital in the area.

South Central Ambulance Service (SCAS) is the patient transport provider.

The Berkshire Adolescent Unit (BAU) is the only NHS inpatient CAMHs facility in Berkshire. It is commissioned by NHS England.

2. Engagement and partnership (groups)

2.1 The four Berkshire West CCGs work in partnership with the 3 Local Authorities (West Berkshire Council, Reading Borough Council and Wokingham Borough Council), Berkshire Healthcare Foundation Trust, Royal Berkshire Hospital Foundation Trust and South Central Ambulance Service to form the Berkshire West Integration Board. It is proposed that the Berkshire West Children and Young People's Mental Health and Wellbeing Transformation group reports to this Board.

2.2 Berkshire West Children's Commissioning Strategy Group meets monthly to collaboratively improve the health and wellbeing outcomes for Berkshire West Children and Young People and their families through developing and overseeing the commissioning of health, social care and education support services. Membership comprises of CCG, Public Health and Local Authority Children's commissioning leads and Local Authority Children's Services leads.

2.3 Berkshire CAMHs are already part of a CYP IAPT collaborative. The service has a dedicated service user engagement and participation lead. Services users, parents and carers are engaged in service development at all levels and Routine Outcome Measures are used across the service..

2.4 SPECIALIST COMMENTS

2.5 A joint Wokingham Emotional Health and Wellbeing Strategy has been agreed by the Health and Wellbeing Board. It sets out ambitious actions to accelerate local improvement in service delivery. It is informed by the recent Healthwatch report and the CAMHs engagement report. The strategy sets out the partnership offer from early help to intensive interventions including that

provided by the voluntary sector. The focus of the strategy is on **good mental health** – with an emphasis on support for the most vulnerable children and young people, including those in care, those in contact with the criminal justice system (managed by the Youth Offending Service) and Children in Need.



Wokingham
Emotional Health and

2.6 The Wokingham Health and Wellbeing Board have received regular updates on the status of emotional health and wellbeing services for children and young people. The latest paper was discussed at the HWB held on 10th September 2015.



CMMV CAMHs
Transformation Plan-

2.7 Arrangements are in train for this Transformation Plan to be signed off by the HWB prior to the 16 October 2015 deadline. The Transformation Plans will be published on CCG, Local Authority and partner agency websites once the plans have been approved by NHS England.

2.8 In developing this local Transformation Plan there has been extensive engagement and joint working with service users, families, referrers, practitioners and other stakeholders to benchmark the current provision of services across comprehensive CAMHs and to identify opportunities to develop the services to better meet local needs.

<http://www.wokinghamccg.nhs.uk/mental-health/review-and-outcomes-of-berkshire-camhs>

2.9 As part of our partnership approach, Healthwatch Wokingham led a comprehensive engagement programme with Wokingham children and young people to help us better understand the emotional wellbeing of our children and young people. Their report can be found here:

http://www.healthwatchwokingham.co.uk/sites/default/files/totes_emosh_april_2015_2_1.pdf

2.10 Voluntary sector youth counselling organisations across Berkshire have met together and have fed back their perspective on how they can contribute to meeting the recommendations of Future In Mind.

2.11 The Voluntary and Community sector co-produced the approach that was set out in the Wokingham Early Help and Innovation Strategy in June 2014. The Emotional Health and Wellbeing Strategy sits within Wokingham's overall approach.

Wokingham's approach and priorities were agreed through a Co-Production Network (a series of user and voluntary sector led themed events quarterly throughout the year) and through the Children's Partnership Voluntary Sector network meetings which meet monthly.

2.12 Voluntary sector representation is sought on the Berkshire West Mental Health and Wellbeing Transformation group.

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3. Transparency- need

3.1 The Joint Strategic Needs Assessment is found here

<http://www.wokingham.gov.uk/communities/jsna/>

3.2 The joint Emotional Health and Wellbeing Strategy (embedded in section 2) provides more detail on need.

Key areas of need in Wokingham

Social isolation, deprivation and intergenerational poverty Wokingham has low levels of deprivation compared to other local authorities but there are some locally deprived and isolated pockets of deprivation within the community where families struggle. In particular, some families struggle with intergenerational poverty and live in what could be defined as 'hidden poverty.' This poverty largely relates to issues of access and aspiration for some of our families. Currently, only 50% of eligible vulnerable two year olds take up a place with an early years 'provider or child minder, which is an indication of a wider system concern that the most vulnerable families are not accessing the services that are available.	High usage of CAMHS and uncertain mental health outcomes We have high and increasing usage of both Child and Adolescent Mental Health Services across the children population but with a relatively low number of Children in Care supported by CAMHS. There is a need to reduce the length of time children and young people have to wait from CAMHS initial assessment to receipt of service. Wokingham focus group work with children and young people identified emotional health needs as a high priority.
More Children in Need and children eligible for free school meals with Special Educational Needs There are more children with Special Educational Needs among the Wokingham Children in Need population, including Children in Care. Whilst there are relatively fewer children eligible for free school meals in Wokingham than seen nationally, it appears the percentage of these children with statements of Special Educational Needs is higher than seen elsewhere.	Too many Children in Care entering the system in adolescence Wokingham has proportionally fewer Children in Care per 10,000 than seen elsewhere and the numbers of children in need are relatively small. However, we recognise that we have a disproportionately higher number of adolescent males becoming looked after. As with wider Children in Need we have disproportionately more Children in Care with Special Educational Needs.
Disadvantage starts early There are some disadvantaged children who do not achieve a "good standard of achievement", measured through school readiness, the JSNA and the Public Health Outcomes Framework. The main difficulty for children eligible for free school meals is that these children start school at	Our system does not always effectively hold children who need support High numbers of initial contact to social care, low thresholds and an uncertain destination for a number of children who make contact with social care has led to high levels of re-referrals to social care. Early identification and intervention

a disadvantage and the gap in performance does not decrease as the children progress through school.

for all children is required where they need it, as well as effective integrated support for children with most complex needs.

3.3 Targeted PCAMHS data

There is no comprehensive data set or agreed KPIs for children and young people receiving Tier 2 PCAMHS services.

In 2014/15 201 children and young people were assessed by the service with 1056 direct intervention sessions provided and 573 telephone interventions.

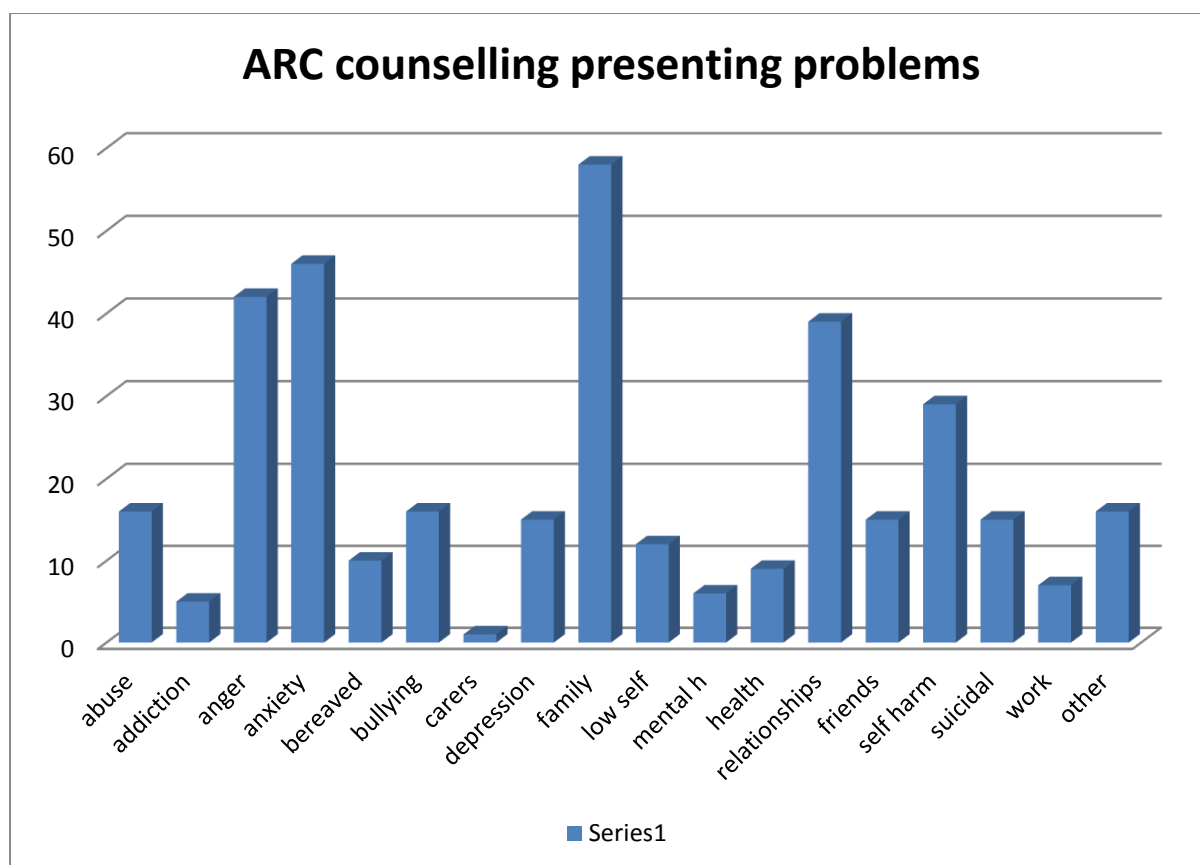
In addition to direct delivery to children, the service provided dedicated input to the newly developed triage system (now the early intervention hub), specific weekly consultation sessions to the Here 4 You Looked After Children's team, YOS, disabled children's team and ad hoc consultation interventions with School, GP and children's services colleagues.

Time to start of treatment data is provided:

<u>PCAMHS Wokingham as at 30 Sept 2014</u>	<u>from CPE</u>
<u>Waiting Wks.</u>	<u>Nos</u> <u>Waiting</u>
<u>0-4</u>	<u>6</u>
<u>5-7</u>	<u>1</u>
<u>8-12</u>	<u>6</u>
<u>>12</u>	<u>38</u>
<u>Grand Total</u>	<u>51</u>

3.4 ARC counselling data

ARC Counselling provided a total of over 12,000 counselling sessions provided to over 1000 young people in 2014/2015, an increase on previous years. Young people presenting with ARC Counselling identified the following presenting issues as set out in the table below. This year has seen a reduction in the number of cases of self-harm, from last year's peak, but an increase of issues around anxiety, especially around exams, from primary school age.



3.5 Specialist CAMHS activity data

In 2014/15 there were 786 children and young people referred to the CAMHS Common Point of Entry from Wokingham CCG.

During this period there were 3752 specialist CAMHS contacts with children and young people from Wokingham CCG.

Of the specialist CAMHS caseload, 17 children from Wokingham CCG were either Looked After or subject to child protection plans at the end of March 2014.

Waiting times for Tier 3 CAMHS services in Berkshire West CCGs at the end of June 2015

- 100% of children with urgent needs were seen within 24 hours
- 53% of Tier 3 CAMHS patients (excluding ASD) waited less than 6 weeks to be seen
- 11% of Berkshire West CAMHS ASD patients waited less than 12 weeks to be seen
- Currently the longest waits continue to be in the ASD diagnostic pathway which accounts for more than 50% of current waiting list. In Berkshire West some children wait up to 2 years for a ASD diagnosis, once they have been referred to specialist CAMHS. The National Autistic Society gives an average waiting time for ASD diagnosis in children as 3.5 years.

4. Transparency- resources

4.1 Wokingham Borough Council funding

Wokingham Borough council currently invests £505,000 Wokingham Borough Council delivered services including Educational Psychology Service, Targeted Youth Support and Family Support. Wokingham Borough Council invests £222,000 in commissioned services from BHFT (Primary Mental Health Workers), ARC youth counselling and ASSIST- ASD Outreach Service.

4.2 Tier 3 (specialist CAMHs) funding arrangements from Berkshire West CCGs as a whole, that is, Newbury & District, North & West Reading, South Reading, and Wokingham CCGs

	Funding allocation	Includes BAU*?	Includes YP placed out of area by NHSE at Tier 4?
2014/15	£4,649,251 plus £300K Operational Resilience funding.	yes	no
2015/16	£6,166,360 plus additional £249,535 allocated to transforming community Eating Disorder services. £500K is non recurrent in order to reduce waiting times through use of agency staff while new posts are recruited to.	no	no

*In 2014/15 the Berkshire Adolescent Unit (BAU) was commissioned as a Tier 3 facility. In 2015/16 the Berkshire Adolescent Unit was re-designated as a Tier 4 facility and transferred to NHS England, Financial resources transferred with the unit to NHS England.

4.3 CCG Partnership Development Grants

A number of voluntary sector organisations are commissioned through CCG Partnership Development Grants to provide counselling, parenting support and input for children and Young People with ASD and/ or Special Educational Needs and Disabilities. In 14/15 the spend was as follows

Organisation Name	Category	% Coverage Each Area	PANEL FUNDING PROPOSAL
ARC Counselling	HWB/ Children and Young people/ Mental Health/ Carers/ Urgent Care	Wokingham 100%	£30,000.00
Home-Start Wokingham	Children and Young people/Mental Health	Wokingham 100%	£29,849.00
ASD Family Help	Mental health/Carers	Wokingham 100%	£29,647.00
Berkshire Autistic Society	HWB/ Mental health/ Children and Young people/ Carers	West Berks 22.5%, Reading 42%, Wokingham 35.5%	£27,300.00
Children on the Autistic Spectrum Young People's Project (CATSYPP)	Children and Young people/Mental Health	West Berks 5%, Reading 77%, Wokingham 18%	£5,650.00
Parenting Special Children	Mental Health/ Children and Young people/Carers	West Berks 30%, Reading 35%, Wokingham 35% (BME = 45%)	£18,835.00

4.4 NHS England funding 2014/15

Out of area spend (Young People from Wokingham CCG who are placed out of area) £382,024

5. Work undertaken to date across Berkshire West

5.1 Berkshire CAMHS is already part of the Children and Young People's Improving Access to Psychological Therapies (IAPT) collaborative. As a result of the CYP IAPT training, staff within all localities across Berkshire and in Primary CAMHS where BHFT are the providers, provide evidence based CBT interventions for anxiety and depression as part of their everyday work. CYP IAPT ROMS are an integral part of these interventions and are being rolled out across all other clinical activity. CYP IAPT trained supervisors provide clinical supervision in all localities and clinical leads who have undertaken the CYP IAPT transformational leadership training are working with CAMH Service managers to continue to develop CAMHS. The service has a dedicated service user engagement and participation lead. Services users, parents and carers are engaged in service development at all levels. BHFT CAMHS are currently participating in the Department for Health trial of the CAMHSWeb/Include Me interactive shared-decision making portal.

5.2 In 2014 a substantial engagement was undertaken with comprehensive Berkshire CAMHS service users, families, referrers, practitioners and other stakeholders led by an independent consultant. This was published on CCG websites along with an update in December 2014 which outlines changes planned or made to local services in response to the engagement work.

<http://www.wokinghamccg.nhs.uk/mental-health/review-and-outcomes-of-berkshire-camhs>

In response to the engagement, local action plans were developed and implemented. This Transformation Plan builds on the original plans. Links to the original action plan and a subsequent update on progress that was presented to the HWB are found in section 2 of this paper.

5.3 During 2014/15, a number of local pilot projects commenced. Learning from the pilot projects will be disseminated across Berkshire West CCGs and Local Authorities:

- a review of the use of nationally mandated Strengths and Difficulties Questionnaire (SDQ) assessments in Looked After Children and children at risk of exclusion. The aim of the project is to inform local policies and procedures in the improvement of screening for mental health needs in vulnerable groups of children and young people.
- a review of blockages to vulnerable women accessing perinatal mental health services. This project is also reviewing training packages for prevention, identification and intervention in perinatal mental illness across the children's workforce. A project worker has been employed to address issues
- a review of the perinatal mental health pathway led by a midwife at Royal Berkshire Hospital. A business case is currently being considered to enhance perinatal mental health support for women and their families in Berkshire West CCGs.
- a review of transition pathways into adult services. A CQIN on patient experience of transition into adult services is in the 15/16 BHFT contract
- a trial of school based ADHD clinics in Reading. Learning from this pilot is feeding into a revised neurodevelopmental pathway that is being developed across Berkshire West.
- the development and trial of PPEPCare training modules in primary care and schools. This initiative is supported by Thames Valley Strategic Clinic Network and the Charlie Waller Institute

<http://tvscn.nhs.uk/psychological-perspectives-in-education-and-primary-care-ppep-care/>

5.4 Over the winter of 14/15, additional Operational Resilience funding was secured to pilot a number of initiatives which aimed to

- improve responsiveness to escalating mental health needs thereby reducing risk,
- improve early identification of psychosis
- reduce waiting times.

5.5 In March the Berkshire Crisis Care Concordat Action Plan was published. Partners meet quarterly to review progress.



Berkshire-Mental-Health-Crisis-Care-Concordat

5.6 The CCGs increased funding to BHFT specialist CAMHs in Berkshire West by £1M recurrently and £500K non recurrently for 15/16. The initial focus for the additional investment is building on the successful Operational Resilience projects on a more sustainable basis; reducing waiting times; reducing risk; delivering PPEP care training into selected schools and GP practices and developing sustainable care pathways.

5.7 In July and August CCG commissioners worked with BHFT, voluntary sector and Local Authority partners to identify key areas of improvement for the next 5 years, building on the intelligence gained from the local engagement initiatives as described in section 2 and service pilots described above. This included consideration of what an improved Eating Disorder service might comprise of and how physical and mental health services could become more aligned and “whole person” focussed.

5.8 In August BHFT CAMHs received a Quality Assurance visit from the CCG which demonstrated that good progress had been made in improving the patient environment, staff morale and recruitment to achieve targets against the new investment.

6. Local aspiration and vision for prevention, building resilience, earlier identification, earlier intervention and better whole system working

6.1 Wokingham’s Partnership Vision: Promoting children’s welfare and success, safeguarding children and strengthening families

Wokingham Children’s Partnership Plan describes the collective ambition for local Children and Young People.

<http://wokingham.moderngov.co.uk/documents/s4461/Children%20and%20Young%20Peoples%20Partnership%20update%20on%20priorities%20and%20the%20Early%20help%20Innovation%20Programme.pdf>

The Plan sets out an overarching strategy which is informed by children and young people’s views and the needs of the community. Key areas of need in Wokingham are summarised in section 3.

6.2 Wokingham’s aim & response: A renewed focus on Effective Early Intervention

Wokingham’s Children’s Partnership sees the emotional wellbeing of children and young people at the centre of priorities. This is reflected in the renewed focus on effective early intervention through the Early Help and Innovation Programme

Early Help means intervening as soon as possible to tackle emerging problems for children, young people and their families.

It includes;

- Help in the early years of a child or young person’s life (including pre-natal interventions);

- Anticipating where need may arise in priority groups, often by an understanding of wider family and community risks;
- Providing early response services at the right time to meet family's needs and to keep them in control of resolving their issues and problems;
- Stepping in to prevent escalation of children, young people and families needing any sort of specialist service;
- When specialist intervention is needed, delivering permanent resolution in good time.

Early Help allows for the right support to be put in place, at the right time to meet families' needs prior to issues reaching crisis point and to reinforce families' own skills to determine their life course and therefore reducing poor life aspirations, outcomes and inequalities and lack of success for children and young people. It helps to break the cycle of families being dependent on services by empowering and enabling them to do things for themselves making them more resilient and independent. Finally it has a positive effect on cost effectiveness.

Wokingham's aim is **radical change and innovation in both practice and service design** across the whole children's system, including transformation in specialist and statutory services.

- Universal Services supporting independence, resilience and achievement
- A more confident response from Early Support practitioners, moving from assessment and referral to intervening and preventing escalation
- Targeted support for those priority groups at risk and a more concerted effort to reach out to those hidden areas of need amongst Wokingham's population
- A transformation of specialist and statutory services, reaching out to work with others to identify need and ensure earlier intervention.

6.3 The Wokingham Practice Framework and partnership model is described here.



Wokingham's
Partnership model for

6.4 Wokingham Practice Framework enabling Signs of Emotional wellbeing: Wokingham Emotional Health and Wellbeing Strategy

The Emotional Health and Wellbeing Strategy sets out how integrated services commissioned by Wokingham Borough Council and Wokingham CCG will support the emotional health and wellbeing of children and young people in Wokingham by providing a holistic offer from prevention through to specialist intensive therapies. The joint and shared ambition is to develop and deliver comprehensive Child and Adolescent Mental Health Services which are seamless and remove the barriers that currently exist through the differing agencies. This means moving from a tiered

CAMHS system to a broad spectrum of emotional health and wellbeing services supporting the wide range of children and young people's needs.

The strategy considers how support should be provided across the range of current tiers of service to help enable a seamless, comprehensive service.

6.5 Wokingham will use the opportunity of this Transformation Plan for Children and Young People's Mental Health and Wellbeing to escalate and accelerate the ambition for improved Partnership emotional health and wellbeing response, with particular focus on the following areas

	Current strategic actions	Transformation Plan accelerated ambition
Build capacity and capability across the system: Promoting resilience, prevention and early intervention	Implementation of Practice Framework has built capability and capability across the Partnership workforce with a focus on attachment training and assessment skills.	Further development of the Practice Framework to include more in depth MH training including consideration of MGH First Aid training roll out and evaluation of Foster Care training plan. Partner lead roles for PF training being developed
	Practice Consultants established across the Partnership	Working with the SENCO and behaviour Leads to develop school cluster based capacity and service delivery
Improve perinatal care	Children's Centres targeted support includes evidence based programmes	Integrated offer of perinatal Improved take up of FNP for our most vulnerable young people through targeted identification and wrap around support
Improving access to effective support - a system without tiers	Multi agency Early Help Hub established	Integrate referral routes and pathways to deliver a seamless service for children and young people
Transparency and Accountability	Our joint strategy sets out current investment and the needs of the local population across the full range of provision for children and young people's mental health and wellbeing	Providers to provide staff numbers, skills and roles, activity (referrals received, referrals accepted), waiting times and access to information on a regular basis to the partnership
	Our Health and Wellbeing Board and Children's Partnership have agreed emotional health and wellbeing of children and young people as a priority. They have signed up to a joint strategy to deliver improvement actions for this priority	Our Health and Wellbeing Board and Children's Partnership will sponsor the delivery of our Transformation Plan to be delivered at a Berkshire West level.

7. Self-assessment

NHS England requires a self-assessment to be undertaken as part of the assurance process. In light of the short timescale and availability of partners in August, CCG commissioners and BHFT undertook a self-assessment using a process provided by the Thames Valley Strategic Clinical Network. The self-assessment process took account of knowledge gained through the partnership work to develop local emotional health and wellbeing services that been undertaken in the previous 12 months.

The self-assessment identified workforce development, care for the most vulnerable and improving access as the most challenging aspects of Future In Mind for Berkshire West. It was felt that there is a will across the system to make change happen and that Berkshire West has made much recent progress in accountability and transparency across the system.



Copy of Future in
mind_ADS Self Asses

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8. High level summary of the Local Transformation Plan (Annex 1 in the guidance)

Annex 1: West Berkshire Local Transformation Plan for Children and Young People's Mental Health

Developing your local offer to secure improvements in children and young people's mental health outcomes and release the additional funding: high level summary

Q1. Who is leading the development of this Plan?

(Please identify the lead accountable commissioning body for children and young people's mental health at local level. We envisage in most cases this will be the CCG working in close collaboration with Local Authorities and other partners. Please list wider partnerships in place, including with the voluntary sector and include the name and contact details of a single senior person best able to field queries about the application.)

Lead commissioning body-NHS Berkshire West CCGs

Wokingham Borough Council

Public Health

Local Voluntary Sector organisations

Partnerships-

Berkshire West Integration Board

Berkshire West Children's Commissioning Strategy Group

Wokingham Children and Young People's Partnership

New- Berkshire West Mental Health and Wellbeing Transformation group

For queries contact

Gabrielle Alford Director of Joint Commissioning

Sally Murray Head of Children's Commissioning

NHS Berkshire West CCGs

57- 59 Bath Road, Reading, RG30 2BA

sally.murray2@nhs.net

Q2. What are you trying to do?

(Please outline your main objectives, and the principal changes you are planning to make to secure and sustain improvements in children and young people's mental health outcomes. What will the

local offer look like for children and young people in your community and for your staff?). Please tell us in no more than 300 words

Our main objective is to increase resources within the local community so that emotional health and wellbeing support is offered at the earliest opportunity thereby reducing the number of children whose needs escalate to require a specialist intervention or crisis response

This means that

- Good emotional health and wellbeing will be promoted from the earliest age
- Children, young people and their families will be emotionally resilient
- The whole children's workforce including teachers, early years providers and GPs will feel equipped and confident to identify issues early, enable families to find solutions, provide advice and access help
- Help is provided in a coordinated way. All the services in the local area will work together so that children and young people get the help they need at the right time and in the right place.
- The best possible care, support and treatment is available when it is needed that takes account of the family's circumstances
- Fewer children and young people will escalate into crisis
- If a child or young person has a crisis, good quality care will be available quickly and will be delivered in a safe place. After the crisis the child or young person will be supported to recover in the least restrictive environment possible.
- When young a person requires residential or in patient care, this will be provided as close to home as possible.

Q3. Where have you got to?

(Please summarise the main concrete steps or achievements you have already made towards developing your local offer in line with the national ambition set out in *Future in Mind* e.g. progress made since publication in March 2015.) Please tell us in no more than 300 words

- In 2014 a substantial engagement was undertaken with comprehensive Berkshire CAMHs service users, families, referrers, practitioners and other stakeholders led by an independent consultant.
- An initial local action plan in response to the engagement findings was developed and enacted prior to publication of Future In Mind. This includes a number of pilot projects on transition, perinatal mental health, self-care and improving care for the most vulnerable
- Joint Wokingham Emotional Health and Wellbeing Strategy has been developed and approved by the HWB
- Commissioning of Berkshire Adolescent Unit has transferred to NHS England. The unit has been re-designated as a Tier 4 resource. The unit is now open 24/7 and bed capacity is due to increase this autumn.
- Operational resilience resources funded a trial of extended CAMHs opening times which in turn has reduced the number of children and young people whose needs have escalated into

crisis. Operational resilience resources have also funded an enhanced Early Intervention in Psychosis service

- Crisis Care Concordat action plan is in place and being delivered. Psychological Medicines Service, ambulance triage and street triage services are in place.
- Berkshire West CCGs have increased the investment in specialist CAMHs by £1M recurrently and £500K non recurrently. The initial focus is on reducing waiting times, piloting a Short Term Care Team to follow up young people who presented with urgent care needs and delivering PPEP Care training to primary care and schools
- Redesign of the community Eating Disorders service is underway
- Young SHaRON online platform has been developed. Going live this Autumn.
- Children and Young People's Integrated Therapies toolkit is being expanded to include mental health and emotional development

Q4. Where do you think you could get to by April 2016?

(Please describe the changes, realistically, that could be achieved by then.) Please tell us in no more than 300 words

- Workforce training on emotional health and wellbeing across partners in Wokingham
- Reduced waiting times for specialist CAMHs
- Common Point of Entry to be open Monday to Friday 8am until 8pm
- Joint commissioning of voluntary sector organisations where the Local Authority and CCG are currently commissioning independently
- Evaluate Short Term Care team
- Launch Young SHaRON
- Increase number of in-patient beds at Berkshire Adolescent Unit
- Better access to local perinatal mental health services and advice
- Outcome framework developed and agreed across all partners
- Commission enhanced Eating Disorders service. Start delivery (subject to recruitment)

Q5. What do you want from a structured programme of transformation support? Please tell us in no more than 300 words

- Additional funding in order to meet the requirements of Future In Mind
- Events held in the Thames Valley to develop the workforce, commissioner and provider skills
- On line resources-e.g. concise "how to " guides linked to the evidence base
- Simple and easy to use trackers and pro-formas
- Support to enable implementation of a core outcomes framework across all partners

9. Detailed Local Transformation Plan

Key areas to be addressed in the Berkshire West Local Transformation Plans and proposal of an order in which changes might be worked through

Future In Mind (FIM) priority

R= Resilience, Prevention and early intervention for the mental well-being of children and young people (chapter 4)

A= Improving access to effective support (chapter 5)

V= Caring for the most vulnerable (chapter 6)

AT= To be accountable and transparent (chapter 7)

W= Developing the workforce (chapter 8)

Issue/ recommendation from Future In Mind	Actions/ Key Lines of Enquiry	Suggested date	FIM priority
Improving the access to help, preventing young people being lost or having to wait a long time for service delivery.	Recruit BHFT staff	15/16	A
	CPE open longer hours	15/16	A
	Technology development and roll out	15/16 onwards	A
	Introduce waiting time standards across CAMHs and Early Intervention in Psychosis services	15/16 onwards	A
Reduce number of YP whose needs escalate to crisis	Trial short term care team (follow up of YP who have attended A and E in crisis)	15/16	A
	Prioritise higher risk cases, paying particular attention to Children in Care	15/16	A
	Ongoing risk review of those on waiting list	15/16	A
	Collect data from RBH on A and E attendances, wait times- identify any trends	From Q3 15/16 and 16/17	A, AT

	<p>What can we learn as a system from YP who escalated into Tier 4? Those who stepped down from Tier 4?</p> <p>Ensuring the support and intervention for young people being planned in the Mental Health Crisis Care Concordat is implemented.</p> <p>Use of on line platforms such as SHaRON and Yong SHaRON</p>	<p>16/17</p> <p>15/16 onwards</p> <p>15/16 onwards</p>	<p>A, V</p> <p>A, AT, V</p> <p>A</p>
Reduce delays in accessing MH assessments once YP is medically fit and has presented at RBH	<p>CPE open longer hours-staff available for longer</p> <p>Embed new care pathway</p>	<p>15/16</p> <p>15/16 onwards</p>	<p>A</p> <p>A</p>
Is there a need for a local intensive crisis home treatment team for CYP?	<p>Evaluate learning and data from initiatives above</p> <p>Establish the interface with the transformed Eating Disorders service</p> <p>Develop options appraisal</p> <p>Commission and implement service</p>	<p>Late 16/17</p> <p>17/18</p>	<p>A</p>
By co-commissioning community mental health and inpatient care between local areas and NHS England to ensure smooth care pathways to prevent inappropriate admission and facilitate safe and timely discharge.	<p>Berkshire Adolescent Unit transfer to NHSE- MOU implemented</p> <p>See also "Is there a need for a local intensive crisis home treatment team for CYP?" above</p> <p>Consider step down arrangements for young people being discharged from in patient units- is there a case for a local facility as an alternative to out of area residential placements? Also links with Transforming Care</p> <p>Implement changes to community Eating Disorder services</p>	<p>15/16</p> <p>16/17</p> <p>15/16 onwards</p>	<p>AT</p> <p>V</p> <p>A</p>
Enhancing existing maternal, perinatal and early years health services and parenting programmes	Evaluate perinatal MH pilots in the community/ children's centres. Impact on take up of services for new mothers? Consider the	15/16	R, W

<p>to strengthen attachment between parent and child, avoid early trauma, build resilience and improve behaviour by ensuring parents have access to evidence-based programmes of intervention and support.</p> <p>Improving the skills of staff working with children and young people with mental health problems by working with the professional bodies, NHS England, PHE, HEE to ensure that staff are more aware of the impact that trauma has on MH and on the wider use of appropriate evidence-based interventions</p>	<p>recommendations.</p> <p>Commission enhanced perinatal MH service- RBH working with BHFT</p>	15/16	R
	<p>Participate in University of Reading clinical trial-improved treatment for severe conduct disorders in young children</p>	Q4 15/16 16/17	A, R,W, V
	<p>LAs evaluate behaviour support programmes and services to include SEN, Troubled Families, therapeutic fostering and YOS arrangements</p>	TBC	AT, W, V
	<p>Develop conduct disorder/behaviour pathway building on learning from trials and evidence across the system</p>	17/18	A, AT, V
	<p>Roll out conduct disorder/behaviour pathway</p>	18/19	A, W, V, R
	<p>Publicise and promote attendance at the Thames Valley trauma conference</p>	15/16	W
<p>How far can we push integration?</p> <p>Enabling single points of access to increasingly become a key part of the local offer, harnessing the vital contribution of the voluntary sector. Move away from tiered working.</p> <p>For the most vulnerable young people with multiple and complex needs, strengthening the lead professional approach to co-ordinate support and services to prevent them falling between services.</p>	<p>Review current CPE and local triage arrangements- should a single point of access/ localised triage system be developed in each LA where the family's holistic needs are considered prior to referral to CAMHs?</p> <p>Should this also consider physical healthcare e.g. therapies?</p> <p>How does this differ to existing MASH and Early Help hubs?</p> <p>How does the current system link to SARCs, YOS and the Troubled families programme?</p> <p>Consider the feasibility of changes on a Berkshire West only basis</p> <p>How does a "Tier 2 or 3" child present? Unpick clinical thresholds</p>	<p>16/17</p> <p>15/16</p> <p>16/17</p>	<p>A, V</p> <p>A, W, AT</p> <p>A, V, W</p>

Improving the care of children and young people who are most excluded from society, such as those involved in gangs, those who are homeless or sexually exploited, looked-after children and/or those in contact with the youth justice system, by embedding mental health practitioners in services or teams working with them.	and agree how cases are stepped up and down between universal, targeted, specialist and acute service providers.		
	Identify the skills needed in the workforce in order to respond to different levels of need/ complexity	Early 16/17	A, V
	What can we learn from successful YOS and Troubled Families services re approach?	15/16	A, V
	Overcome information sharing/ data collection issues between agencies	Late 16/17, early 17/18	A, V
	Roll out changes	16/17	A, V, R
	Is there a case to develop a regional Thames Valley service for certain groups e.g. children with sexually problematic behaviour? Services for LAC placed out of area but within the Thames Valley? YP who have been sexually exploited?	TBC	V,A
	Work with commissioners across the Thames Valley to maintain a Secure CAMHS Outreach service in the event of this moving from Specialised Commissioning across to CCGs	TBC	V,A
	Ensure all services understand and demonstrate a shared responsibility for the emotional health and well-being, and are supported with the skills and training development to fulfil those roles effectively	15/16 onwards	W, AT, V,A
	Is there a need to improve links with SARCs?	16/17	V

Improving communications, referrals and access to support through every area having named points of contact in specialist mental health services and schools, single points of access and one-stop-shop services, as a key part of any universal local offer.	Linked to CPE work above	15/16	A
	BHFT working with service users to improve communications	16/17	A, W
	Will schools commit to having MH lead?	16/17	A,W,V, AT
	Agree interface between BHFT and local services- clinical supervision, training	16/17	AT, R
Making sure that children, young people or their parents who do not attend appointments are not discharged from services. Instead, their reasons for not attending should be actively followed up and they should be offered further support to help them to engage.	Do we as a system understand what we currently collectively offer with regard to resilience, prevention and early intervention?	16/17	AT, R, A
	How do we make the offer easy to navigate?	16/17	AT, R, A
CCG assurance visit		15/16	V, A
	Consider whether a local single point of access in each LA and having a MH link in schools where the family's holistic needs are considered might improve access for these groups.	16/17	V,A
Online support for CYP and families	Young SHaRON roll out, to include platforms for Looked After Children, carers, families	15/16	A, R, V
Strengthen links between physical health, mental health and support for children with SEN	BHFT expand children's toolkit to include Mental Health	15/16 and 16/17	A, R
	Consider whether current emotional wellbeing support for children and young people with long term conditions is sufficient	16/17	A, V
	BHFT to develop internal workforce	15/16 onwards	W
System wide ASD and ADHD pathway- strengthening the links between mental health, learning difficulties and services for children with Special Educational Needs	ASD diagnostic waiting time standard in contract 15/16	15/16	A
	Recruitment underway BHFT 15/16	Q2 15/16	A, W
	DH guidance on LD and ASD expected.	Q2 15/16	AT

and Disabilities (SEND)	BHFT expand children's toolkit to include ASD and ADHD	Q3 and 4 15/16	A, R, W
	BHFT develop internal neurodevelopmental pathway.	Q3 and 4 15/16	AT, A, W, V
	Link with schools, LAs, vol sector. Linkages between ASD, ADHD, SEND, behaviour? Schools role? Who does what? What do we commission from voluntary sector? Thresholds /acceptance criteria? How do agencies communicate/ key workers? Develop pathway across the system.	15/16/17	A, AT, W
	Workforce training	16/17	W
	Link to Transforming Care initiatives to ensure that local services are available for young people with challenging behaviour and learning disabilities and or ASD	16/17 onwards	A, V
Supporting self-care	Expansion of children's toolkit to include MH	15/16 and early 16/17	R, A
	Publicise Puffell apps developed in Berkshire once accredited	15/16	R, A
	Reading pupils given MH self-care booklets- other areas to consider whether they wish to adopt this approach	15/16	R, A
		15/16 onwards	R, A
	Launch Young SHaRON	15/16	R,A,V
Promoting implementation of best practice in transition, including ending arbitrary cut-off dates based on a particular age.	Transition into adult services project	15/16	A
	Consideration of access to specialist Eating Disorders services for older teenagers/ less mature older teenagers	15/16 onwards	A
	Embed changes	15/16 onwards	A
Developing a joint training programme to support lead	PPEPCare training to primary care and selected schools	15/16	W, R

contacts in specialist children and young people's mental health services and schools.	If bid successful, roll out school link pilot	15/16	W, R
Continuing to develop whole school approaches to promoting mental health and wellbeing, including building on the Department for Education's current work on character and resilience, PSHE and counselling services in schools.	Workforce needs to be developed continuously. If current CPE arrangements change, will require extensive training and publicity	15/16 onwards to 19/20	W
Promoting and driving established requirements and programmes of work on prevention and early intervention, including harnessing learning from the new 0-2 year old early intervention pilots.	Consider whether to continue PPEPCare roll out into 16/17 Local initiatives and leads???	16/17	W
Building on the success of the existing anti-stigma campaign led by Time to Change, and approaches piloted in 2014/15, to promote a broader national conversation about, and raise awareness of mental health issues for children and young people.	Scope whether HVs and School Nurses could drive improvements. If this were adopted enact commissioning changes/ service changes	16/17	W, R, A, AT, V
	Scope LA, school and voluntary sector issues/ workforce development	16/17	W, R, A, AT, V

<p>Establishing a local Transformation Plan in each area during 2015/16 to deliver a local offer in line with the national ambition. Conditions would be attached to completion of these Plans in the form of access to specific additional national investment, already committed at the time of the Autumn Statement 2014.</p> <p>Health and Wellbeing Boards ensuring that both the Joint Strategic Needs Assessments and the Health and Wellbeing Strategies address the mental and physical health needs of children, young people and their families, effectively and comprehensively.</p>	Develop Transformation Plan, HWBs to approve plans	Aug/ Sept 15	AT
	HWBs to delegate authority to implement Transformation plans to BW CAMHs Transformation Group,	Sept 15	AT
	Transformation Plans submitted to NHSE	Sept 15	AT
	JSNA	Q3 15/16	AT
	Eating Disorders plans developed and incorporated in Transition Plans (pan Berkshire ED plan)	Aug- Oct 15	AT
<p>Developing and implementing a detailed and transparent set of measures covering access, waiting times and outcomes to allow benchmarking of local services at national level, in line with the vision set out in Achieving Better Access to Mental Health Services by 2020.</p>	NHSE approve plans and release funding	Q3 15/16	AT
	Implement Open Rio (BHFT)	15/16	AT
	Start collecting data in accordance with new CAMHs minimum data set	From Jan 16	AT
	Develop outcomes framework across all providers and commissioners	Q4 15/16	AT, W
	Implement outcomes framework across all contracts and SLAs.	16/17	AT, W
	Offer Open Rio access to the voluntary sector once new system is gremlin free	16/17	AT, W
	Outcomes and progress to be reported up to HWB	15/16 onwards	AT

Making the investment of those who commission children and young people's mental health services fully transparent.	How do schools spend their pupil premium? What outcomes do they achieve?	16/17	AT, R
	Transparency of CCG financial arrangements	15/16	AT
	Transparency of LA financial arrangements	15/16	AT
Commissioning of third sector organisations	Where LAs and CCG are commissioning the same organisations, streamline arrangements via joint commissioning	For 16/17 contract	AT, A
	Consider the support that voluntary sector organisations might require in order to successfully bid for pots of money that is not open to the statutory sector. Linked to vol sector demonstrating outcomes and being able to provide data	16/17	A, AT
Having lead commissioning arrangements in every area for children and young people's mental health and wellbeing services with aligned or pooled budgets by developing a single integrated plan for child mental health services in each area, supported by a strong Joint Strategic Needs Assessment.	Links to Commissioning of third sector organisations section above		
	Agree TOR for Berkshire West Mental Health and Wellbeing Transformation group	Q2/3 15/16	AT
	JSNA update	Q3 15/16	AT

10. Eating Disorders plan to date

CCGs in Berkshire West and Berkshire East will jointly commission a revised Eating Disorder pathway in order to meet the new access and waiting time standard. The current provider, Berkshire Healthcare Foundation Trust, has carried out some initial work to describe what a future service might look like. This document is a descriptor of the intended service to indicate how the recommendations within the Access and Waiting Time Standard for Children and Young People with Eating Disorders may be met within Berkshire. A business case will be developed in due course.



Eating disorder
descriptor document

11. Measuring outcomes (KPIs)

There is agreement amongst partners in Berkshire West that a core set of emotional health and wellbeing outcome measures should be developed that every provider will use and report on. These would link to any nationally agreed outcome measures. This has been included in the action plan.

11.1 KPIs for Tier 2 services in Wokingham Borough Council


Tier 2 Monitoring – inputs and outputs

Consultation through Early Help Hub	30%
1-1 Direct support and intervention with Children and Young People	70%
Patients waiting more than 12 weeks	
Re-referrals within 3 months of closure	
Effective de-escalation into other support services	
Reduction in cases escalating to higher tier services	
Availability of skilled practitioners trained in our practice framework to ensure the service is able to meet need	

11.2 Key Performance Indicators in the Specialist CAMHS 15/16 contract

Ref	Indicator	Threshold	Method of measurement
Waiting list reduction (as per Quality Schedule)	% of Berkshire West CAMHS patients (excluding ASD) that are seen within 6 weeks for reporting period	October - 75% November - 75% December - 80% January - 85% February - 90% March - 95%	Reported within monthly quality schedule report
Waiting list reduction (as per Quality Schedule)	% of Berkshire West CAMHS patients (excluding ASD) that are waiting at the end of the reporting period that have waited less than 6 weeks	October - 75% November - 75% December - 80% January - 85% February - 90% March - 95%	Reported within monthly quality schedule report
Waiting list reduction (as per Quality Schedule)	Number of Berkshire West CAMHS patients (excluding ASD) waiting longer than 12 weeks as at the last day of the month	0 from October 2015	Reported within the monthly quality schedule report
Waiting list reduction (as per Quality Schedule)	% of Berkshire West CAMHS ASD patients that are seen within 12 weeks for reporting period	October - 75% November - 75% December - 80% January - 85% February - 90% March - 95%	Reported within monthly quality schedule report
Waiting list reduction (as per Quality Schedule)	% of Berkshire West CAMHS ASD patients that are waiting at the end of the reporting period that have waited less than 12 weeks	October - 75% November - 75% December - 80% January - 85% February - 90% March - 95%	Reported within monthly quality schedule report

Ref	Indicator	Threshold	Method of measurement
Waiting list reduction (as per Quality Schedule)	Number of Berkshire West ASD patients waiting longer than 18 weeks as at the last day of the month	0 from December 2015	Reported within the monthly quality schedule report
Waiting list reduction (as per Quality Schedule)	Number of Berkshire West patients waiting on the total CAMHS waiting list	Q2 = Q1 minus 20% Q3 = Q2 minus 20% Q4 = Q3 minus 20%	Reported within the monthly quality schedule report
1.	Extension of CPE to 8am - 8pm model	CPE will be open 8am until 8pm on working days Monday to Friday by the end of Quarter 2.	Reported quarterly from the end of Q2
2.	Reduction in inappropriate/avoidable presentations to A&E	Baseline data to be captured from September 2015. Seasonal trends to be mapped over 15/16 and into 16/17TBC	Data to be reported monthly from September 2015 using the following methodology: 1: Numbers who present to A+E who are receiving active treatment from CAMHS 2: Numbers who present to A+E who are on a waiting list and not receiving active treatment 3: Numbers who present to A+E who are not known to BHFT CAMHS who need a CAMHS service (1+2 are the groups with potential to avoid presentations regardless of presentation or who recommends them going to A+E)
3.	Reduction in time from referral to assessment in A&E – within 4 hours.	BHFT to develop a system to collect baseline data in-year.	Data collection to start from 1 September 2015.
4.	Reduction in complaints that relate to waits longer than agreed targets for relevant team/pathway	25% reduction	To be reported quarterly from Q3
5.	Throughput measure by service line (measuring how many waiting, seen and discharged	BHFT to develop a system to collect baseline data in-year.	Tableau reporting from Q4

Ref	Indicator	Threshold	Method of measurement
6.	Implementation of Routine Outcome Measures	<p>BHFT to continue to trial CAMHsWeb. BHFT to develop meaningful reportable outcome measures throughout 15/16 and to demonstrate how reports are being used to improve the service.</p>  <p>ROMS.docx</p>	A report is to be provided in Q4 which will include narrative on how the outcome measures are in line with the CAMHs core data set requirements. For 2016/17
7.	Educational support programmes to key stakeholders – number of sessions to be agreed with commissioners	<p>BHFT will participate in the development and implementation of a CAMHs transformation plan in line with the findings of “Future In Mind” via a partnership between commissioners and providers from the NHS, Local Authorities, schools and voluntary sector.</p> <p>The transformation plan will make explicit how educational support programmes to key stakeholders will be commissioned and provided. The goal is to improve the availability and effectiveness of early intervention and prevention that is being delivered by the wider children’s workforce.</p> <p>It is anticipated that educational support to key stakeholders will build on PPEP care training that is being delivered in 15/16.</p>	To be articulated in the CAMHS Transformation plan
8.	Evidence of the use of technological adjuncts – rollout of Young SHaRON and the Children’s toolkit, and use of the NHS England		Provider to provide six-monthly updates on developments. First update required at the mental health contract meeting by the end of September 2015

Ref	Indicator	Threshold	Method of measurement
	App when available.		

12. Governance

Berkshire West Mental Health and Wellbeing Transformation group.

Local Authority leads met with the CCG on 21 August and 27 August to develop plans for an oversight group. The name “Berkshire West Mental Health and Wellbeing Transformation group” is suggested.

Scope

- to monitor and facilitate implementation of the Transformation Plan
- to make recommendations- not a decision making group
- to provide different perspectives on strategy, service transformation planning and implementation i.e. this is what it feels like from a school (voluntary sector/ service user/ social care/BHFT/parent) perspective
- help to develop strategy
- promote collaboration
- task and finish groups will take on key pieces of work, pulling in additional agencies as required

Proposed membership

- Local Authority children’s services x 3 (West Berkshire Council, Reading Borough Council, Wokingham Borough Council)
- Local Authority Public Health lead
- a nominated lead from a voluntary sector counselling organisation (ARC, Number 5, Time To Talk- West Berkshire, Time to Talk- Reading, Changing Arrows). Invite specific voluntary sector representatives for specific agenda items e.g. ASD/ SEN
- University of Reading
- 4 school forum representatives drawn from Early Years, Primary, Secondary and Special Schools across Berkshire West
- Service users
- Young people who are not service users
- Parent / carer
- BHFT CAMHs service manager, clinical lead, lead for children’s integration

- RBFT- A & E and paediatrics
- Healthwatch representative
- CCG clinical lead and head of children's commissioning
- NHS England Tier 4 lead

It is envisaged that for some of the partners listed, a representative will provide an insight as to how things feel/ might feel on the ground as service transformation ideas are discussed and implemented. It is hoped that this would enable the group to be an optimal size for meaningful and timely discussion.

It is envisaged that task and finish groups will be required to undertake specific aspects of the transformation work.

Resources

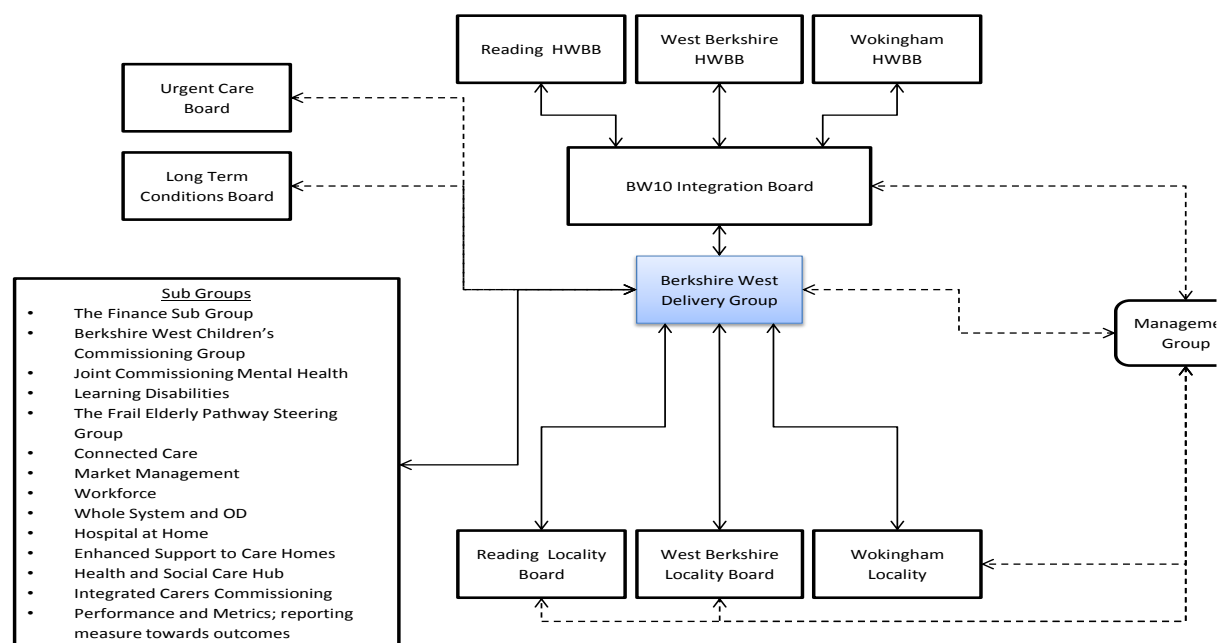
The group will require resources to enable attendance. The group will require communications and secretariat support.

Frequency

Initially monthly, starting November 2015

Reporting arrangements

To report to the Berkshire West Integration Board (Director and Chief executive level)
Respective Health and Wellbeing Boards to delegate authority to the group.



13. Self-assessment checklist for the assurance process (Annex 2 in the guidance)

Annex 2: Self assessment checklist for the assurance process

Please complete the self-assurance checklist designed to make sure that Local Transformation Plans for Children and Young People's Mental Health and Wellbeing are aligned with the national ambition and key high level principles set out in *Future in Mind* and summarised in this guidance

PLEASE NOTE: Your supporting evidence should be provided in the form of specific paragraph number references to the evidence in your Local Transformation Plans – not as free text

Theme	Y/N	Evidence by reference to relevant paragraph(s) in Local Transformation Plans
Engagement and partnership		
Please confirm that your plans are based on developing clear coordinated whole system pathways and that they:		
1. Have been designed with, and are built around the needs of, CYP and their families	Y	2.5, 2.8, 2.9 Sections 3,5,6,10
2. provide evidence of effective joint working both within and across all sectors including NHS, Public Health, LA, local Healthwatch, social care, Youth Justice, education and the voluntary sector	Y	Sections 1,2,6,9,10,12
3. include evidence that plans have been developed collaboratively with NHS E Specialist and Health and Justice Commissioning teams,	Y	2.4 Section 9
4. promote collaborative commissioning approaches within and between sectors	Y	Section 6,10,12
Are you part of an existing CYP IAPT collaborative?	Y	2.3
If not, are you intending to join an existing CYP IAPT collaborative in 2015/16?	N/A	
Transparency		
Please confirm that your Local Transformation Plan includes:		
1. The mental health needs of children	Y	2.5, sections 3,6,10

and young people within your local population		
2. The level of investment by all local partners commissioning children and young people's mental health services	Y	Section 4
3. The plans and declaration will be published on the websites for the CCG, Local Authority and any other local partners	Y	2.7
Level of ambition		
Please confirm that your plans are:		
1. based on delivering evidence based practice	Y	5.1, sections 6, 9, 10
2. focused on demonstrating improved outcomes	Y	2.1 sections 5,6,9,10,11
Equality and Health Inequalities		
Please confirm that your plans make explicit how you are promoting equality and addressing health inequalities	Y	5.3, sections 6,7,9,10
Governance		
Please confirm that you have arrangements in place to hold multi-agency boards for delivery	Y	Sections 1,2,6,9,12
Please confirm that you have set up local implementation / delivery groups to monitor progress against your plans, including risks	Y	Section 12
Measuring Outcomes (progress)		
Please confirm that you have published and included your baselines as required by this guidance and the trackers in the assurance process	Y	Section 11 NB there are problems with the tracker
Please confirm that your plans include measurable, ambitious KPIs and are linked to the trackers	Y	Section 11
Finance		
Please confirm that:		
1. Your plans have been costed	partial	Section 10 and 14 NB there are problems with the tracker
2. that they are aligned to the funding	partial	Section 10 and 14 NB there are

	allocation that you will receive		problems with the tracker
3.	take into account the existing different and previous funding streams including the MH resilience funding (Parity of Esteem)	Y	4.2, 5.4, 5.7, sections 6 and 8

.....

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

.....

Name signature and position of person who has signed off Plan on behalf of NHS Specialised Commissioning.

14. Tracking template to monitor and review progress (Annex 3 in the guidance)

In Berkshire West there are four CCGs covering 3 Local Authority areas.

Berkshire West CCGs have submitted 3 Transformation Plans- one for each Local Authority area.

It is therefore difficult to reflect this in the tracker and the tracker is, at this stage incomplete. Please advise in your feedback on the plan how to resolve this.

The breakdown of additional investment for 15/16 (excluding Eating disorders) is

CAMHS investment by Local Authority and CCG				
	Newbury and District	North and West Reading	South Reading	Wokingham
	23.04%	22.40%	25.71%	28.85%
	£345,600	£336,000	£385,650	£432,750
	Local Authority			
West Berkshire	£513,600	34.24%		
Reading	£553,650	36.91%		
Wokingham	£432,750	28.85%		
	£1,500,000			

For the Eating Disorder investment, the 4 Berkshire West CCGs will work with the 3 Berkshire East CCGs. Please advise as to how to reflect this in our trackers.



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