

Emotional Health and Wellbeing Strategy performance scorecard update March 2016

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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

This report aims to provide an update on service development and improvement across the comprehensive Child and Adolescent Mental Health Services (CAMHS) system.

We are seeing significant changes in demand on our emotional health and wellbeing services. **It is recommended that** further analysis is undertaken to establish a deeper understanding of cause and effect across the whole system. In particular that further analysis is undertaken to understand the referral pathway and priority needs of young people being referred to CAMHS Tier 3 in Wokingham.

The evidence to date supports the professional concern reported through Local Safeguarding Children's Board and the Children's Partnership that pre-diagnostic support around ASD is a critical priority for Wokingham. Actions are underway across Berkshire to maximise the work around this pathway. **It is recommended that** the partnership pay particular attention to action in this area.

2. POLICY CONTEXT

The report of the government's Children and Young People's Mental Health Taskforce, "Future in mind – promoting, protecting and improving our children and young people's mental health and wellbeing", was launched on 17 March 2015 by Norman Lamb MP, the then Minister for Care and Support. It provides a broad set of recommendations across comprehensive CAMHS that, if implemented, would facilitate greater access and standards for CAMHS services, promote positive mental health and wellbeing for children and young people, greater system co-ordination and a significant improvement in meeting the mental health needs of children and young people from vulnerable backgrounds.

In August 2015, NHS England published guidance on how Local Transformation Plans should be developed, assured and publicised. There is a requirement for system wide transformation over 5 years. Wokingham Health and Wellbeing board approved the local plans in October 2015 which has enabled additional recurrent funding to be released from NHS England to the Berkshire West Clinical Commissioning Groups (CCGs).

3. LOCAL CONTEXT

Locally, since August 2015 Wokingham Children's Partnership has implemented an Early Help and Innovation strategy, this aims to transform practice with children and families across the partnership. As part of this work the Partnership has implemented a practice framework and established an Early Help Hub with coordinated Early Help services to improve outcomes.

The Future in Mind report has been reviewed against local action and as part of this Berkshire West CCGs and the 3 Local Authorities have established a governance group to oversee and support the

implementation of the Local Transformation Plans. This meeting is now called the 'Berkshire West Future in Mind' group and includes a broad representation of providers of services such as BHFT, voluntary sector partners, Royal Berkshire Foundation Trust (RBFT), Schools, Healthwatch as well as the University of Reading.

The Local Transformation Plan for Wokingham is part of the comprehensive Early Help and Innovation strategy. It is built around the national Future in Mind policy document as well as the comprehensive local CAMHs engagement work undertaken in 2014 to identify local needs. Themes include;

- Commissioning the use of evidence-based public mental health interventions which have been shown to provide significant economic savings
- Taking an integrated partnership approach to defining need, commissioning and delivering services
- Ensuring the delivery of mental health promotion and prevention through universal services such as Health Visiting, school nursing and the school pastoral roles
- GPs and schools being able to identify and refer early (before specialist CAMHs is required) to a wider range of services which support mental health and wellbeing
- Commissioning services that meet NICE guidance
- Delivery of the new access and waiting time standards for Eating Disorders and Early Intervention in Psychosis.
- Providing practical support for families and schools for children with ASD and ADHD
- Improving longer term therapeutic input for children with enduring mental health or attachment issues who do not meet the criteria for more specialist medical support
- Improving services for children and young people who present to Royal Berkshire Hospital Foundation Trust (RBFT) emergency department in crisis. Reducing the number of children and young people whose needs escalate into crisis
- To continue to build a strong awareness and skill set in Wokingham schools around understanding, identifying and talking about emotional health and well-being issues, covering areas such as attachment difficulties, bullying and self-harm.

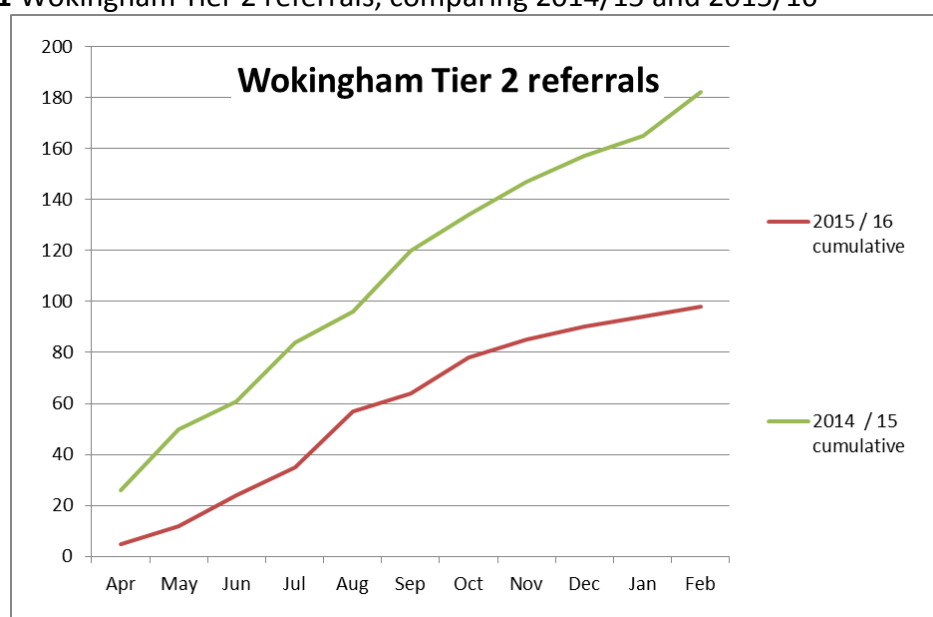
4. PROGRESS TO DATE

This has been broken down into the impact of early help and Tier 2 services and then goes onto display data relating to Tier 3 services.

Tier 2 activity and the Impact of Early Help

Within the Tier two referrals we have seen a significant year – on – year reduction in PCAMHS activity, this is displayed in chart 1.

Chart 1 Wokingham Tier 2 referrals, comparing 2014/15 and 2015/16



The Early Help and Innovation programme has had an impact on the emotional wellbeing of children and families within Wokingham. We have summarised this impact into five areas.

1. Impact on referrals to PCAMHS as a result of the Early Help Hub

The Early Help Hub (formally triage) has been operational for 16 months; the Early Help Hub brings services together to identify and coordinate support needed for families. The Early Help Hub has input from PCAMHS and Health Visitors. Two Practitioners under CAMHS supervision are providing early intervention support using CYP IAPT principles of an early intervention nature to prevent escalation to Tier 3 level.

Sampling cases between October 2015 and March 2016 we identified sixteen cases as having a child mental health component. The plan generated from their contact with the EHH led to nine of the sixteen cases being diverted from CAMHS referral. Of the remaining 7 referrals 4 of these were awaiting and ASD/ADHD diagnosis.

2. Improvements in Family Star have been greatest around Emotional Wellbeing

The Family Star Plus model measures outcomes of the Child's journey through various indicators in relation to wellbeing. This includes ten areas of parenting essential to enabling Children to thrive. These are ●physical health, ●wellbeing, ●meeting emotional needs, ●keeping your children safe, ●social networks, ●education and learning, ●behaviour, ●family routine, ●home, money and ●progress to work. The Star is completed at the start and end of the journey enabling families to track their outcomes throughout their

journey giving goals and measurable aspirations. The 'my star' element of this captures the voice of the Child, their needs, their perspective on the changes they are experiencing and acts as a reference point to check changes made by parents are enabling their children to thrive.

Across all users of Family Star Plus there has been an increase in scores for 'meeting emotional needs' element with an average increase of 1.1. This element has the third highest increase in scores from all of the elements ('boundaries and behaviour' - 1.7 and 'your wellbeing' – 1.4). The data is potentially thrown off owing to ominous report on FNP's Star thus worth noting Brambles Group has seen a 3 point increase in 'meeting emotional needs' making it the element with the greatest improvement. All of the elements of the star are linked to a family's emotional wellbeing so improvement in any other element will generate better emotional wellbeing. Social networks and connectedness is very important for emotional wellbeing and this saw an increase in all sites and teams.

3. The emotional wellbeing of parents has improved as a result of Early Help

Two programmes aimed at parents are the Triple P parenting programme and the incredible year's courses, both of which have shown to have a positive impact.

As part of the Triple P parenting programme the parental wellbeing, depression, anxiety and irritability are scored as part of the evidenced based adult wellbeing scale. Out of the 22 parents within the same time frame 50% had an improvement in depression scores and 69% experienced improvement in feelings of anxiety.

Parenting improved across three dysfunctional disciplines (laxness – 73%, over-reactivity - 78% and hostility – 65%). A reduction in these dysfunctional discipline styles would lead to a positive impact upon the emotional wellbeing of both the child and the parent.

Within the incredible years courses 54% of families coming through reported an improvement in Adult Wellbeing with 80% having made positive changes in their parenting style.

4. The workforce have a positive view on the mental health outcomes for their service users.

Below are some highlights of qualitative consultation with professionals working within the EHH.

- The Early Help Hub has a team of multi-agency professionals that are all adopting the same approach, sharing the same information to build relationships with families to understand their needs and facilitate a supportive environment for challenge.
- As CAMHS waiting lists are very long the child would face longer term issues around mental health in waiting to be seen. The services provide an interim solution for the child. Quicker support. EHH aims to provide support until assessments or referrals are completed. Tailored support right place right time. Meaning the family and child has the right level of service, right approach and when and where they need it.
- Giving a child a timely response to a problem that keeps them at the centre of things. This builds emotional resilience and confidence in systems and approaches.
- Parents that are more responsive and supportive of their child's needs. As well as having their own mental health needs explored.
- Reducing isolation for the child and parents. Leading to them feeling empowered and supported but ultimately managing issues themselves.
- Reduced anxiety, having a voice that is heard and the focus on them leads to an increased ability to share emotional issues.

- Improved self-esteem by having their voice heard, their issues explored, the whole family involvement and network building.
- Increased ability to self-regulate emotions. Leading to the child being able to express emotions and having a family that can hear them and offer the right support to contain and manage behaviours and emotional issues. This looks to strengthen families.
- Families benefit more from preventative, rather than reactive services. This approach adds value and is cost effective for all concerned.
- Referrals to CAMHS are now more focused as if the family have been through EHH there has been some good assessments that enable CAMHS to explore what has been tried and failed or worked, meaning quicker responses to referrals and more tailored interventions that are also more cost effective.

5. Case Study demonstrating how Early Help has prevented a referral to CAMHS

15 year old boy who is not attending school and reported to be aggressive towards mother and sibling. Father has mental health difficulties. Mother sought help through GP who suggested that she refer to Children's Services first as there is a waiting list for CAMHS. Audit found that there was no report of mental health symptoms. Outcome of triage meeting was for Targeted Youth Support service assessment and support. This could result in diversion from CAMHS referral.

14 year old boy who has reacted to death of a parent three years ago through extreme aggressive behaviour within the home. Has refused counselling. Action is to complete Early Help assessment and refer to either Berkshire Women's Aid for male counsellor or Youth Support service. This will divert from CAMHS referral.

Tier 3

Berkshire West has committed an additional £1m recurrently and an additional £0.5M in financial year 15/16 to BHFT to mainly address waiting times and reducing risk.

Waiting time targets were agreed between the CCG and BHFT linked to this investment. These are:

- 95% of young people on all but the ASD pathway will access their service within 6 weeks by end of March 2016.
- 95% of young people on the ASD care pathway will access their service within 12 weeks by end of March 2016.

All partners agree that these service improvements are needed, but there is recognition that these are challenging targets. For example nationally the average waiting time for ASD assessment is 42 months. Referral rates for ASD diagnosis continue to rise locally. Data from the NHS Benchmarking network suggests that referrals and average waiting times for CAMH services have increased year on year since the report was first published in January 2011. Data from the 2013 survey (latest published) gives the median wait time for urgent access to CAMHS as 3 weeks, with the average wait for routine access at 15 weeks.

Tier 3 Data – Referrals and Waiting Times

In December 2015 Tier 3 Berkshire West (i.e. Reading, Wokingham and West Berkshire Local Authorities) data was as follows.

Chart 2 below provides a comparison of referrals, Year to Date (end November 15) Berkshire West CCG's.

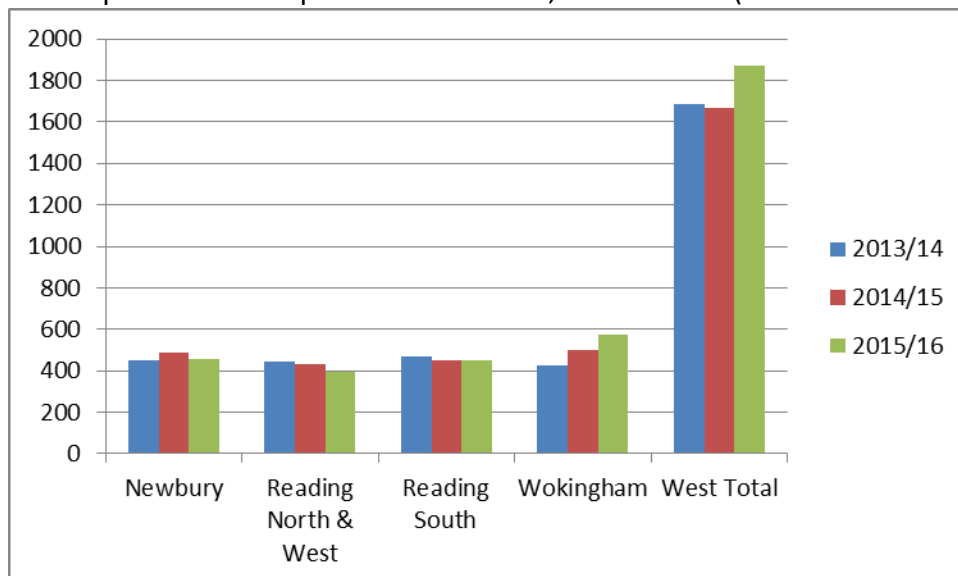


Chart two shows that Wokingham referrals to Tier 3 specialist CAMHs have continue to grow whereas the rate has plateaued in the rest of Berkshire West. The cause of this increase has yet to be determined, however it is thought that there could be a casual correlation between the rising numbers of children subject to Child Protection plans and Children in Care being supported by CAMHS as explained below.

The complexity of cases has increased over the past year with a 77% increase in the number of Looked After Children receiving treatment in CAMHs and a 107% increase in the number of children on a Child Protection Plan accessing the service across the West of Berkshire. There has been an increase in the number of children and young people being discharged from Tier 4 beds to the community service. This increase in complexity brings an associated increase in interventions from the multidisciplinary teams, with many young people requiring care from 2 or more clinicians in the team and more time spent on multiagency work, which has had an impact on wait list reduction capacity (see chart three).

Chart 3 below outlines a trend of Waiting Times into a service for tier 3 CAMHs across the Berkshire West, seen as a total as well as broken into bands of waiting times.

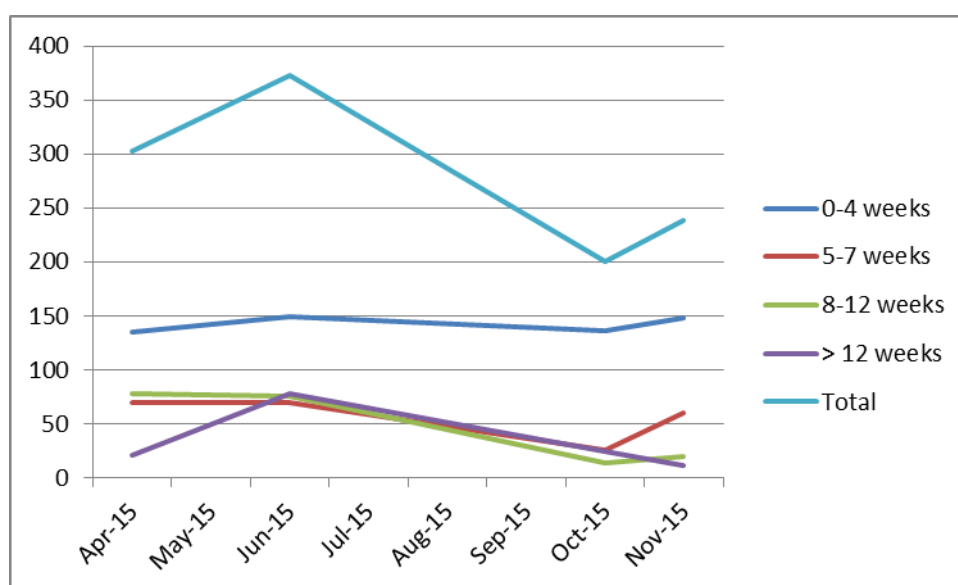


Chart three shows the total figure is reducing, with a small spike from October. At the time of writing there is a concern that some clinical activity has not been captured on the data recording system so the figures quoted for October and beyond may be better than indicated. Work is being done to ensure that all the data is captured accurately for the end of the financial year.

Chart 4 Wokingham CCG waiting times for Tier 3 specialist CAMHs as of the end of November 2015

| Wokingham | | | | | |
|--------------------------------------|---------|---------|----------|-------------|-------------|
| Pathway | 0-4 wks | 5-7 wks | 8-12 wks | Over 12 wks | Grand Total |
| CAMHs A&D Specialist Pathway | 11 | 2 | 4 | 28 | 45 |
| CAMHs ADHD Specialist Pathway | 2 | 6 | 4 | 47 | 59 |
| CAMHs ASD Diagnostic Team | 16 | 8 | 15 | 243 | 282 |
| CAMHs Bracknell Specialist Community | | 1 | 2 | 3 | 6 |
| CAMHs Reading Specialist Community | | | | 3 | 3 |
| CAMHs Wokingham Specialist Community | 7 | 5 | 11 | 40 | 63 |
| CAMHs CPE & Urgent care | 40 | 17 | 2 | | 59 |
| Grand Total | 76 | 39 | 38 | 364 | 517 |

When studying chart four please note that the numbers shown as waiting in different locality specialist teams are due to patient choice. Those children and young people waiting in excess of 6 weeks in CPE are routine referrals. All have had contact from the team and are being actively managed to enable completion of triage assessment.

As shown in chart four currently the longest waits continue to be in the ASD diagnostic pathway which accounts for 54% of current Wokingham waiting list.

It is clear that the ambitious waiting time targets are not being met. Therefore the CCGs have taken contractual action with BHFT to ensure that a robust recovery plan is in place to achieve the waiting time targets.

Further pan Berkshire West performance data mapped against the Key Performance Indicators as of the 30th of November 2015 can be found in appendix one of this report.

Reasons for change

The increase in Tier 3 referrals is a notable pattern, particularly when considered with our analysis of Tier 2 where we have tracked cases and corroborated the hypothesis that we are meeting emotional health needs better at the early help stage.

Further work needs to be undertaken to increase our understanding of the tier 3 referrals, below are hypotheses that require testing;

- The significant increase in Tier three referrals correlates with a significant proportion of our waiting times relating to an ASD request. As of the end of November 2015 we had a total of 517 children on the waiting lists, of which 282 (54.5%) were awaiting an ASD diagnosis. It is recommended that further analysis is undertaken to understand referral routes and earlier opportunities for response.
- The increased referrals may be in part due to the identified increase in children on Child Protection plans and Children in Care being supported by CAMHS, as noted across the West of Berkshire CCGs there is a “77% increase in the number of Looked After Children receiving treatment in CAMHS and a 107% increase in the number of children on a Child Protection Plan accessing the service.”
- There may be a system wide increase in both the level of complexity of cases and the overall demand. The increase in the number of Children in Care and subject to a Child Protection plan supported by CAMHS may support this hypothesis.
- Further analysis is required to establish if the increase in Tier 3 referrals is due to a true increase in demand or if is partly due to the referral system. Initial analysis of the common point of entry suggests that the Early Help Hub is preventing cases escalating to Tier 3 services, however more detail is required to ascertain why referrals are presenting to Tier 3 and if these referrals are appropriate for that level of service.

It is recommended that further analyses are undertaken to understand in particular the referrals being made to CAMHS Tier 3 to ensure that we take appropriate action.

5. Quality Improvements

While waiting time targets have not yet been achieved there have been a number of quality improvements that have been put into place, such as;

The Common Point of Entry is now open 8am until 8pm enabling quicker triage of new referrals and an improved urgent care response.

Response to urgent care needs and escalating risk amongst children and young people has been improved. Up to December 2015 there was a 30% reduction year to date in self-harm presentations to A and E at RBFT. This is against the national trend. However in January 2016 there was a significant increase in urgent care activity at RBFT. The CAMHS service responded swiftly and worked in partnership with RBFT staff to ensure that the young people received timely help.

Up to the end of October 2015 there was a 47% reduction in the number of under 18's admitted to Prospect Park Hospital. There was also a reduction in the number of young people placed in Tier 4 CAMHS beds compared with the previous year.

While Tier 4 admissions have reduced, year to date there have been more requests for joint funding to enable young people from Wokingham to be placed in out of area residential therapeutic placements than the other Berkshire West areas. Numbers are small but the trend is currently significant.

Autism Berkshire has been providing workshop sessions to support families who are on the ASD diagnosis waiting list. These workshops are designed to practically support families with emerging behaviour needs for their children and discuss strategies to manage whilst they are waiting for treatment. This has been funded through the Future In Mind allocation.

Berkshire West CCGs have commissioned an enhanced perinatal mental health service which will commence from April 2016. An online support service (SHaRON) for women experiencing perinatal mental health issues opened in December 2015.

Future In Mind funding is being used to deliver a school link project. Schools selected by Wokingham Council staff will be offered PPEPCare (Psychological Perspectives in Education and Primary Care) training during 16/17. Primary Mental Health Workers will provide better links between schools, targeted CAMHs and Tier 3 CAMHs so that children and young people with emerging emotional health and wellbeing difficulties are identified and helped earlier. PPEPCare has already been delivered to GPs and some practice staff. PPEPCare has been developed by Thames Valley Academic Science Network in partnership with the Charlie Waller Trust at the University of Reading. Training modules have been written and developed by national experts in various CAMHs conditions as well as service users.

Future In Mind funds will be used to increase the number of Webster Stratten evidence based parenting interventions available to families with children aged 4- 8 years of age with conduct disorder. This work forms part of a wider research project being led by University of Reading. There are opportunities to not only improve availability of support for families but to upskill local staff through close links with academic experts in the field.

Learning from the Psychological Medicines Service for under 18's in the Emergency Department of RBFT, early results from CAMHs extended opening hours (8am until 8pm) and a trial of a short term care team to prevent young people from escalating into crisis has led to the development a 12 month CAMHs CORE 24 Urgent Care Response Team pilot project, funded through Future In Mind. The project plan has been developed jointly by BHFT and RBFT. The pilot aims to develop a flexible and responsive service to meet the needs of young people under the age of 18 years who experience a mental health crisis. The project aims to prevent presentations to emergency department, paediatric wards or Place of Safety where it is safe to do so and when an admission is required, to facilitate safe and timely discharge through the provision of short-term intensive community support. This pilot will commence from April 2016. It will run for 12 months in order to capture seasonal variation in crisis presentations amongst children and young people.

An enhanced community eating disorders for children and young people is being commissioned across the whole of Berkshire. This uses ring fenced recurrent funding from NHS England. The service specification reflects the nationally required response timescales and evidence based model of care. The new service will commence from February 2016.

6. FUTURE OPPORTUNITIES

Wokingham's Transformation plan has a clear objective to integrate and build resources within the local community so that emotional health and wellbeing support is offered at the earliest opportunity.

As the plan becomes operational the intended outcomes will be that children and young people and their families are more resilient. There will be fewer children and young people escalating through to urgent or specialist interventions. There will be a positive impact on the perinatal mental health of mothers in the early years of children. There will be more young people reporting positive outcomes at a universal and targeted intervention level, including a positive experience of their services.

The plan expects these outcomes to be reached over the next 4 years;

- Children and young people mental health needs will be identified early, especially in universal services such as schools, early years settings and GPs
- Help will be easy to access, it will be coordinated, including the young person and family in the decision making process and provided in places that make sense to them
- If support is required at a targeted or specialist/ urgent level that this is provided quickly, at a high quality level and safely.

7. NEXT STEPS

The pattern of increased referrals to CAMHS Tier 3 is an issue which needs further analysis to understand. This is a key next step.

There is close working across a network of partners, including Wokingham Borough Council, Berkshire West CCGs, local schools, the voluntary sector and other key partners to finalise the 2016/17 priorities in the plan. The current service priorities are:

- Reduce waiting times
- Develop the role of schools, primary care, early year's settings, wider children's workforce to identify and respond to emerging mental health needs
- Plan how we make the system easier to navigate, through mapping the partnership collective resilience, prevention and early intervention offers.
- Review current Common Point of Entry and access arrangements into CAMHS services, ensuring timely access for the most vulnerable
- Consider whether to commission a crisis home treatment or enhanced step up/step down service following the CAMHS CORE 24 Urgent Care Response Team pilot project
- Enhance provision across the system for children and young people with ASD and Learning Difficulties
- Roll out of enhanced perinatal service
- Implement enhanced community Eating Disorders service
- Review the proposed hypothesis in section 4 and carry out any actions required to determine the cause of the increase in Tier 3 referrals

8. BACKGROUND DOCUMENTS

Future in Mind paper;

<https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people>

Transformation plan guidance;

<http://www.england.nhs.uk/wp-content/uploads/2015/07/local-transformation-plans-cyp-mh-guidance.pdf>

Links to Local Transformation Plan on the CCG website (includes and easy read version and Frequently Asked Questions section)

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

Appendix 1 Pan Berkshire West performance against the Key Performance Indicators at the end of November 2015

| Reference Number | Domain / Technical Guidance | Clinical Indicator | Threshold | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 |
|------------------|---|---|---|--------|--------|--------|--------|--------|--------|--------|--------|
| CAMHS 1 | Domain 4: Ensuring that people have a positive experience of care | % 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% | 46.39 | 44.71 | 53.45% | 39.42% | 33.78% | 34.38% | 50.22% | 58.56% |
| CAMHS 2 | Domain 4: Ensuring that people have a positive experience of care | % 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% | 15.01 | 5.36 | 29.34% | 31.14% | 19.08% | 30.35% | 34.15% | 32.51% |
| CAMHS 3 | Domain 4: Ensuring that people have a positive experience of care | 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 | 213 | 259 | 298 | 297 | 298 | 300 | 325 | 330 |
| CAMHS 4 | Domain 4: Ensuring that people have a positive experience of care | % 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% | 3% | 3.45% | 6.06% | 8.00% | 6.90% | 10.00% | 13.00% | 10.90% |
| CAMHS 5 | Domain 4: Ensuring that people have a positive experience of care | % 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% | 11.79 | 7.51 | 11.62% | 16.57% | 15.66% | 13.44% | 12.21% | 11.33% |
| CAMHS 6 | Domain 4: Ensuring that people have a positive experience of care | Number of Berkshire West ASD patients waiting longer than 18 weeks as at the last day of the month | 0 from December 2015 | 653 | 669 | 689 | 686 | 691 | 700 | 728 | 764 |
| CAMHS 7 | Domain 4: Ensuring that people have a positive experience of care | Number of Berkshire West patients waiting on the total CAMHS waiting list | Q2 = Q1 minus 20% Q3 = Q2 minus 20% Q4 = Q3 minus 20% | | | 1695 | | | 1650 | | |

Appendix 2

| Wokingham Borough Council and Wokingham CCG Emotional Health and Wellbeing Strategy Action Plan UPDATED MARCH 2016 | | | | | |
|--|--|---|---|--|--|
| NUMBER | RECOMMENDATION | ACTION TO BE TAKEN (SHOULD BE SMART) TO ADDRESS RECOMMENDATION | WHO IS RESPONSIBLE FOR THE ACTION | DATE THE ACTION WILL BE COMPLETED | PROGRESS TOWARDS COMPLETION INCLUDING EVIDENCE OF ACTION TAKEN MARCH 2016 |
| 14 | Reduce waiting times for help and increase resources to meet the increased demand. | Berkshire West CCGs have secured additional winter resilience funding from NHS England for 2014/15 to provide enhanced CAMHs help that reduces the number of young people whose needs escalate to crisis point. | CCGs | Complete | <ul style="list-style-type: none"> Winter resilience work completed. Key learning is the need to improve urgent care and crisis response lead to CPE going live in October with 8 to 8 opening hours, Monday to Friday and the Short Term care team in place to tackle urgent care needs of children on the waitlist. This work has now been developed into a CAMHs Core 24 Urgent Care Response Team pilot project |
| | | Berkshire West CCGs have committed to increasing Tier 3 spend in Berkshire West by £1M recurrently and £500K non recurrently from 15/16. | CCGs | April 2015 Complete | RECURRENT FUNDING NOW IN PLACE, SERVICE SPECIFICATION UPDATED & KPIS AGREED- ACTION CLOSED |
| | | Redesign the CAMHs care pathway so that more help and advice is available at an earlier stage, meaning that fewer children and young people will a service from specialist CAMHs. | Local Authority (children's services), LA (Public Health), CCGs, BHFT | Dec 2015 partially complete and needs to be taken into next year's plan. | <ul style="list-style-type: none"> Early Help Hub established and training in Practice Framework is identifying and responding to emotional health needs earlier and more effectively School link project has been approved to be funded from the Transformation fund. This will focus on schools ability to identify, provide support or know when and how to access support from targeted or specialist providers. This is the first step towards designing an alternative stepped care approach |
| | | Consideration of business case to increase investment into Tier 3 CAMHs. | BHFT and CCGs | July 2015 Now complete | <ul style="list-style-type: none"> Business case approved and additional £1m recurrently and £0.5m non-recurrent funding allocated |
| | | Work with schools, children's services voluntary sector and CAMHs to develop a more integrated approach to accessing help when ASD is | Local Authority (children's services), CCGs, | March 2016 Work underway and needs to be | <ul style="list-style-type: none"> See bullet point on schools link project above that will similarly contribute to this action. |

| | | | | | |
|---|---|---|--|--|---|
| | | suspected or diagnosed. Access to help should be based on the child's needs not just the presence/absence of a diagnosis. | BHFT, schools | taken into next year's plan. | <ul style="list-style-type: none"> Workshops to support families on ASD waiting list have started with Transformation funding support, provided by Autism Berkshire BHFT has started to integrate physical and mental health pathways for children. |
| 2 | Increase Tier 2 provision, to ensure timely 'early intervention', reducing escalation of mental health problems and reducing the need for specialist Tier 3 and 4 services. | To agree how existing and new resources and services at Tier 2 become a shared Early Help responsibility across the Children's Partnership. | Local Authority (children's services) | July 2015 | <ul style="list-style-type: none"> Early Help strategy and Transformation plan articulate shared vision. |
| | | Pilot and research studies are underway to <ul style="list-style-type: none"> Evaluate online (Young SHaRON/online counselling), telephone and face to face support. A CAMHS app to be finalised following engagement with service users. Identify and support women with perinatal and postnatal mental health issues earlier. Develop the workforce, including GPs, Early Years, schools, children's centre staff, school nurses, youth workers | BHFT and CCGs Local Authority (Public Health) CCGs | Spring 2016 June 2015- on track March 2016 COMPLETE March 2016 Ongoing nature of the work needs to be taken into next year's plan | <ul style="list-style-type: none"> Young SHaRON for parents and carers will be launched in Spring 2016. SHaRON will provide an online platform for workers who have attended PPEPCare training during 2016. Perinatal SHaRON is already open. CAMHS App continues to being trailed in 3 Slough and co work with National provider. Enhanced perinatal mental health service has been commissioned from BHFT and will commence April 2016. Perinatal SHaRON opened Dec 2015 Training continues from BHFT in PPEPCare for GP surgeries PMHWs now trained in PPEP care. Will deliver school Link project in 16/17 |
| 3 | Free CAMHS staff to work more collaboratively with partner agencies. | Consideration of business case to increase investment into Tier 3 CAMHS to enable this to happen. | BHFT and CCGs | July 2015- now complete | <ul style="list-style-type: none"> Investment agreed, see point 1 above. Recruitment drive underway in BHFT to clear waitlists as this is the first priority. More collaboration will be enabled later. |

| | | | | | |
|---|--|--|--|--|---|
| 4 | Improve support in schools. | A pilot project on school based management of ADHD in Reading. To be considered for roll out into the WBC area after evaluation. | BHFT and LA (children's services) | Dec 2015- not completed | <ul style="list-style-type: none"> Pilot paused in single school in Reading and project is being redesigned in light of learning from pilot and is anticipated to restart early in 2016 dependant on staff recruitment |
| | | Offer schools a package of support, supervision and training to further enhance the current Nurture Assistant role in schools. | LA (children's services) | Sept 2015 | <ul style="list-style-type: none"> Package of support is on school websites and reflected in our Local Offer. current delivery of support being reviewed with a refreshed offer on time for delivery in the autumn term |
| | | To provide regular training opportunities for school staff in the general field of mental health as well as specific topics such as self-harm or anxiety. | LA (children's services) LA (Public Health) BHFT | Workforce training is a substantial and ongoing part of the plan | <ul style="list-style-type: none"> Practice Framework Training is taking place on an ongoing basis Mental Health First Aid being evaluated as an addition to the Partnership Practice Framework. Regional conference on self-harm taken place on 27-2-15. Regional conference on Perinatal Mental Health- March 2016 Regional conference on mental health and youth justice- Feb 2016 PPEP Care training to be offered to GPs, schools and LA staff from July 2015 PPEPCare training will be offered to School Link project schools with enhanced support. |
| 5 | Provide more detailed information about services and how to access them. | Make sure that up to date information is on key websites including the local offer including access criteria and clarity about what to expect from each service. | LA (children's services) LA (Public Health) BHFT CCGs | Complete | <ul style="list-style-type: none"> Wokingham BC has compiled lists of services that are available at Tier 2 and this is improving signposting within CAMHs to complement information published on Local Offer. This information supports parents, teachers, GPs and others working with CYP, detailing where services are available and how to access them easily. BHFT have developed a new CAMHs website which will include a 'Supporting You' section. This section will contain |

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| | | | | | information and links to other agencies offering local support to families, as well as links to online resources and top tips. |
| | | Following engagement with service users, BHFT to update information, resources and the website. | BHFT | Complete although there will be ongoing work as resources are refined and developed | Engagement with service users to develop website and resources completed and used in website improvements. Engagement continues that feeds website improvements. |
| 17 | Deliver improved communications and administration. | <p>Engage with service users and their families to find out what they want to know about the service</p> <ul style="list-style-type: none"> • Service leaflet on what to expect from BHFT CAMHS. • Review service letters to be clear on wait times and service offer. • Improve website, add a section called "Our service". Site to be available as an App for smart phones and tablets • Improve information in waiting areas. • Text reminder system to be set up. • Implement online tool "CAMHS web" which will facilitate shared decision making with young people- they will be able to access their own care plans which they have jointly agreed and developed with their clinician using tablets and smart phones. This will facilitate the self-reporting of outcomes. | BHFT | All complete | <ul style="list-style-type: none"> • Our service users have helped us to develop a set of seven information sheets about our service. This focuses on pre-referral information sheet, information on what to expect at CAMHS, and information about each pathway • Transparent information about our waiting times, the reasons for these, and the steps we are taking to reduce them is now available online. Our administration/reception team have been briefed on the information that service users have informed us is most helpful to them when they make telephone calls to CAMHS. • CAMHS web, an online portal for service users, is now being introduced across the service allowing young people to access tools to enhance therapeutic communication, disclosure and collaborative practice. The tools also |

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| | | | | | <p>design the new clinic.</p> <ul style="list-style-type: none"> Berkshire Adolescent Unit has been upgraded. Service users helped to design the upgraded facilities |
| 8 | Better post-diagnostic support, particularly for children with Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD). | To discuss how existing and new resources and services that support children with ASD and ADHD can be better coordinated across the LSCB partnership. | Local Authority (children's services) CCG BHFT | March 2016 – partially complete and needs to be taken into next year's plan. | <ul style="list-style-type: none"> CCG have awarded grants to voluntary sector organisations who support young people with ASD namely Autism Berkshire, ASD Family Help (predominantly Wokingham families), Children on the Autistic Spectrum, Young People's Project (CATSYPP), Parenting Special Children & Mencap The voluntary sector have hosted a mapping day as the basis for future development work & coordination Will be a focus in Transformation Plan going forward. |
| 19 | Provide better access to services in a crisis and out of hours. | Secure additional resources to extend the availability of CAMHs help in a crisis into the evening and over weekends and Bank Holidays. | CCGs | Jan 2016 | <ul style="list-style-type: none"> CPE is now operating an 8 to 8 service through the week. Short term care team in place supporting children on the waitlist that need urgent immediate support. Evening and weekend access continues to be through the RBH. CAMHs on call consultant available out of hours. CAMHs Core 24 Urgent Care Response Team pilot project starts from April 2016- enhanced service available 7 days a week. |
| | | Secure staff to be able to offer this service. | BHFT | As above | As above |

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| 20 | | Evaluate effectiveness of the service with a view to mainstreaming this with recurrent funds. | BHFT and CCG | May 2015- complete- see above | As above |
| | | Enhance the Early Intervention in Psychosis service for young people. | BHFT | March 2015 Complete | Service is in place |
| | | Evaluate the new Psychological Medicines Service for teenagers aged 16+ that has opened at Royal Berkshire Hospital (RBH), providing rapid response mental health assessments for people who are being treated for physical conditions. | BHFT with RBH | March 2016 | <ul style="list-style-type: none"> CAMHS Core 24 Urgent Care Response Team pilot project starts from April 2016- enhanced service available 7 days a week |
| | | CCGs are working with the police, ambulance service, Local Authorities, Public Health, hospitals, Drug and Alcohol Teams and BHFT to develop and implement the action plan as part of the Crisis Care Concordat. | BHFT, CCG, LA, SCAS, Police, RBH | May 2015 Completed. Crisis Care Concordat Action plan being refreshed for 16/17 | <ul style="list-style-type: none"> Crisis Care Concordat Declaration was signed off Dec 2014 Action plan published and regular review of work begin. Street and ambulance triage pilot service in place during 15/16. Initial learning from the enhanced service for 16-18 year olds has led to CAMHS Core 24 Urgent Care Response Team pilot project for under 18's. Previous work on 16 and 17 year olds has enabled more rapid assessment when child presenting at A&E; that children are being discharged/ transferred more quickly and appropriately and improved confidence across RBH staff in mental health issues in young people. See above as same update |
| 10 | Provide a local 24/7 inpatient service for those CYP with the most complex needs. | To increase opening hours of the Berkshire Adolescent Unit from 4 nights per week to 7 nights per week. | NHS England BHFT | Dec 2015 Complete | <ul style="list-style-type: none"> Berkshire Adolescent unit is now a 24 hours a day, 7 days a week, for 52 weeks a year service for vulnerable young people Building work is complete |
| | | To increase the number of Tier 4 beds available in Berkshire | NHS England BHFT | Complete | |