



WOKINGHAM BOROUGH COUNCIL

A Meeting of the **WOKINGHAM BOROUGH WELLBEING BOARD** will be held in David Hicks 1 - Civic Offices, Shute End, Wokingham RG40 1BN on **THURSDAY 13 FEBRUARY 2020 AT 5.00 PM**

A handwritten signature in black ink, appearing to read 'Susan Parsonage', with a long, sweeping flourish at the end.

Susan Parsonage
Chief Executive
Published on 5 February 2020

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Creating Healthy & Resilient Communities

Key Priorities



WOKINGHAM
BOROUGH COUNCIL

MEMBERSHIP OF THE WOKINGHAM BOROUGH WELLBEING BOARD

| | |
|---------------------|--|
| Debbie Milligan | NHS Berkshire West CGC |
| Carol Cammiss | Director of Children's Services |
| Nick Campbell-White | Healthwatch |
| UllaKarin Clark | Wokingham Borough Council |
| Philip Cook | Voluntary Sector |
| Graham Ebers | Deputy Chief Executive |
| John Halsall | Wokingham Borough Council |
| David Hare | Wokingham Borough Council |
| Sarah Hollamby | Director of Locality and Customer Services |
| Matt Pope | Director of Adult Services |
| Tessa Lindfield | Strategic Director Public Health Berkshire |
| Nikki Luffingham | NHS England |
| Charles Margetts | Wokingham Borough Council |
| Katie Summers | Director of Operations, Berkshire West CCG |
| Dr Cathy Winfield | NHS Berkshire West CCG |

52.

APOLOGIES

To receive any apologies for absence

53. None Specific

MINUTES OF PREVIOUS MEETING

7 - 12

To confirm the Minutes of the Meeting held on 9 January 2020.

54.

DECLARATION OF INTEREST

To receive any declarations of interest

55.

PUBLIC QUESTION TIME

To answer any public questions

A period of 30 minutes will be allowed for members of the public to ask questions submitted under notice.

The Council welcomes questions from members of the public about the work of this Board.

Subject to meeting certain timescales, questions can relate to general issues concerned with the work of the Board or an item which is on the Agenda for this meeting. For full details of the procedure for submitting questions please contact the Democratic Services Section on the numbers given below or go to www.wokingham.gov.uk/publicquestions

56.

MEMBER QUESTION TIME

To answer any member questions

| | | | |
|------------|---------------|--|------------------|
| 57. | None Specific | EMOTIONAL WELLBEING AND MENTAL HEALTH FOR CHILDREN & YOUNG PEOPLE UPDATE (BERKSHIRE WEST 2019 LOCAL TRANSFORMATION PLAN) To receive the Emotional Wellbeing and Mental Health for Children & Young People Update (Berkshire West 2019 Local Transformation Plan). <i>(20 mins)</i> | 13 - 102 |
| 58. | None Specific | DESIGNING OUR NEIGHBOURHOODS To consider a report on Designing our Neighbourhoods <i>(30 mins)</i> | 103 - 116 |
| 59. | None Specific | DEVELOPING A SHARED STRATEGIC APPROACH FOR HEALTH & WELLBEING PARTNERS IN WOKINGHAM To consider a report regarding Developing a Shared Strategic Approach for Health & Wellbeing Partners in Wokingham. <i>(15 mins)</i> | 117 - 122 |
| 60. | None Specific | STRATEGY INTO ACTION To consider a report regarding Strategy into Action <i>(15 mins)</i> | 123 - 136 |
| 61. | None Specific | FORWARD PROGRAMME To consider the Board's work programme for the remainder of the municipal year. <i>(5 mins)</i> | 137 - 138 |

Any other items which the Chairman decides are urgent

A Supplementary Agenda will be issued by the Chief Executive if there are any other items to consider under this heading

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**MINUTES OF A MEETING OF THE
WOKINGHAM BOROUGH WELLBEING BOARD
HELD ON 9 JANUARY 2020 FROM 5.00 PM TO 6.40 PM**

Present

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|---|---|
| Charles Margetts | Wokingham Borough Council |
| Nick Campbell-White | Healthwatch |
| UllaKarin Clark | Wokingham Borough Council |
| Philip Cook | Voluntry Sector |
| Graham Ebers | Deputy Chief Executive |
| John Halsall | Wokingham Borough Council |
| David Hare | Wokingham Borough Council |
| Sarah Hollamby | Director of Locality and Customer Services |
| Matt Pope | Director of Adult Services |
| Tessa Lindfield | Strategic Director Public Health Berkshire |
| Katie Summers | Director of Operations, Berkshire West CCG |
| Sal Thirlway (substituting Carol Cammiss) | Assistant Director Children's Services - Learning, Achievement and Partnerships |

Also Present:

| | |
|--------------------|--|
| Madeleine Shopland | Democratic and Electoral Services Specialist |
| Carol-Anne Bidwell | Public Health |
| Narinder Brar | Community Safety Partnership Manager |
| Mustafa Kamara | Public Health |
| Peter Slade | Wellbeing Board and Community Safety Partnership Project Support |

42. APOLOGIES

Apologies for absence were submitted from Carol Cammiss, Dr Debbie Milligan and Dr Cathy Winfield.

43. MINUTES OF PREVIOUS MEETING

The Minutes of the meeting of the Board held on 10 October 2019 were confirmed as a correct record and signed by the Chairman.

44. DECLARATION OF INTEREST

There were no declarations of interest.

45. PUBLIC QUESTION TIME

There were no public questions.

46. MEMBER QUESTION TIME

There were no Member questions.

47. BERKSHIRE A GOOD PLACE TO WORK - THE 2019 DIRECTOR OF PUBLIC HEALTH REPORT

Tessa Lindfield, Director Public Health presented Berkshire a Good Place to Work – the 2019 Director of Public Health report.

During the discussion of this item, the following points were made:

- The Board were reminded that the Director of Public Health had a duty to produce an annual report. A Berkshire wide report with a focus on workplace health and wellbeing had been produced.
- The Board was informed of employment rates, including access to 'good' work, 2018/19, across Berkshire. Employment rates were above the England average.
- The majority of employees in the Wokingham Borough were employed by big businesses. Councillor Clark commented that she felt that information on the percentage of workers who were in professional employment should be included earlier in the report.
- Katie Summers asked how Berkshire compared nationally, and was informed that a higher percentage of people worked for big businesses in Berkshire.
- Local authorities were the second highest employer within the county.
- Tessa Lindfield stated that access to 'good' work was easier for some age groups than others. Employment rates for younger people were poorer, for example.
- Councillor Hare asked about the definition of poor health. Tessa Lindfield stated that it was a formal definition from Public Health England which was comparable across the country.
- On average, women lived in poor health for longer and had a longer life expectancy.
- Crowthorne had the highest life expectancy rate in the country.
- With regards to the health of the working age population, it was noted that the workforce was becoming older and were more likely to have long term conditions that required management.
- Sickness absence rates were on the increase and presenteeism had increased by up to three times since 2010. Only 30% of managers had been identified as taking initiatives to identify the underlying causes of this.
- Some of the main reasons for sickness absence included mental health issues and musculoskeletal conditions.
- Tessa Lindfield emphasised that it was important that working environments supported employees' health and wellbeing. Some groups such as shift workers needed additional support.
- Board members were informed of anchor institutions. Local authorities, hospitals and universities were examples of anchor institutions.
- Katie Summers indicated that the BOB STP ICS had had a good conversation with large employers about supporting the workforce. She felt that improvements could be made in the NHS in particular.
- The Board asked how the annual report would be taken forward, shared and adopted by other organisations. Tessa Lindfield stated that the Royal Berkshire Hospital Foundation Trust would be looking at issues such as the food offer and staff mental resilience, in master planning of sites. Graham Ebers commented that the Council's Corporate Works Council considered sickness absence rates.
- Graham Ebers went on to emphasise that it was important to identify those businesses that were less effective in supporting their employees' health and wellbeing. Sarah Hollamby suggested that the Local Enterprise Partnership be contacted.
- In response to a question from Nick Campbell-White, Tessa Lindfield asked Board members to go back to their organisations and to consider how the health and

wellbeing of their staff could be improved, and also how the message could be disseminated to other organisations in the community.

RESOLVED: That:

- 1) the report be noted and the recommended next steps considered;
- 2) it be celebrated that Wokingham Borough Council, as an employer, was included as a case study in this report;
- 3) the links between the report and the Wokingham Health & Wellbeing Priorities – reducing social isolation, increasing physical activity and reducing inequalities, be noted.

48. JOINT STRATEGIC NEEDS ASSESSMENT (JSNA) - UPDATE, DECEMBER 2019

Mustafa Kamara, Public Health, presented the Joint Strategic Needs Assessment (JSNA) update December 2019.

During the discussion of this item, the following points were made:

- The JSNA provided a summary of the health needs of the local population.
- Mustafa Kamara indicated that in general Wokingham Borough was affluent and healthy, although there was still some health inequalities. The Borough had one of the highest life expectancy rates in the country. Compared with the national picture, there were fewer young adults in their 20s and 30s living in Wokingham than there were older adults in their 40s and 50s although this may change following the housing development work.
- Board members were informed of some of the indicators where the Borough performed less well;
 - Respiratory tract infection admissions aged 1 year and Respiratory tract infection admission aged 2, 3 and 4 years;
 - MMR – second dose;
 - Admissions as a result of self-harm (15-19 year olds);
 - Adult drinkers of alcohol.
- Councillor Hare questioned why the rate of respiratory tract infection admissions in young children was worse than regional and national averages. Katie Summers commented that asthma diagnoses were increasing. In addition, Tessa Lindfield stated that the population were generally quite health aware and as such were more likely to present if they had a health issue.
- The Board were concerned to note the increasing rate of self-harm related hospital admissions (among 15-19 year olds) in Wokingham; which was significantly worse than the national average.
- In response to a question from Councillor Margetts, Graham Ebers commented that the JSNA informed the Wellbeing Strategy. The Board needed to be satisfied that the issues identified in the JSNA were reflected in the Strategy.
- Councillor Hare suggested that self-harm in young people and suicide levels needed to be considered further. Mustafa Kamara indicated that the Suicide Prevention Group were looking at self-harm and would be undertaking a needs assessment to better understand the causes and how levels could be reduced.
- Nick Campbell-White emphasised that young people's mental health remained a concern. Healthwatch Wokingham Borough continued to receive reports of young

people having to wait some time to access CAMHS. He felt that more prevention work was required.

- Katie Summers also indicated that GPs were also seeing an increase in the number of parents and young people seeking support with mental health issues for young people.
- Sal Thirlway informed the Board of a pilot programme that the Council would be undertaking with 12 schools, around mental health. He would report back to the Board at a future meeting regarding the outcome of the pilot. Katie Summers expressed disappointment that the schools participating in the pilot were all secondary schools.
- Nick Campbell-White asked what was currently being done to support young people and their emotional wellbeing. Katie Summers stated that work was being undertaken across Berkshire West, and it was recognised that there was a gap. There would be mental health teams as part of the wider Primary Care Networks from the next year. Workforce continued to be an issue within CAMHS.
- Tessa Lindfield commented that it was vital that the Board were aware of key priorities in its area so that it could be ready to encourage the bidding for appropriate funding when it became available.

RESOLVED: That

- 1) the updates on Wokingham's JSNA Flow Pathways: December 2019 be noted.
- 2) the future plans to update the JSNA for Wokingham be noted.

49. DESIGN OUR NEIGHBOURHOOD

The Board received a report regarding Designing our Neighbourhoods.

During the discussion of this item, the following points were made:

- The Design our Neighbourhoods event would be held on 22 January. It would be hosted and led by the Council and the CCG.
- It was hoped that the event would lead to further engagement events with the community.
- Katie Summers explained the format that would be followed at the event.
- Philip Cook agreed to encourage greater attendance from the voluntary sector. Graham Ebers commented that greater attendance from the Town and Parish Councils would be beneficial.
- Nick Campbell-White questioned whether the word 'neighbourhood' should be used and asked that attendees be asked what they thought a neighbourhood was and whether a Primary Care Network reflected this.

RESOLVED: That the report be noted.

50. STRATEGY INTO ACTION

The Board considered the Strategy into Action report.

During the discussion of this item, the following points were made:

- Graham Ebers outlined the spotlight action taken by the Sports and Leisure team in relation to the key priority of social isolation.
- Board members were informed of the pilot scheme Project Joy.

- The Board noted some of the key indicators and were reminded that the action plan was a working document. A target for 2021 for each indicator had been identified. Using trend analysis a more meaningful projection could then be created.
- Councillor Margetts asked about the indicators relating to the offering and take up of NHS Health Checks, which were both showing as red. Carol-Anne Bidwell explained that this was a mandated service. In addition to being offered by GPs this service had also been offered by Places for Leisure since June. A quality assurance on the delivery of health checks would be built up.
- Katie Summers was of the view that hospital admissions due to falls should be included. She also wanted to see information on the number of assisted bin collections.
- Graham Ebers emphasised that it was vital that the partnerships such as the Children and Young People's Partnership, buy into the Strategy into Action process.

RESOLVED: That

- 1) the revised set of approximately 20 rationalised basket of indicators be agreed;
- 2) it be agreed to identify any additional indicators that may be available in respective organisations and utilised to assist with monitoring of performance.
- 3) the spotlight action case study be noted.

51. UPDATES FROM BOARD MEMBERS

The Board received an update on the work of the following Board members:

Healthwatch Wokingham Borough:

Nick Campbell-White indicated that Healthwatch Wokingham Borough would be entering a pilot arrangement under which they would be sharing a chief officer with Healthwatch Hampshire and Healthwatch Slough.

At the last Wokingham Leadership Partnership Board, Healthwatch had identified the top three issues which it felt needed attention:

- Children's Mental Health;
- CMHT Crisis Support; and
- Learning Disability Health

Matt Pope reminded Board members of the Learning Disability Strategy.

Community Safety Partnership:

Board members noted the report contained within the agenda.

It was felt that the update from Board members should no longer be a standing item on the agenda, as this was not the most appropriate way of getting the organisations' message across.

RESOLVED: That

- 1) the updates on the work of the Board members be noted;

2) updates from Board members no longer be a standing item on the agenda.

52. FORWARD PROGRAMME

The Board received the forward programme for the remainder of the municipal year.

RESOLVED: That the forward programme be noted.

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| TITLE | Emotional Wellbeing and Mental Health for Children & Young People Update (Berkshire West 2019 Local Transformation Plan) |
| FOR CONSIDERATION BY | Wokingham Borough Wellbeing Board on 13 February 2020 |
| WARD | None Specific |
| KEY OFFICER | Andy Fitton (Assistant Director of Joint Commissioning NHS Berkshire West CCG) Wesley Hedger (Assistant Director, People Commissioning, Children's and Adults Services) Sal Thirlway (Assistant Director Children's Services. Learning, Achievement & Partnerships) Adam Davis (Assistant Director Children's Services. Social Care & Early Help) |

| | | |
|--|--|--|
| Health and Wellbeing Strategy priority/priorities most progressed through the report | The priorities most progressed are: <ul style="list-style-type: none"> • Enabling and empowering resilient communities • Promoting and supporting good mental health • Reducing health inequalities in the borough • Delivering person-centred integrated services | |
| Key outcomes achieved against the Strategy priority/priorities | <ul style="list-style-type: none"> • Better intelligence to aid and improve decision making • Improved support for schools and additional universal settings • Early identification and self-help • Improving access to services | |
| Reason for consideration by Health and Wellbeing Board | To provide information on a wide range of initiatives across the system currently are underway to improve emotional health and wellbeing of children and young people. | |
| What (if any) public engagement has been carried out? | As a partnership we are committed to improving our services to CYP by continuously seeking their collaboration, feedback and involvement. The full range of providers regularly seek the views of CYP in a flexible adaptive way that encourages participation and involvement in not only feedback of experiences but how to improve our services. In preparation of our refreshed LTP we asked all providers to help us understand what they have heard over the last year, this is outlined in chapter 5 of the document. | |
| State the financial implications of the decision | None | |

RECOMMENDATION

The Board is asked to approve and endorse the refreshed Local Transformation Plan (October 2019)

SUMMARY OF REPORT

The refreshed Future in Mind Local Transformation Plan (LTP) was published in October 2019 in accordance with national Future In Mind requirements. The LTP provides an update on service development and improvement across the comprehensive Child and Adolescent Mental Health Service (CAMHS) system.

Like most other areas of the country, demand for emotional health and wellbeing services have increased and the complexity of presenting issues is increasing. The increase in demand and complexity is being seen across voluntary sector, schools and specialist services. This is having an impact on waiting times to access help.

The NHS Long Term Plan has been published and the local partnership is on track in the key areas of Children and Young People's Mental Health Services and our refreshed LTP matches the requirements for improvements expected.

Access to services by Children and Young people has increased again this year. Providers are seeing more children and young people for evidence informed help than ever before.

Background

1. Key achievements

- 1.1. The NHS Long Term Plan has been published and the local partnership is on track in the key areas of Children and Young People's Mental Health Services and our refreshed LTP matches the requirements for improvements expected.
- 1.2. Access to services by Children and Young people has increased again this year. Providers are seeing more children and young people for evidence informed help than ever before.
- 1.3. We have continued to develop outcomes reporting and can evidence that most children and young people have positive outcomes across providers.
- 1.4. We can evidence that most children and young people feel listened to across providers.
- 1.5. We continue to meet the challenge of working with partners to flow CYP access data onto the national dataset, with 3 more now providers' data monthly and BHFT improving the quality of their returns.

- 1.6. We can evidence the impact of large scale training across partners. In particular the introduction of Trauma Informed/ adverse childhood experiences training, at School and a community level is expanding rapidly across the patch. Aligned to this is the start this year of the roll out of the regional Restorative Practise awareness and training in all three Local Authorities reaching 100+ multi-agency practitioners and snr leaders as well as CYP.
- 1.7. We are setting up Mental Health Support Teams in all of our Local Authorities. We have built on our existing strengths and learning from the Emotional Health Academy the Reading Emotional Well-Being Partnership to create an exciting offer. *(MHST Briefing Paper attached)*
- 1.8. Following the completion of a service review, more financial investment has been secured for our Eating Disorder Service that will enable our local Mental Health provider (Berkshire Healthcare Foundation Trust - BHFT) to meet waiting time standards by 20/21.
- 1.9. We were successful in becoming one of 9 pilot sites for a research project on improving mental health assessment for Children in Care. Training has been completed and the first 12 children in care have already participated in the project.
- 1.10. BHFT have secured funding from NHS England to build a new inpatient facility to replace Willow House in Wokingham. This will provide more capacity and reduce the number of children who have to be placed out of area.

2. Areas of Challenge and Development

- 2.1. There continues to be increased demand which in turn is having an impact on waiting times, across providers. Although we were successful in winning additional resources to reduce waiting times in our specialist CAMHs teams, recruiting the workforce continues to be challenge across the sector.
- 2.2. Availability of suitable skilled, qualified and experienced health workforce. There are recruitment and retention challenges for many parts of the wider children's workforce e.g. social care. The cost of living is high in Berkshire West.
- 2.3. Demand for emotional health and wellbeing services across the system has increased at all levels of need, see Appendix 2 Needs Analysis and Appendix 5 Activity. Local analysis is that we continue to be part of the cycle of positive improvements in identification of likely unmet need alongside the lowering national of the stigma related to mental health is driving the demand. However with challenging waiting times often the need is increasing thus increasing felt levels of acuity in cases across the system.
- 2.4. There continues to be concern about the in self-harm rates in all three Local Authorities for people aged 10 – 24. Self-harm rates for 15 to 19 year olds

across all three areas continue to be higher than the national average. A set of clear recommendations have emerged from the CYP High Impact User project along with the introduction of the MHST will begin to make a difference.

2.5. Availability of suitable inpatient beds close to home. Lack of local inpatient beds for young people with Eating Disorders. The improvements in the local Willows provision as well as the work through the New Models of Care offer regionally will go so way to meeting this challenge.

2.6. Flowing data onto the national MHSDS data set involves multiple providers with differing IT systems and data governance arrangements. We continue to meet the challenge of working with partners to flow CYP access data onto the national dataset, with 3 more now providers' data monthly and BHFT improving the quality of their returns.

3. Priorities going forward

3.1 Our 2019/20 Local Transformation plan has identified 7 priorities to focus and act as a way to galvanise the partnership to collectively achieve improvement and change. These priorities are:

- Priority 1 – Ensure that we embed and expand the Mental Health Support Teams in Berkshire West
- Priority 2 – continue to focus on meeting the emotional and mental health needs of the most vulnerable CYP – particular attention to Children in Care
- Priority 3: Continue to build a 24/7 Urgent care/ Crisis support offer for Children and Young People (CYP)
- Priority 4: Continue to build a timely and responsive Eating Disorder offer
- Priority 5: Improve the Waiting times & Access to support, with particular this year on access to ASD/ ADHD assessments and support.
- Priority 6: To improve the Equalities, Diversity and Inclusion offer and access for Children and Young People in Berkshire West
- Priority 7: Building a Berkshire West 0 – 25 year old comprehensive mental health offer

3.2 The Future in Mind Delivery Group meets regularly to consider, challenge and champion the changes as well as oversee this LTP refresh document. The Future in Mind group is chaired by the Assistant Director of Joint Commissioning NHS Berkshire West CCG and reports into the Berkshire West MH and LD ICP programme board. Work-streams are set up to drive each priority forward that includes strong multi-agency representation.

3.3. Highlights of the work in the specific work in Wokingham can be found in the plan on pages 38 – 39 & 43 - 46 and specialist CAMHs pages 48 – 60.

3.4 Wokingham Borough Council have recently begun a project to review the way in which our partnership delivers emotional health and wellbeing support to children and young people by redesigning the current pathways, reviewing existing provision in order to identify gaps with a view to improving the current offer to children and young people. The end goal is to create a coordinated and

focused approach to supporting children and young people's emotional health and wellbeing, with intervention and support early in the pathway which may result in them needing less specialist support in the future

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| Partner Implications |
| The LTP and Emotional Health and Wellbeing Strategy both highlight the importance of collaborative working as a critical enabler for services working with Children and Young People. Mental health and wellbeing is "everyone's business. A culture of joint ownership and accountability will continue to drive transformation. |

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| Reasons for considering the report in Part 2 |
| N/A |

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| List of Background Papers |
| <ul style="list-style-type: none"> The full Local Transformation Plan can be found here: https://www.berkshirewestccg.nhs.uk/about-us/how-we-work-with-others/the-local-transformation-plan/ Mental Health Support Teams Briefing Paper |

| | |
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| Contact : Andy Fitton Wesley Hedger Sal Thirlway Adam Davis | Service NHS Berkshire West CCG People's Commissioning (Children's and Adults Services) Children's Services Children's Services |
| Telephone No | Email andy.fitton@nhs.net wesley.hedger@wokingham.gov.uk sal.thirlway@wokingham.gov.uk adam.davis@wokingham.gov.uk |

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Mental Health Support Teams Briefing Paper

In 2017, the Government published its Green Paper for Transforming children and young people's mental health, which detailed proposals for expanding access to mental health care for children and young people, building on the national NHS transformation programme already underway.

In July 2018, the Government response to the Green Paper consultation set out a commitment to implement three core proposals immediately. These proposals are being delivered through a joint and collaborative programme led by the Department for Education, Department of Health and Social Care, Health Education England and NHS England:

- New Mental Health Support Teams (MHSTs) in schools and colleges
- Support and comprehensive training for senior mental health leads in schools and colleges
- Pilots for a four-week waiting time for children and young people's mental health services.

In December 2018, 59 MHSTs, across 25 trailblazer sites were announced. These trailblazers, or a trailblazer site, were the first places in the country to develop and introduce MHSTs. Berkshire West CCG were selected as one of 25 trailblazer sites across the UK to introduce the MHST service.

In July 2019, Wokingham was successful in securing funding to set up one MHST.

MHSTs are a new service designed to help meet the mental health needs of children and young people in primary, secondary and further education (ages 5 to 18), by providing mental health support in schools, colleges and other education settings.

MHSTs teams are designed to work with schools to improve mental health and wellbeing among pupils as well as helping staff within a school or college setting to provide a 'whole school approach' to mental health and wellbeing. MHSTs will support the school and college to build resilience and wellbeing, support earlier intervention, enable appropriate signposting and deliver evidence-based support, care and intervention.

MSHT teams will also work alongside and integrate with the mental health and wellbeing support that already exists locally, such as counselling, educational psychology and school nursing. Teams will also provide a key link with local children and young people's specialist mental health services (CAMHS).

Each MHST will cover several schools and colleges. Locally our MHST team will provide brief interventions to 12 schools (primary and secondary) to support children and young people with mild to moderate mental health difficulties. Each team is expected to cover a population of around 8,000 children.

The Wokingham MHST team will focus on:

- Providing support for cases of mild to moderate mental health issues, basing their approach on evidence of what works best for children, young people and their parents (or other carers). This may be, for example, brief, low-intensity interventions for children, young people and families experiencing anxiety, low mood, friendship difficulties and behavioural difficulties.
- Supporting and working with the senior mental health lead in each education setting to introduce or develop and co-design their whole-school or college approach. This will include identifying what support is already available and what is missing as well as providing targeted help by agreement, such as training parents, other carers and staff, or monitoring wellbeing.
- Giving timely advice to school and college staff, and liaising with external specialist services, to help children and young people to get the right support and stay in education.
- The service will take referrals from Participating Schools, GP's, Self-referrals, Parents/carers and other professionals.

In Wokingham, as in other MHSTs, newly-trained Education Mental Health Practitioners (EMHPs) will form part of the MHST team. The EMHPs are a brand-new addition to the Children and Young People's Mental Health workforce. The graduate level training programme for these new practitioners began in early 2019. Locally, Reading University is one of the Universities providing the graduate level training programme and four EMHPs are undertaking training in order to support participating schools in the Borough to identify and manage issues relating to mental health and wellbeing, as well as deliver interventions for mild and moderate needs.

The EMHPs will be supported in the Wokingham MHST Team by a Senior Educational Psychologist and senior Child and Adolescent Mental Health (CAMHS) workers.

We are currently in the mobilisation phase of setting up Wokingham's MHST, and it is expected that the team will 'go live' in September 2020.

There is an ambitious programme of work that needs to take place between now and September 2020 to ensure the team is ready, which includes:

- Recruitment of staff for the MHST.
- Service model and specification development
- Putting arrangements in place to ensure that the local authority is able to flow data to NHS England in line with reporting requirements
- Further communication and engagement activity with relevant partners, colleagues and schools.
- Adhering to a robust monitoring and reporting schedule as a condition of the funding.

More broadly, the Council and partners have been considering how the MHST will sit within our local emotional wellbeing offer and the way in which we currently deliver emotional health and wellbeing support to children and young people across the Borough. We believe that every child and young person has the right to good mental and emotional wellbeing and continue to be committed to supporting every child and young person with their emotional and mental health needs at the right time and place.

Wokingham's Emotional Health and Wellbeing strategy has set out how Wokingham Borough Council, alongside health and the voluntary sector, will improve early help for children and young people's emotional and mental health. This strategy sits alongside the Local Transformation Plan (LTP) for Berkshire West and the wider agenda of transforming mental health services.

As well as the developing MHST, Wokingham currently has a range of services in place to support children's emotional health and wellbeing, including Primary CAMHS, School Link, Educational Psychology, Early Help, School Nursing and Youth Counselling (a summary of local services is given in Appendix A), however there is still more we want to do to make our local services the best they can be. In particular we want to make it easier for children, young people and parents to get information and early support about emotional and mental health.

We believe it is helpful and timely to review current arrangements for the provision of emotional health and wellbeing support in order:

- ✓ To improve the emotional health and wellbeing offer to children and young people.
- ✓ To take account of the changing landscape of local emotional health and wellbeing service offer in the context of the development of MHSTs.
- ✓ To provide an opportunity to review how well current needs of vulnerable children and young people (i.e. children in Care) are met by existing provision
- ✓ To seek to co –produce and design a local approach and service offer that will support and embed learning and respond to what children and young people have told us is important.
- ✓ To ensure a more integrated and coordinated approach across partners
- ✓ To improve access and simplify pathways so that support can be accessed at the earliest opportunity
- ✓ To improve our understanding of need and the impact of locally commissioned services
- ✓ To effectively utilise local funding to improve service provision and timely access to support

The review will consider how quickly and easily local services providing emotional support and wellbeing can be accessed when they are needed and whether there are opportunities to simplify this. The review will also consider whether there are opportunities to improve co-ordination between local services. Learning set out in the LTP highlights that multiagency emotional health “triage” at an earlier stage to be a particularly effective way of harnessing a swift community response before needs escalate. We will therefore give particular consideration to a service model based on and underpinned by a single/multidisciplinary team model of support, alongside our local service delivery in schools. Multidisciplinary teams convey many benefits to

both children/young people and the mental health professionals working on the team, such as continuity of care, the ability to take a comprehensive, holistic view of needs, the availability of a range of skills, and mutual support and education.

We will seek identify opportunities to work alongside children and young people during the review to jointly develop and shape future proposals. We fully recognise that those who use or may wish to use a service are best placed to help design it. Our young people have already said they are concerned about:

- Timely help and to be listened to without judgement.
- Mental health difficulties to be seen as a normal part of growing up.
- The right information about rights and entitlements
- Knowing where and how to get help
- Opportunities and access to self-help resources
- Good model of access to support in schools and opportunities to learn about mental ill health and wellbeing
- Help with exam stress/academic anxiety, friendship difficulties, problems at home, and pressure to fit in.

The review will lead to the development of an options appraisal for the future design and delivery of emotional wellbeing support. Expected benefits of any future agreed option would include:

- Improved user experience - reduced confusion for families, young people, schools and professionals
- Reduction in likelihood of children, young people and families being bounced around the system until they find the right support – improved “system navigation” around the complex network of support available for children and young people with emotional and mental health needs by timely directing of referrals to the most appropriate support/agency.
- Improved integration and joint working between multi-disciplinary professionals
- More coordinated and young people focused approach to supporting children and young people’s emotional and mental health
- Front-loading support and expertise early in the pathways.
- Reduction in waiting times from assessment to intervention by offering clinical support to those that most need it.
- Reduction in the number of inappropriate referrals to services
- Reduced demand on Specialist CAMHS
- Improved understanding and knowledge about local services and support available and where there is capacity within the wider system.
- Improved placement stability
- Improved educational outcomes/engagement

The Council has established a multi- agency Wokingham Emotional Wellbeing Task and Finish Group to drive and oversee the review. It is envisaged that proposals following the completion of the review will be developed by summer 2020.

Within the Council, Governance of both the MHST project and emotional wellbeing project will sit under the Council's Children's Improvement Programme in order to align the projects and ensure strategic direction and linkage between the two.

Officers will ensure that there are appropriate links to governance arrangements and requirements from partners.

| | |
|------------------------------------|--|
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Local Transformation Plan for Children and Young People's Mental Health and Wellbeing - REFRESH OCTOBER 2019

Berkshire West CCG area with Reading, West Berkshire and Wokingham Local Authorities

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FOREWORD

'Our most urgent priority is to improve the outcomes and the life experiences of our children and young people in Wokingham, Reading and West Berkshire.

Unfortunately, many of our children and young people will experience times when their emotional health declines and they require additional help or support. Effective early intervention with children and young people experiencing difficulties with their emotional or mental health is crucial, and as leaders in Berkshire West we realise that this is best delivered in partnership with colleagues in health, schools, the voluntary sector and in social care and criminal justice services.

We must and we will work together to find creative solutions to get the right help, at the right time, in the right place for our children and young people, and their parents or carers. We are committed to listening and responding to what children and families tell us they need. We will review and learn from what's working well and agree together what we need to do to continue to improve.'

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Berkshire West Clinical
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Chapter 1 - Introduction

What this document is about

This document describes how as a local system we are improving the emotional wellbeing and mental health of all Children and Young People across Reading, West Berkshire and Wokingham in line with the national ambition and principles set out in a range of government documents and most recently in the NHS 10 year Long Term Plan.

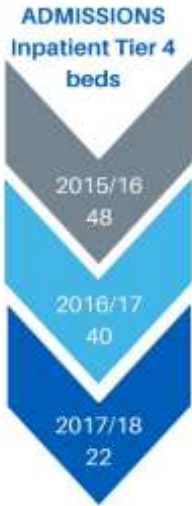
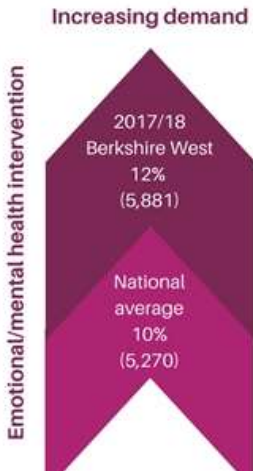
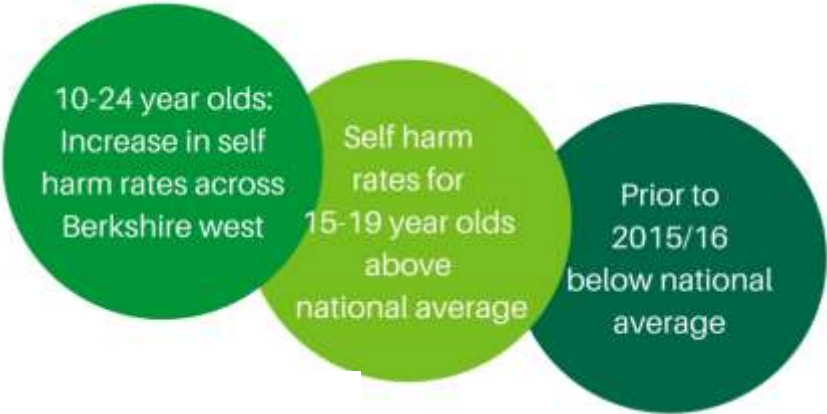
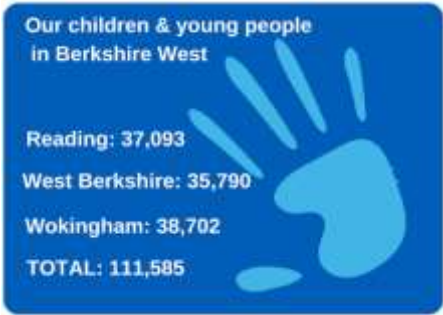
Our ambition has been not simply to adjust existing services, but to transform them across the whole system. This has been an important journey together with a range of partners and influences, with the story told in Appendix A. We are an ambitious partnership with collaboration at its centre. Over recent years there has been a marked culture shift towards a mature thriving system which seeks strong relationships and a solution focussed approach as key to improving services for children, young people and families.

Our Local Transformation Plan is reviewed by partners including service users, refreshed and published annually and this is our 5th year of completing this task. Our Local Transformational Plan sets out our vision, progress and next steps to improve the social, emotional, mental health and wellbeing of children and young people.

²
This document builds on the 2018 plan and provides an update through a THRIVE elaborated (see appendix 1) lens of

- What we have achieved so far
- Our commitment to undertake the further work that is required
- Local need and trends
- Resources required

The Berkshire West context



Chapter 2 - Our Ambition

We will ensure promoting resilience and good mental health and wellbeing is a priority across all partners, with a commitment to helping every child and young person experience positive mental health and wellbeing by using the right help, when and where needed.

By 2020 support will be individually tailored to the needs of the child, family and community – delivering significant improvements in children and young people's mental health and wellbeing. We have already made good progress in this. We want to go further.

Our Local Transformation Plan is about integrating and building resources within the local community, so that emotional health and wellbeing support is offered at the earliest opportunity. Our goal is to reduce the number of children, young people and their families whose needs escalate to require specialist intervention, a crisis response or in-patient admission. Our plan has been refreshed in line with the requirements of NHS 10 year Long Term Plan.

Successful delivery of the plan will mean that:

- Good emotional health and wellbeing is promoted from the earliest age and poor emotional health is prevented when possible
- Children, young people, their families and our communities are emotionally resilient
- Everyone who works with children and young people is able to identify issues early, enable families to find solutions themselves, provide advice and access help
- Staff feel supported in their own emotional health, wellbeing and resilience through nurturing working environments
- More children and young people with both an emerging emotional health needs and diagnosable mental health condition are able to access evidence based services in a range of settings.
- Agencies work more closely together so that vulnerable children* can access the help that they need easily.
- Fewer children and young people's needs escalate into crisis, but for those that do; 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.
- Fewer children and young people require in patient admission but for those that do this is provided as close to home as possible.

* Vulnerable groups include children in care and on a child protection plan; children who have experienced abuse and/ or multiple trauma, victims of crime, young people who are in contact with the criminal justice system, those with Special Educational Needs and Disabilities, those at risk of exclusion from school and traveller communities.

Collaborative working is a critical enabler for services working with Children and Young People. Therefore it is important that

- Help is provided in a coordinated, easy to access way. All services in the local area work together so that children and young people get the best possible help at the right time and in the right place. Help provided takes account of the family's circumstances and the child or young person's views.
- The child's journey is seamless. While there may be transfer of provision between providers, the child and their family experience joined up support with the child's needs at the heart of care.
- There is a smooth and safe transition into and out of forensic and in-patient services. Local services remain involved and support transition back into local community services so that there is timely discharge from in patient care.
- We learn together on a multiagency basis and when needed, change the way in which we work
- The number of young people who need services into adulthood is reduced, but for those who do, young people and families report a positive experience of transition.


Chapter 3 - Transformation in Berkshire West- impact and extent of transformation to date

The extent of our transformation so far has been recognised by CQC, OFSTED, NHS England Regional Team and the Children's Commissioner for England. We are an ambitious partnership committed to continuous improvement.

Ethos

We continue to work on shifting from a traditional 'escalator' style tiered system to a systems approach informed by the THRIVE-elaborated framework. More information is in Appendix 1.

We are promoting a whole system framework of care, moving away from a specialist single agency mental health response to families, to one where communities, schools, public health, social care and the voluntary sector sharing the same vision, work together on prevention, early help and building resilience. The same partnership approach applies to complex mental health difficulties and mental health crises among children and young people. This inter-professional collaboration and co-production will support a cultural change in the language used, the way in which systems and agencies work together, and the way in which children, young people and their families access support, care and treatment. We are interested in expanding the use of Restorative Practise across partners, as one of the shared tools fostering commonality for language and approach.


We have found multiagency emotional health triage at an earlier stage to be a particularly effective way of harnessing a swift community response before needs escalate. This approach alongside regular consultation and surgeries for schools are embedded within our new model of service delivery in schools.

Building skills in the community

We have invested in workforce training across schools, primary care, the voluntary sector and social care. We continue to grow an evidence informed workforce across the whole system so that issues are identified and responded to earlier.

The Schools Link Mental Health projects and the Emotional Health Academy have built skills and support in schools and the community, as well as the impact of the Psychological Perspectives in Education and Primary Care (PPePCare) training offer locally. There is a growing understanding that a GP referral to Specialist CAMHs is not always the best solution as there is often a stronger community response available. Pilot Mental Health Support Teams are being established and will go live supporting pupils in local Reading and West Berkshire Schools in Jan 2020. A further team in Wokingham will go live 9 months later. There is more work to be done on ensuring that pathways meet the needs of all children and young people

Voluntary sector organisations provide important parts of our care pathways and these organisations are more connected with other partners through meetings and training. Organisations are learning from each other and reporting against the same outcomes framework and audit tools.

Joint learning across the system has led to workers speaking the same language more frequently. This in turn has built relationships and furthered collaborative working. This has only been strengthened by 2 further pieces of work this year;

- The increased focus on raising the awareness and response to Adverse Childhood Experiences (ACEs) and being Trauma Informed as Schools and services in response to children.
- The start of a regional programme to establish Restorative Practise as a core competency of the wider children's workforce. Training for senior leaders as well as front line staff is well underway that will create shared values and a strategic framework for managing challenge and support leading to a way of providing strategic permissions for innovation and creativity.

Focus on outcomes and the voice of children and young people

We developed an outcomes framework across all providers 3 years ago. Our focus on outcomes is driving service improvement. We learn from children and young people who use our services, their families and partners as to what is working well, how things might need to change, the impact of interventions, whether support needs are being met.

Listening to the voice and experience of children and young people is central to this review and refresh of the LTP.

We are better at using data to inform service planning and provision more consistently. This is underpinned by consistent data and outcomes reporting across different parts of the system and different providers. The majority of our local providers are already flowing data onto the NHS digital systems and within this next year we would expect all commissioned work will be providing information towards are targets.

Partnership

Our culture of joint ownership and accountability is driving transformation. Partners continue to describe how the culture has shifted to a thriving, more mature system over recent years. Stakeholders report that the partnership feels collaborative, supportive of each other and respectful. Barriers have been broken down between organisations and services, there is greater understanding of how each other contribute to meeting the needs of children and young people, language barriers between organisations have significantly reduced and there is greater trust between partners.

New partnerships have been forged and this is further driving transformation. An example is the relationship with the University of Reading which is proving to be beneficial to all parties as well as increasing the body of research in this field.

We acknowledge that there is further to go, especially given the context of rising demand and financial constraints across the system.

Cross cutting agenda

We continue to keep a strong strategic overview of the Future In Mind/ LTP developments through a multi- agency board that is embedded into related work streams and strategies that are driving and supporting transformation in Local Authorities and Health's Integrated Care Partnerships and Systems. Related strategies include Special Educational Needs and Disability work, Early Help and Transforming Care programme.

Chapter 4 - Headline messages for financial year 2018/19

It has been a very busy year in delivering our transformation plan and we are proud of what we have been able to achieve alongside young people, parents and our strategic partners from the local authority, health, education and the voluntary sector. What follows is a synopsis of the headline messages for this year. More detailed descriptions of the actions we are taking to further improve services are described in Chapter 6.

- We have continued to develop outcomes reporting and can evidence that most children and young people have positive outcomes across providers.
- We can evidence that most children and young people feel listened to across providers.
- We can evidence the impact of large scale training across partners. In particular the introduction of Trauma Informed/ adverse childhood experiences training, at School and a community level is expanding rapidly across the patch. Aligned to this is the start this year of the roll out of the regional Restorative Practise awareness and training in all three Local Authorities reaching 100+ multi-agency practitioners and snr leaders as well as CYP.
- Access to services by Children and Young people has increased again this year. Providers are seeing more children and young people for evidence informed help than ever before.
- 35 • There continues to be increased demand which in turn is having an impact on waiting times, across providers. Although we were successful in winning additional resources to reduce waiting times in our specialist CAMHs teams, recruiting the workforce continues to be challenge across the sector.
- We continue to meet the challenge of working with partners to flow CYP access data onto the national dataset, with 3 more now providers' data monthly and BHFT improving the quality of their returns.
- We are one of 20 national trailblazer sites to set up Mental Health Support Teams in two Local Authorities. We have built on our existing strengths and learning from the Emotional Health Academy the Reading Emotional Well-Being Partnership to create an exciting offer. Recently we have secured a further team for Wokingham.
- Following the completion of a service review, more financial investment has been secured for our Eating Disorder Service that will enable our local Mental Health provider (BHFT) to meet waiting time standards by 20/21.
- Demand for emotional health and wellbeing services across the system has increased at all levels of need- see Appendix 2 Needs Analysis and Appendix 5 Activity. Local analysis is that we continue to be part of the cycle of positive improvements in identification of likely unmet need alongside the lowering national of the stigma related to mental health is driving the demand. However with challenging waiting times often the need is increasing thus increasing felt levels of acuity in cases across the system.
- The number of children and young people with autism or seeking autism assessment in Berkshire West continues to be higher than in other areas. Our BHFT have reviewed our neurodevelopment service to find as many ways as possible increase the pace of assessment to reduce our waiting list. A successful pilot across Berkshire, has opened up the option of using online assessment delivery that will be further explored if we secure further

waiting time money into 19/20. We have worked with Berkshire East partners to review the current model of support across the whole system alongside the continued work locally to provide a graduated response rather than being diagnosis led.

- A set of clear recommendations have emerged from the CYP High Impact User project that require further attention. There continues to be concern about the in self-harm rates in all three Local Authorities for people aged 10 – 24. Self-harm rates for 15 to 19 year olds across all three areas continue to be higher than the national average with the biggest jump being in Reading. Prior to 2015/16 all three LA's were below or in line with the national average.
- For Health and Justice regionally the roll-out of all age Liaison and Diversion (L&D) services has started with a new provider (Berkshire Health Foundation Trust across Thames Valley and Hampshire) and implementing clear CYP pathways with dedicated CYP practitioners.
- The Thames Valley and Hampshire Sexual Assault Referral Centres are Commissioned to provide a 24/7 age service however there have been some issues in relation to the Paediatric provisions due to availability of appropriately trained staff. A review of SARC services has been organised for Thames Valley to meet paediatric standards. A Senior MH Practitioner is now in our SARC to identify CYP emotional and mental health needs and training for SARC staff.
- Locally for Health and Justice there continues to be Multi-professional health input which plays an active and important role in our local Youth Offending Teams, offering a comprehensive advice, assessment and intervention service for CYP as well as staff.
- 36 • Children and young people who are under Specialist CAMHs continue to experience more severe symptoms and have more complex presentations than in comparator areas. We wonder whether this is related to earlier help being more embedded in Berkshire West as we have rolled out Future in Mind.
- We were successful in becoming one of 9 pilot sites for a research project on improving mental health assessment for Children in Care. Training has been completed and the first 12 children in care have already participated in the project.
- There is better working with specialist agencies to meet the needs of vulnerable children such as those who have been abused or are victims of crime. We know that these children do not always fit traditional care pathways and that there is more work that we could do. This is a priority for the coming year. Trauma Informed Communities work is developing. Since the CAMHs Rapid Response/ crisis service was implemented, fewer children and young people have been admitted to Tier 4 inpatient beds, over the last 3 years, although numbers increased again this year. Those who are admitted have a shorter length of stay. We are seeking additional resources to extend the Rapid Response service.
- We are working with partners on new Tier 4 network that is being developed to enable improved flow and access to inpatient beds within the geographical patch. This means that young people will be more likely to stay in the area when they require a bed. Work continues locally to move and expand our inpatient unit, including CYP with eating disorders.

An extensive overview of the work of our providers and partners is outlined in the appendix. This table provides an update on where we are now, the impact and outcomes to date. This includes activity data where available. While the table describes actions and organisations as separate entities for the sake of document presentation, in reality there is a whole system multiagency thread running through activities which is the hallmark of our transformational work in Berkshire West.

Chapter 5 - What our service users say about local service transformation

As a partnership we are committed to improving our services to CYP by continuously seeking their collaboration, feedback and involvement. The full range of providers regularly seek the views of CYP in a flexible adaptive way that encourages participation and involvement in not only feedback of experiences but how to improve our services. In preparation of our refreshed LTP we asked all providers to help us understand what they have heard over the last year, which has been distilled into these key points:

Things that our young people said they were most concerned about;

They say they want timely help and to be listened to without judgement. They are keen to be active in raising awareness of the stigma and misunderstandings surrounding mental health issues. They want mental health difficulties to be seen as a normal part of growing up. As well as:

- Wanting to see a future for themselves & creating a positive view on life
- Creating more trust in yourself
- Promoting and gaining more self-understanding
- Ensuring they have the right information about their rights and entitlements concerning their health
- Knowing where and how to get help
- Opportunities and access to self-help resources
- Getting it right for CYP in Schools; a good model of access to support & an opportunity to learn about mental ill and wellbeing (PHSE)

What else do young people want help with?

- Exam stress/Academic Anxiety
- Friendship difficulties
- Problems at home
- Pressure to fit in

We have reviewed the comments made last year from CYP on the focus of improvement going forward and we remain concerned that we have not made enough progress against these areas, which are:

- Waiting times are still a struggle but I don't know what CAMHS itself could do to aid that. (Waiting times were mentioned several times).
- The Autism Assessment Team pathway needs to be quicker than it is.
- A priority is 1 in 4 girls and 1 in 10 boys self-harm due to low self-worth and esteem.

- Mental health services should be as well-known and normal as a sexual health clinic or other 'selective' branches of the healthcare services. "I think this can really be tackled on a school level. All schools have a mental health module or lessons and talking about CAMHS and the other services should be a part of that to promote its role in the community".
- I feel that there needs to be continuity in care between tier 3 and tier 4 CAMHs, and with other services. Young people find themselves in-between services at times of great need.

It is though assuring that listed below are many of the comments and feedback that we have heard recently from CYP that they say about the services they have received:

- *"I was heard and respected. Whenever I had a serious problem, I was offered useful tools and solutions in order to fix them. The people working here are all very respectful and kind, offering loads of support and helping me recover"*
- *"I felt understood and cared for. My therapists were very kind and supportive, and they helped motivate me to get better"*
- *"I learned different ways to cope with a stressful situation. My care has been lovely, everyone I have seen has been so nice. I have loved it so much"*
- *Examples of representative qualitative feedback from children and young people:*
- *"I felt everyone involved in the care of my son showed care and compassion and understood his problems and needs. I also felt that I was included by being informed of treatment each week and that meant a lot to me, to enable me to help my son at home"*
- *"We have seen a massive improvement in our daughter. She seems calmer, more collected in her thoughts and actions. She seems bolder and less timid. The challenge will be to continue on this path"*
- *"The information received was really useful and has improved our daughter's anxiety. It was very easy to talk to our therapist, and my worries about being judged were not true"*
- *"The friendly staff, how they listened to my concerns, etc."*
- *"Made my child feel comfortable and listened to."*
- *"The patience and understanding we received. I really felt listened to."*
- *"People involved were amazing, very caring and understanding."*
- *"The clinicians were both friendly and made us feel relaxed. I felt that they were genuine and passionate about what they do and that they really cared. Thank you."*
- *"Personal, friendly and approachable."*
- *"Somebody listened and more importantly took what I was saying seriously."*
- *"Very friendly staff. I felt comfortable talking about my child and felt I was understood. My son felt more at ease the longer he was here, didn't feel like he was being questioned and had fun."*
- *"The doctors we saw were supportive and understanding of the situation and there was no judgement"*
- *"Very good, given time and listened too."*
- *"My daughter was not rushed as was seen as a person not as a number."*

Chapter 6 - Priorities moving forward and work plan - As with any major service transformation, it is important to identify priority pieces of work that provide focus and act as a way to galvanise the partnership to collectively achieve improvement and change.

This diagram provides a visual outline of the priorities from 18/19 (in red shapes) to the 19/20 priorities (in green shapes).



2019/20 Berkshire West Seven Priorities work plan

Priority 1 – Ensure that we embed and expand the Mental Health Support Teams in Berkshire West

More children and young people with both emerging emotional health needs and diagnosable mental health condition are able to access evidence based services in a range of settings by embedding and expanding the Mental Health Support teams in Berkshire West and meeting the access target for next year.

What does this mean? There will be 3 Mental Health Support Teams in Berkshire West, one operating within each Local Authority area. Each multi-disciplinary team will offer consultation and training to schools, direct interventions for children, young people and families and a multi-agency triage system

What will we do next? Reading and West Berkshire teams will go live with a full service offer from January 2020. Wokingham will mobilise its team over the next 9 months, training and recruiting its staff and go live as a full service offer September 2020. The CCG will bid for 3 more teams at the next anticipated round of funding in Summer 2020.

What will success look like? 3 MHST teams fully operational, KPIs' from Reading and West Berks –access, CYP feedback and outcomes
A further successful NHS E bid to set up 3 more teams in Berkshire West in 20/21.
BW will be on track to meet the 35% access target for 20/21.

Other work that is linked to this priority

- Reading and West Berkshire continue to roll our trauma informed schools programme to reduce exclusions and Wokingham are also exploring commissioning this training. Local roll out of Restorative practise training sponsored by the NHS continues through our LA partners across frontline and senior leaders.
- The CCG commissioned business as usual commissioned work continues across the specialist and non-specialist CAMHs service offer. This will be monitored and reviewed through the usual reporting mechanism with quality improvement work expected across all partners.

Priority 2 – continue to focus on meeting the emotional and mental health needs of the most vulnerable CYP

Agencies work more closely together so that vulnerable children can access the help that they need easily, starting with improving outcomes for Children in Care (CiC).

What does this mean?

West Berkshire Local Authority will finish the pilot CiC mental health project and report outcomes. The CCG will lead a process of review and actions to improve our current LA and Health arrangements to meet the emotional and mental health needs of CiC.

What will we do next?

Implement and monitor the pilot CiC emotional/ mental health project that is testing new ways to assess the needs of children as they enter care. This pilot will provide local and national learning and recommendations that will form the basis of an action plan for all 3 Local Authorities to implement into 20/21.

Facilitate a joint CCG, Local Authority and Provider leader's workshop that will seek alternative delivery models and solutions to improve outcomes for CiC Emotional/ Mental Health outcomes. Agree a set of agreed actions, visit places with alternative offers to CiC that adds pace to improve or alter our arrangements and offers that will be put in place and monitored over the next year between partners.

What will success look like?

Ideally new joint commissioning arrangements will be identified and changes begun to establish clear local arrangements. More local choices of therapeutic support and interventions available
Arrangement will include an integrated offer of physical and mental health alongside the social care role that leads on the care for CiC.

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Other work that is linked to this priority

- Health and Justice regional work on the setting up of the Liaison and Diversion offer through BHFT will support the local work of the Health resource placed in our 3 Youth Offending Teams. In addition the review of SARCs paediatric offer will be important to monitor. BW CH is planned in the next 6 months to work with the regional Forensic CAMHS team to identify any case learning and gaps i
- Regional work through the New Models of care continues through the leadership of the Oxford Mental Health Trust, with our local provider BHFT heavily involved. The Lead Provider for the Thames Valley CAMHS Tier 4 Provider Collaborative is Oxford Health Foundation NHS Trust and it anticipates becoming the Responsible Commissioner for CAMHS Tier 4 mental health services, including for people with Learning disabilities and / or autism, by April 2020. During 2020 NHS E/I South East and South West Regions will review and update the South Region (SE and SW) CAMHS Bed Capacity Plan led by Clinicians via Task and Finish Groups and in partnership with Provider Collaborative, ensuring that the balance of specialist and general beds is appropriate to need.

Priority 3: Continue to build a 24/7 Urgent care/ Crisis support offer for Children and Young People (CYP)

As children and young people's needs escalate into crisis good quality care will be available quickly and will be delivered in a safe place. After the crisis the child or young person will be supported to recover in the least restrictive environment possible. We will prioritise the implementation of the High Impact User (HiU) project objectives, ensuring that support for CYP in a crisis is available every day, whenever that is needed.

What does this mean?

BW CCG will finish the mental health crisis review that is seeking to:

- Hear and appreciate the views of a wide range of stakeholders to understand the effectiveness of mental health crisis services.
- Identify opportunities to streamline and improve services and processes to better support and respond to needs;
- Identify gaps in service provision and seek solutions to these, for example an pre/alternative crisis offer
- Enable the CCG and partners to meet the NHS Long Term plan transformation goals

The partnership will implement the 3 key findings of the HiU project, which are:

1. The CCG with the 3 Local Authority Children's Services to jointly commission a Health/ Social Care/ Early Help rapid response service based at the hospital as well as a single pot for spot purchasing preventative services at home/ in community.
2. Health providers with support from partners to write a single discharge planning guidance and a standard operating procedure that is then available online.
3. Berkshire Healthcare Foundation Trust (BHFT) to organise a regular review of all tier 4 patients with partners to ensure discharge planning is coordinated

Additional CYP specific staff will be included in the liaison service at the acute hospital (RBH) that compliments the Rapid Response service opening hours covering CYP and adolescent needs when Rapid Response service is not available. Training to become trauma information in the local accident and emergency and ward settings.

What will we do next?

The Mental Health Crisis review will bring recommendations to the Mental Health and Learning Disabilities Integrated Care Partnership Programme Board in February 2020.

A specific working group will be set up to put action and pace behind the 3 HiU recommendations

BHFT will recruit 1 new staff member by Jan 2020 to join the Psychiatry Liaison service at the local hospital.

What will success look like?

Progress towards comprehensive coverage of 24/7 crisis provision for CYP which combines crisis assessment, brief response and intensive home treatment functions

- Linked to New Models of care work (see above)

Priority 4: Continue to build a timely and responsive Eating Disorder offer

More children and young people with a diagnosable eating disorder (mental health condition) are able to access evidence based services in a range of settings and in a timely way, meeting the national standard.

What does this mean?

The current Berkshire Healthcare Foundation Trust (BHFT) service will be fully recruited and all Children and Young People who are urgent cases will start service intervention with 5 working days and routine cases will start within 20 working days.

In addition Berkshire West will review the need for additional resource required into the service to enable a home visiting / intensive support element to be included in the service offer.

What will we do next?

BHFT will continue to recruit staff into the service. CCG will regularly monitor the mobilisation phase of the service alongside the impact on performance/ access targets up to the end FY 19/20 – Considerations for a wider range of skills mix to meet the recruitment/workforce demands

The CCG will review the evidence and need for a home visiting and intensive support offer in light of the need, impact on RBFT and pilot in Berkshire East.

- Better liaison between BEDS and GPs as they have a shared protocol in place- the pilot scheme to include this.
- Improving the communication with schools/educational partners when discharge care planning happens to ensure the CYP continues meeting their educational needs & continue the part time integration back into schools.

Ensuring there is support available as the impact affects family units and others.

What will success look like?

Fewer children and young people's needs escalate into crisis due to their Eating Disorder – access targets reached.

Those young people that need a hospital stay for their Eating Disorder will get this regionally or even locally through the New Models of Care and their length of stay is appropriate and as short as possible.

Other work linked to this priority

- Linked to New Models of care work (see above)

Priority 5: Improve the Waiting times & Access to support, with particular this year on access to ASD/ ADHD assessments and support.

More children and young people with both an emerging emotional health needs and diagnosable mental health condition are able to access evidence based services.

We need to tackle growing waiting times, in particular within the ASD and ADHD pathways for assessments.

What does this mean? We will meet our growth target for 19/20, with 34% of CYP accessing support. More organisations will be flowing data to ensure that this is evidenced. We will lay the foundations for meeting the 20/21 access target of 35% by agreeing a way forward for all organisations to flow data.
LA and Health offers and approach will be defined as needs led vs diagnosis led. This will enable providers to work towards a graduated response to need within all settings, supporting families and their child's needs rather than relying too heavily on a medical style diagnosis.

What will we do next? 4 organisations will be regularly flowing data onto MHSDS
An agreed course of action for the 3 youth counselling organisations to flow data onto MHSDS
Following an internal Quality Improvement review of the autism assessment service, BHFT have made changes to the pathway for children and young people. Eeg. administrative processes have been reviewed and streamlined Joint ADHD and ASD assessments clinics. This work on the current pathway will continue.
A Shared care protocol for ADHD medication prescribing with Primary Care will be established and used.
Following a successful trial of online autism assessments for children a procurement exercise is underway so that this becomes business as usual. This will provide an opportunity to increase capacity to carry out autism assessments using the online provider which will help to reduce the backlog.

What will success look like? CYP receive the right services at the right time
Meeting the 34% access target and ground work set to meet the 35% target.
Improving the waiting time in both ASD and ADHD pathways for assessment – our actions will impact waiting times, but it is noted without a radical course of action the waiting times will continue to increase but not as quickly as previously.

Priority 6: To improve the Equalities, Diversity and Inclusion offer and access for Children and Young People in Berkshire West

With more children and young people with both an emerging emotional health needs and diagnosable mental health condition accessing evidence based services the LTP must ensure that this access and help is inclusive of children and young people from across the protected groups.

What does this mean? Starting this next year, there will be a focus on the protected groups of LGBTQ and Disabled CYP seeking to ensure there is appropriate and good access to the range of help they need.

What will we do next? Set up a work-stream to look at access for disabled children to support their emotional and mental health needs. Start a conversation with LGBTQ advocacy groups, seeking to both understand and co-produce solutions to areas of concern.

These two pieces of work will

- seek evidence by collecting the data from CYP Services to understand the specific needs
- Understanding what the cultural norms, stigma related to the needs identified within CYP and the interpretation of problems within specialist groups
- Discuss 'Are we providing services that are accessible?' Engaging some of the leaders from different cultures to improve the access and how to address some the stigma with parents of CYP. Using some of the education for Parents (increased access to information and generational gaps- this could be through Parent workshops with MHST)

In addition this year we will seek to understand the access of BAME groups into service.

What will success look like? Inclusion in all services evidenced, Cultural and language accessibility, Increase in access where relevant
Assurance that access is focused and responsive
Assurance that LD/ Disabled CYP accessing Specialist services. (check if this need to be targeted)

Priority 7: Building a Berkshire West 0 – 25 year old comprehensive mental health offer

Explore with CYP and Adult service how to ensure there is a comprehensive 0 – 25 year old that reaches across mental health services for CYP and Adults by 2021/22

- What does this mean?** Over the next year partners will complete a needs assessment of the under 5's and 18 – 25 year old group and align this to what services are currently on offer within these age ranges (including the skill mix) and review the transition arrangements. This work will help inform next years (20/21) local commitments for improvement and change, that will build towards the Long term plan ambitions.
- What will we do next?** Public health to complete a full assessment of under 5, 5 to 18 and 18 to 25 children young people/ adults emotional and mental health needs for Berkshire West residents.
Review and update the work already completed by Public Health on the under 5's service offer to identify the offer and any gaps.
Set up an adults and children's task and finish group/ work stream group to identify the range of services currently on offer for the 18 to 25 age range
- What will success look like?** Our Future in Mind, Local Transformation Plan 2020/21 will include a strong action plan based on the needs and current offer strengths and gaps to ensure that by start of 2022 there is a comprehensive 0 – 25 year old offer.

Chapter 7 - A summary of current challenges, risks and mitigation

Any major service transformation has challenges. Over time risks may change, below are the headline risks and challenges currently experienced in Berkshire West.

- a) Demand- there has been a significant increase in demand for services resulting in longer waiting times. Self-harm rates in young people are rising. Demand for Eating Disorder services outstrips the nationally modelled rate. We have seen an increase in complexity of young people in services. In addition there continues to be increased public expectation of the NHS and from the NICE guidance to include service offers (for example new guidance on treating Avoidant Restrictive Food Intake Disorder into the eating disorder offer).
- b) Workforce- Availability of suitable skilled, qualified and experienced health workforce. There are recruitment and retention challenges for many parts of the wider children's workforce e.g. social care. The cost of living is high in Berkshire West.
- c) Infrastructure- Availability of suitable inpatient beds close to home. Lack of local inpatient beds for young people with Eating Disorders.
- d) Finance - Financial pressures across the system as demand continue to grow requiring increased investment within a tight fiscal arrangement for Berkshire West.
- e) Data- Flowing data onto the national MHSDS data set involves multiple providers with differing IT systems and data governance arrangements
- 48 f) System arrangements - The complexity of the Berkshire West system adds a level of challenge.
 - a. The number of different Local Authorities and agencies involved in providing mental health care across Berkshire West means there is a risk of alternative access points, emerging gaps between services and a need for extensive partnership work and communication that is time consuming for staff in all agencies.
 - b. The emerging new Integrated Care System, of Buckinghamshire, Oxfordshire and Berks West footprint will create new commissioning arrangements that will require additional capacity in the next year of this ICS forming. It may add confusion and take capacity away from transformation work.
 - c. Some organisations and individuals are more open to change than others. Schools, GPs in particular have competing demands on their time so while there may be a desire and recognition to change, external factors prevent change from happening at the pace required.

It is important to begin a process of agreeing the right controls and mitigating actions against risks/ challenges. These are outlined in the table on the next page. This is reviewed by partners regularly for their impact.

| Risks and challenges | Mitigating actions |
|--|---|
| <p>Workforce - Inability to recruit / retain sufficient staff with experience required to undertake the work.</p> <p>Risk associated with removal of backfill funding for CYP IAPT training from NHSE.</p> <p>Risk associated with changes to national training requirements for youth counsellors</p> <p>49</p> | <p>Our specialist CAMH service is trialling new skill mix when appropriate – learning from other specialist CAMHs services where possible.</p> <p>A specific review of neurodevelopment services seeking ways to streamline.</p> <p>Pilot of using third party organisations to provide online/ remote assessments</p> <p>Membership of local CYP IAPT collaborative- prospective staff find this attractive, existing staff from health and local partners are encouraged and supported to undertake additional training. BHFT have provided clinical supervision for IAPT trainees. There is no longer central funding so this is now a risk.</p> <p>Recruitment, retention and training of Educational Mental Health Workers in partnership with Uni of Reading for each Local Authority</p> <p>PPEPCare and Mental Health First Aid Training for staff – focus on Children's services and primary Care and voluntary sector.</p> <p>Supervision training for MHST and assuring other providers arrangements in place for practitioners, not just trainees.</p> <p>Providers held to account when projects/ milestones delayed- recovery plans required and monitored via the contract process</p> <p>Commissioners & Providers are working with commissioners and Health Education England to model the future skill mix and staffing numbers required to deliver the required changes to deliver Future In Mind</p> <p>Recruitment and retention initiatives are in place. Train, recruit, retain.</p> |
| <p>Complexity of the local system</p> | <p>The emerging Berkshire West ICP governance structure and plan to establish an ICP Children's Board</p> <p>The three Health and Wellbeing Boards review the Local Transformation Plan annually.</p> <p>Children's Service Director level sponsorship in this process.</p> <p>Improving emotional health and wellbeing in CYP is a multiagency priority for ISP Children's work-stream as well the new BW Safeguarding arrangements and therefore being championed by system leaders.</p> <p>Reported on regularly through these governance structures.</p> |
| <p>Risk that the increase in crisis/urgent care presentations continues to be the norm and to be higher than the current capacity.</p> <p>Risk of:</p> | <p>Investment in whole system training and working to enable earlier intervention and crisis prevention including on self-harm.</p> <p>Implement the investment in the PMS team for CYP</p> <p>Implement the HiU project recommendations.</p> |

| | |
|---|--|
| <ul style="list-style-type: none"> • 4 hour breaches attributable to CAMHS • Increase in avoidable incidents in hospital setting | |
| Number of CYP needing support from the CAMHS Eating Disorders Service exceeding service capacity, with an increase in acuity of cases and higher numbers requiring inpatient care and/or Tier 4 admission | Implement the investment into Eating Disorder services. Review need for a home visiting/ intensive service offer |
| Financial- insufficient funds to cover all required investments | CCGs and partners working collaboratively across Berkshire/STP / ICS to identify opportunities for economies of scale. CCGs and partners proactively bidding for grants and resources – both regionally and locally We are working with partners at the Early Help stage to reduce the number of cases that require a specialist CAMHS response. The evidence base for the economics of low intensity versus high intensity evidence based interventions is well established. CCG with BHFT to review the LT plan transformation priorities and investment potentials to plan where to target any Mental Health Investment standard resource over the next 5 years. |
| <p>5</p> <p>Poor quality of referrals resulting in delays in the child accessing the right help at the right time</p> | <p>Training for referrers (from?)</p> <p>Regular communication updates to referrers.</p> <p>Proactive outreach by providers to referrers</p> <p>Updated referral guidelines and forms put on DXS.</p> <p>Triage systems set up in each LA to begin to improve the flow of work into Specialist CAMHS</p> |
| Submissions to MHMDS do not capture non NHS delivered treatment resulting in our cover data being reported as lower than the reality | <p>Complete the recovery plan</p> <p>Agree a course of action for youth counselling to flow data.</p> |
| Impact of longer waiting times | <p>All referrals are risk assessed and managed</p> <p>Help while waiting is offered via face to face, written, telephone and online resources.</p> <p>Partner organisations are commissioned to provide help to families, particularly those pre and post autism or ADHD assessment.</p> |

Chapter 8 - Governance and Quality Assurance.

The Future in Mind Delivery Group meets monthly to consider, challenge and champion the changes as well as oversee this LTP refresh document. The Future in Mind group is chaired by the Director of Joint Commissioning NHS Berkshire West CCG and reports into the Berkshire West MH and LD ICP programme board. Our new ICP governance structure which is outlined in the diagram on the next page, was launched in July 2019. The current STP will become a new Integrated Care System (ICS) on the STP footprint of Buckinghamshire, Oxfordshire and Berks West (BOB). This will further strengthen working with other systems, providing opportunities to see where improvement and transformation can be delivered at an ICS level (BoB) or remain at place level (Berkshire West).

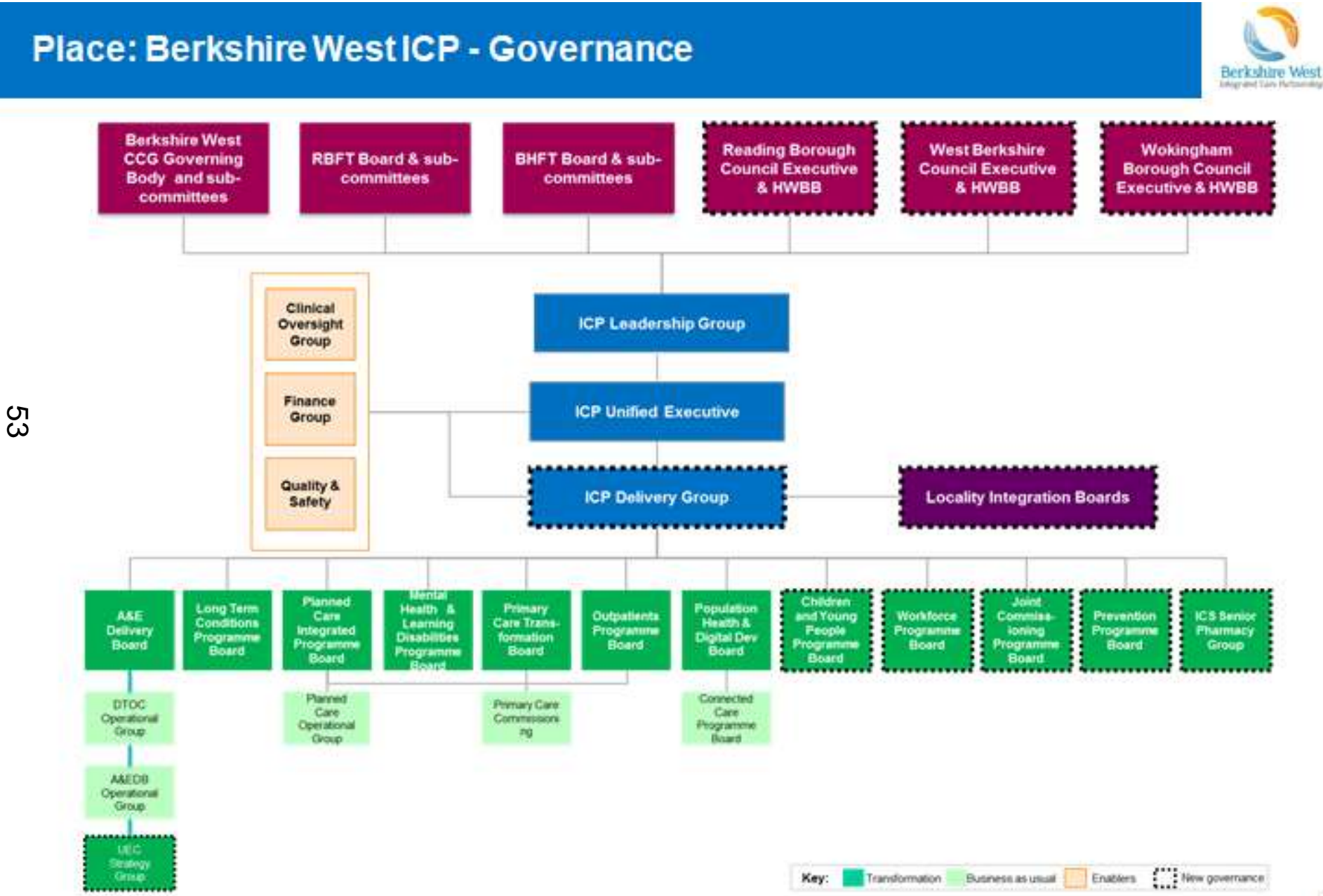
The local transformation plan is signed off by the three respective Health and Wellbeing Board's in our Berkshire West area. Progress is overseen by the Health and Wellbeing Boards at least annually.

Each Local Authority has CYP partnership groups where Future In Mind initiatives are integrated into other work streams. For example the Children's Delivery Group in West Berkshire, Berkshire West SEND Joint Implementation Group.

Berkshire West's new partnership safeguarding arrangements have been updated in relation to the LTP and consulted on the priorities. Emotional Health and Wellbeing will be one of their priority action areas in the coming years.

The CCG will continue to coordinate the place (BW) level of assurance through the ICP governance process for the coming year whilst the ICS arrangements take shape (see page 30). This primarily will be through the Future in Mind group, where we intend to:

- Create work-streams to focus on the 7 priorities in the LTP
- 4 times a year review the risks and mitigating actions and check in with CYP groups about our progress
- Annually review the provider level achievements and challenges



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Integrated Care System (ICS) emergence – Oct 2019 position.

BOB (Buckinghamshire, Oxfordshire and Berkshire West) ICS is one of the four largest 'non metropolitan' ICSs in England – each health and care place are larger than some ICSs elsewhere. As part of our journey to becoming a 3rd wave ICS we have strengthened our governance arrangements, including a Delivery Oversight Group that include county place leads. Our challenges drive the requirements for integration of health and social care across BOB ICS to improve care and quality, reduce variation and outcomes for our population and accelerate transformation across the system.

The Buckinghamshire, Oxfordshire and Berkshire West ICS comprises a large number of NHS Trusts, Clinical Commissioning Groups, and Local Authorities as well as federations and Health & Wellbeing Boards. 2019/20 is an important transition year for the Buckinghamshire, Oxfordshire and Berkshire West (BOB) as it develops following the decision to become a 3rd wave ICS. A number of work streams have already formed including Mental Health, which has included the transformation work for Children and Young People's mental health and wellbeing within their remit. This is positive as the children's work stream emerges over the next 12 months.

Chapter 9 - Overview of commissioned work delivered in 2018/19 and outcomes achieved

Our last refreshed Local Transformation Plan in 2018 provided extensive narrative on our reasons for putting certain initiatives in place. The table below provides an update on where we are now and the impact and outcomes to date. While the table describes actions and organisations as separate entities for the sake of document presentation, in reality there is a whole system multiagency thread running through activities which is the hallmark of our transformational work in Berkshire West.

| Thriving - Getting advice Signposting, self-management and one off contact. Thriving is supported by prevention, mental health promotion, awareness raising work and early help in the community. | |
|--|--|
| Where we are now | Impact and Outcomes |
| Building resilience in young people underpins the work we are undertaking in schools, communities and on line. This includes #littlebluebookofsunshine, School Link projects in Reading and Wokingham, the Emotional Health Academy in West Berkshire as well as the work of the voluntary sector. | It is difficult to measure specific outcomes for this work. We are working with organisations such as the Charlie Waller Memorial Trust and the University of Reading to get better at this. Two secondary schools in Reading were designated Mental Health Hubs and will be trialling a range of screening and whole school measurements of emotional and mental health. This will allow for measurements of resilience, interventions over the year, and provide longitudinal data. |
| Public Health West Berkshire: The Health and Wellbeing in Schools Programme Learning Well for 2018/19 now has two components. | Programme continued in 18/19 through Public Health. The first component is the universal offer which is free to all state maintained/Academy Schools in West Berkshire. The second component is the West Berkshire Wellbeing Learning Well traded offer to all school including independent schools within and outside of West Berkshire. The programme has been designed based on the Public Health and Wellbeing priorities – reducing the consumption of Alcohol, Reducing the prevalence of self-harm; supporting CYP's to maintain healthy weight. |
| #littlebluebookofsunshine continues to be promoted and circulated. The resource was designed and developed by young people and partners in Berkshire West. | Developers have received positive feedback and continued demand for the booklets. |

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| Where we are now | Impact and Outcomes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|-----------------|--|---------|----------|--|-------|----|----|----|----|--|--|--|--|--|--|--|--------|--------|--------|--------|---------|--------------------------------------|--------|--------|--------|---------|----------|---------------------------------------|--------|---------|--------|--------|----------|---|--------|--------|--------|--------|---------|----------------------------------|--------|--|--------|--------|--------|
| <p>PPEPCare training modules are offered across the system</p> <p>The emphasis was originally on training schools, the voluntary sector and primary care. This is now shifting to social care, health and justice workers and wider partners.</p> <p>Mental health first aid training is also available</p> | <p>During 2018/19, 1466 individuals received PPEPCare training in West Berkshire across 76 sessions.</p> <p>Delivery by geographical area is indicated below:</p> <ul style="list-style-type: none">• 491 professionals trained from Reading Borough Council• 321 professionals trained from Wokingham• 213 professionals trained from West Berkshire• An additional 441 individuals were trained from a mixed geographical area <p>In addition to this, two main Train the Trainer programmes were run in 2018/19, enabling a further 42 individuals to deliver general PPEPCare training, and additional Train the Trainer events were run in January 2019 training a further 13 individuals to deliver the two ASD modules.</p> <p>Participants indicated that they regularly saw children with mental health difficulties relating to the training they attended. However, only around 37% of those attending a training session indicated having received prior training in mental health in children and/or young people, and this was not always in the area being trained through PPEPCare.</p> <p>As can be seen from Table 2, the most frequent training (in terms of <i>numbers</i> of individuals trained) included supporting young people (and children) with anxiety, supporting children and young people with ASD and supporting young people who self-harm.</p> <p>Table 2 Delivery of training modules across 2018/19</p> <table><tr><th rowspan="2">Training module</th><th colspan="4">Number of individuals trained (number of sessions in parentheses)</th><th rowspan="2">Total</th></tr><tr><th>Q1</th><th>Q2</th><th>Q3</th><th>Q4</th></tr><tr><td>Overview of mental health difficulties</td><td></td><td></td><td></td><td></td><td></td></tr><tr><td>Supporting young people with depression and low mood</td><td>13 (1)</td><td>21 (1)</td><td>53 (2)</td><td>39 (4)</td><td>126 (8)</td></tr><tr><td>Supporting young people with anxiety</td><td>38 (1)</td><td>49 (3)</td><td>40 (2)</td><td>132 (4)</td><td>259 (10)</td></tr><tr><td>Supporting young people who self-harm</td><td>51 (2)</td><td>139 (4)</td><td>29 (1)</td><td>41 (4)</td><td>260 (11)</td></tr><tr><td>Supporting young people with eating disorders</td><td>48 (1)</td><td>20 (1)</td><td>43 (3)</td><td>24 (3)</td><td>135 (8)</td></tr><tr><td>Supporting children with anxiety</td><td>38 (1)</td><td></td><td>21 (2)</td><td>26 (2)</td><td>85 (5)</td></tr></table> | Training module | Number of individuals trained (number of sessions in parentheses) | | | | Total | Q1 | Q2 | Q3 | Q4 | Overview of mental health difficulties | | | | | | Supporting young people with depression and low mood | 13 (1) | 21 (1) | 53 (2) | 39 (4) | 126 (8) | Supporting young people with anxiety | 38 (1) | 49 (3) | 40 (2) | 132 (4) | 259 (10) | Supporting young people who self-harm | 51 (2) | 139 (4) | 29 (1) | 41 (4) | 260 (11) | Supporting young people with eating disorders | 48 (1) | 20 (1) | 43 (3) | 24 (3) | 135 (8) | Supporting children with anxiety | 38 (1) | | 21 (2) | 26 (2) | 85 (5) |
| Training module | Number of individuals trained (number of sessions in parentheses) | | | | Total | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Q1 | Q2 | Q3 | Q4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Overview of mental health difficulties | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supporting young people with depression and low mood | 13 (1) | 21 (1) | 53 (2) | 39 (4) | 126 (8) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supporting young people with anxiety | 38 (1) | 49 (3) | 40 (2) | 132 (4) | 259 (10) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supporting young people who self-harm | 51 (2) | 139 (4) | 29 (1) | 41 (4) | 260 (11) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supporting young people with eating disorders | 48 (1) | 20 (1) | 43 (3) | 24 (3) | 135 (8) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Supporting children with anxiety | 38 (1) | | 21 (2) | 26 (2) | 85 (5) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---|---------|----------|----------|----------|-----------|
| Supporting children with behavioural difficulties | | 15 (1) | 33 (2) | 25 (2) | 73 (5) |
| Supporting young people with OCD | | 12 (1) | | 8 (1) | 20 (2) |
| Promoting resilience | | 36 (2) | 44 (2) | 89 (5) | 169 (9) |
| Supporting children and young people with ASD | 154 (3) | 48 (3) | 31 (3) | 67 (7) | 300 (16) |
| Supporting children and young people with PTSD | | 12 (1) | | | 12 (1) |
| Supporting children and young people with specific phobia | | 27 (1) | | | 27 (1) |
| Follow up session and/or other training | | | | | |
| Total | 342 (9) | 367 (18) | 306 (17) | 451 (32) | 1466 (76) |

Impact of training (self-ratings)

- Over all workshops, comprehensiveness of knowledge ratings increased from 4.96 (out of 10) to 7.71 (out of 10).
- Confidence to talk to a young person about their mental health difficulties ratings increased from 5.58 (out of 10) to 7.82 (out of 10).
- Having the necessary skills to support young people with mental health difficulties ratings increased from 4.67 (out of 10) to 7.89 (out of 10).

Extent to which the session addressed current concerns or worries

Mean rating of the extent to which sessions addressed prior concerns or worries was 7.89 (out of 10).

Evaluation of training

Each index was rated out of 5 – higher scores are indicative of greater satisfaction etc

- Satisfaction with training: 4.39
- Usefulness of training: 4.44
- Quantity of practical information: 4.24
- Pitched at correct level: 4.33
- Training has increased confidence in knowledge and skills: 4.27
- Plans to use knowledge in the future: 4.44

99.2% of those who responded indicated that they would recommend the training to a colleague.

Selection of qualitative comments:

- *An excellent refresher of Autism, particularly if someone needs to see things from a young person's point of view.*

| | |
|---|--|
| | <ul style="list-style-type: none"> • <i>Seeing things so clearly from a young person's point of view was fantastic.</i> • <i>Useful in and out of school – both professionally and as a parent</i> • <i>A great combination of up to date research and clinical experience</i> • <i>Excellent delivery – trainer was a committed professional – well done</i> • <i>Really great training session</i> • <i>I didn't have a huge amount of confidence really – now I feel like I could initiate a conversation</i> • <i>It's made me think more about how I can put the child at the centre of everything that we do</i> • <i>I've definitely got a better understanding and knowledge now</i> |
| Where we are now | Impact and Outcomes |
| <p>Supporting children, young people and families with neurodevelopmental needs- Autism Berkshire and Parenting Special Children</p> <p>50 These voluntary sector partners work together with specialist CAMHs and community partners to provide a range of help for families while they are waiting for assessment and/or with a diagnosis of autism and/or ADHD as part of the care pathway.</p> <p>Services include home visits, telephone helpline, family support groups, workshops for families and</p> | <p>Parenting Special Children have delivered a number of workshops:</p> <ul style="list-style-type: none"> • 49 x 2 hour Pre and Post Assessment Workshops • 27 x ADHD pre and post assessment workshops, including: • Introduction to ADHD; ADHD & Anxiety and ADHD & Behaviour • 21 x Autism pre and post assessment workshops, including: • Introduction to Autism, Anxiety & Autism, Behaviour & Autism • 1 x Autism and ADHD Workshop <p>628 (includes repeat users) parent/carers attended workshops, 180 parent/carers attending two or three workshops. On average 75% of parent/carers access more than one service with the charity, which could include sleep interventions, conferences, family events.</p> <p>At least 25% of attendees are dads</p> <p>Impact:</p> <p>All parent/carers completed pre and post evaluation forms for all workshops measure the following:</p> <ul style="list-style-type: none"> • Knowledge of Autism, ADHD • The links between diagnosis and behaviour • Strategies to help with behaviours <p>Parent/carers indicated an average 4 point increase (one a scale of 1-10) when comparing their knowledge on the link between diagnosis and anxiety before and after the workshops.</p> <p>Feedback also showed that parent/carers gained more strategies to help with their child's anxiety. This was particularly relevant to parent/carers of children and young people pre and post ADHD diagnosis where anxiety wasn't always recognised. Parent/carers indicated an average 3 point increase (on a scale of 1-10) when comparing their understanding</p> |

| | |
|--|---|
| <p>young people, a sleep service, training and on-line support</p> <p>59</p> | <p>of autism, how it affects their child's behaviour and strategies to help with behaviour. 99% of attendees would recommend Parenting Special Children to friends and family.</p> <p>Feedback</p> <ul style="list-style-type: none"> • <i>"I have written 18 different and inspiring ideas from today's session. I feel fully motivated and ready to improve many things, very empowering."</i>(dad, Behaviour & Autism workshop) • <i>"Very helpful in teaching me a new approach. The use of examples was so re-enforcing"</i> (Dad, Behaviour & Autism workshop) • <i>"I can be part of the anxiety and can help reduce it in my children by better managing my own"</i> (Dad, Anxiety & Autism workshop) • <i>"Fantastic information, feel much more confident"</i> (mum, Introduction to Autism) • <i>"Our family situation is so different now. I look at where we were before and I can't believe it is the same child. It is so positive, a complete turnaround"</i> • <i>"We understand our son better and we feel this has helped bring us all closer together and relate more to one another, making us a happier family"</i> • <i>"The workshops were massively helpful and helped me to cope. It set us on the right path to help our son"</i> • <i>"I have just finished 3 ADHD workshops and it has given me so much information and other sources of information. They were really informative and I now know that I have to parent totally differently and give him time to process things."</i> (mum, ADHD workshops) |
| | <p>Autism Berkshire</p> <p>Autism Berkshire successfully delivered a number of group and individual sessions to parents and carers. We supported families that are waiting for or when they have a diagnosis by the services outlined below. We offer our highly valued Home Visiting service to families. We delivered 24 home visits, one less than target of 25. This outreach service targets hard to reach families, particularly those identified as of concern by BHFT.</p> <p>Weekly drop in service in Reading on a Tuesday from 10.30am to 1.30pm during term time. This enabled parents and carers to get face to face advice from one of our home visit workers, and to meet other families going through the same experience each week during term time. Our offices are based near Reading train station and Broad Street, so is easily accessible by train, bus, or car. We delivered 39 sessions with 123 attendances from 91 individuals.</p> <p>NAS Seminars are divided into 3 parts which can be delivered over a school day from 9.30 to 2.30, (5 hours). The seminars are delivered by the Home visit workers, so that there is continuity for families who have had a home visit or visited the Drop in sessions.</p> <ul style="list-style-type: none"> • Understanding Autism, covers what Autism and Asperger's is, Strengths and Difficulties, Signposting to support. |

- Sensory Needs, looking at sensory systems and how they work, how people with Autism may process sensory information differently, how children with Autism may have different sensory experiences, and strategies to help with sensory needs.
- Managing Anger, looking at distressed behaviour and meltdowns in children with Autism, how behaviour is communication, how to cope and how to help children to understand and communicate feelings.

We aimed to deliver 2 sets of the three seminars in Thatcham, Reading and Wokingham; 18 workshops in total. We aim to have 8 parents or carers per workshop.

Total attendance over 12 months 148 parents or carers, an average of 8.22 attendees per course.

Workshops are 5 hours long so this resulted in 740 hours of support for parents and carers.

Impact:

We scored each workshop and the averages fell in the ranges below. Where we identified particular parents who were struggling (typically a score of 3 or below), we followed up with a home visit or a recommendation to come to Drop In so we could support them further.

| No. | Question | Average low | Average high |
|-----|--|-------------|--------------|
| 1 | I have enjoyed attending the workshop | 4 | 5 |
| 2 | I feel my understanding of autism has increased | 3.71 | 5 |
| 3 | I feel that I have gained information to help me/ my child | 4 | 4.625 |
| 4 | I feel that I now have greater awareness of where to source additional support | 3.71 | 4.5 |
| 5 | I feel more confident in my ability to meet my child's needs | 3.85 | 4.625 |
| 6 | I feel the information was at the right level for me | 4.14 | 4.8 |
| 7 | I would recommend this seminar to other parents | 4.29 | 5 |

We feel that the questionnaires show that we have met our outcomes of

- Strengthened and more resilient families
- Informed parent and carers that reduces anxiety and stress
- Family and child accessing support to manage/ cope with Autism

Comments from the workshops included:

- Great course, content was great and networking with other people with children with autism was priceless!
- Great course, has been a real eye opener.

| | |
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| | <ul style="list-style-type: none">• Very friendly + helpful, knowledgeable staff• Lots of information which was so valuable• Very useful information (sources) focused, lots of practical suggestions + solutions provided based on own life experiences!• This course has been really informative and enjoyable |
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62

| Thriving - Getting help. Goals focussed, evidence informed and outcomes focussed intervention. Improved step up/ step down arrangements. | | | | | |
|---|---|------------|-----------|-------|-------|
| Where we are now | Impact and Outcomes | | | | |
| <p>Youth Counselling : 3 Youth counselling organisations operating in the three Local Authority areas. 2 of the 3 are cofounded with our LA partners. They continue to provide a self-referral as well as professional referral service. Each report against the same outcomes framework overseen by the Future In Mind group.</p> | <p>The youth counselling organisations report an increase in the number of counsellors employed and the number of sites where services are available. The number of children seen by youth counselling organisations continues to increase. Youth counselling organisations are part of the multiagency emotional health triage in West Berkshire. We plan to extend this model across Berkshire West Regular meetings between the youth counselling organisations, and specialist CAMHs to improve step up/ step down arrangements We have counsellors who are experienced and trained in working with CYP who have hearing difficulties, CYP on the autistic spectrum and those with mild Learning Difficulties. Organisations work closely with LA partners to facilitate engagement with Looked After Children. The activity for the financial year 18/19 has been broken down by Agency:</p> | | | | |
| | <p>Referrals:</p> | | | | |
| | | ARC | NO 5 | T2TWB | TOTAL |
| | NUMBERS REFERRED | 950 | 469 | 590 | 2009 |
| | % INCREASE ON LAST YEAR | 12% | 65% | 27% | |
| | % REFERRED BY GP'S | 20% | 52% | 37% | |
| | <p>Activity:</p> | | | | |
| | | ARC | NO. 5 | T2TWB | TOTAL |
| | NUMBERS SEEN | 850 | 843 | 464 | 2157 |
| | SESSIONS DELIVERED | 4600 | 3604 | 4471 | 12675 |
| WAIT TIME FOR ASSESSMENT | n/a | 15 weeks | 2.1 weeks | N/A | |
| WAIT TIME FOR SESSIONS | 2-10 weeks | 13.6 weeks | 6-8 weeks | N/A | |
| <p>Outcomes:</p> | | | | | |

63

| | ARC | NO. 5 | T2TWB |
|---|--|--|--|
| % that agree with statement; "Did you feel listened to?" | 95.5% | | |
| % that agree with statement; "I would recommend counselling to my family & friends" | 90% | 73% | 92% |
| Other summary points from outcomes measures | 50.75% improvement in symptoms & 46.86% improvement in Emotional Wellbeing | 41% improvement in symptoms & 52% improvement in Emotional Wellbeing | Average reduction in CORE score = 6.9, (total CORE is measured out of 40). Average reduction in severity of top presenting issue = 1.4/4 |

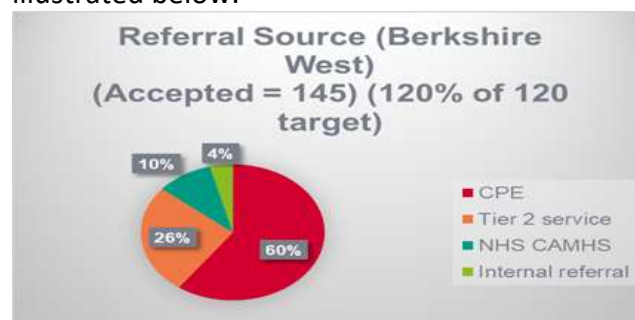
Service User Feedback:

- *I feel less isolated and am comfortable with myself*
- *My thought processes have changed making it easier to manage anxiety*
- *I was able to talk and didn't feel judged*
- *I have a better attitude towards myself*
- *I haven't had any more thoughts about killing myself since counselling*
- *I could be myself; I could show all the emotions I've been hiding.*

Where we are now**Impact and Outcomes**

AnDY Clinic - The Anxiety and Depression in Young People (AnDY) Research Clinic at the University of Reading delivers brief, evidence-based psychological interventions, in line with NICE guidance and the THRIVE model. The clinic is led by experienced Clinical Psychologists whose posts are funded by the University (1.4 FTE). Most

The AnDY Clinic accepted a total of 231 referrals in 2018/19 (145 from West Berks). The outcomes of the referrals is illustrated below:



The majority of referrals came from Common Point of Entry (CPE) followed by the tier 2 service.

clinical work, however, is carried out by Children's Wellbeing Practitioners (CWP) recruited and trained as part of the national CWP programme established to meet the target for offering an evidence-based intervention to 70,000 more children and young people annually by 2020. The clinic has been operating since December 2016 and delivered commissioned services for part of 17/18 by way of a trial.

The AnDY clinic provides

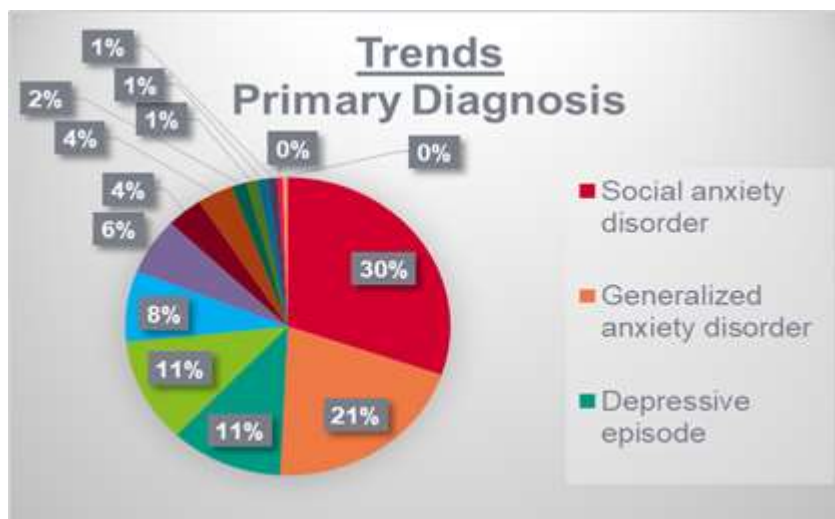
1. Comprehensive psychological assessments to understand difficulties and identify suitable treatment options.
2. Brief, evidence-based psychological treatment for anxiety disorders and depression (when indicated). Interventions include:
 - a. CBT-informed guided self-help for parents of children up to 12 years with anxiety disorders

Trends
Age at Referral
(years)



The referral age groups were split 60% secondary school age and 40% primary school age.

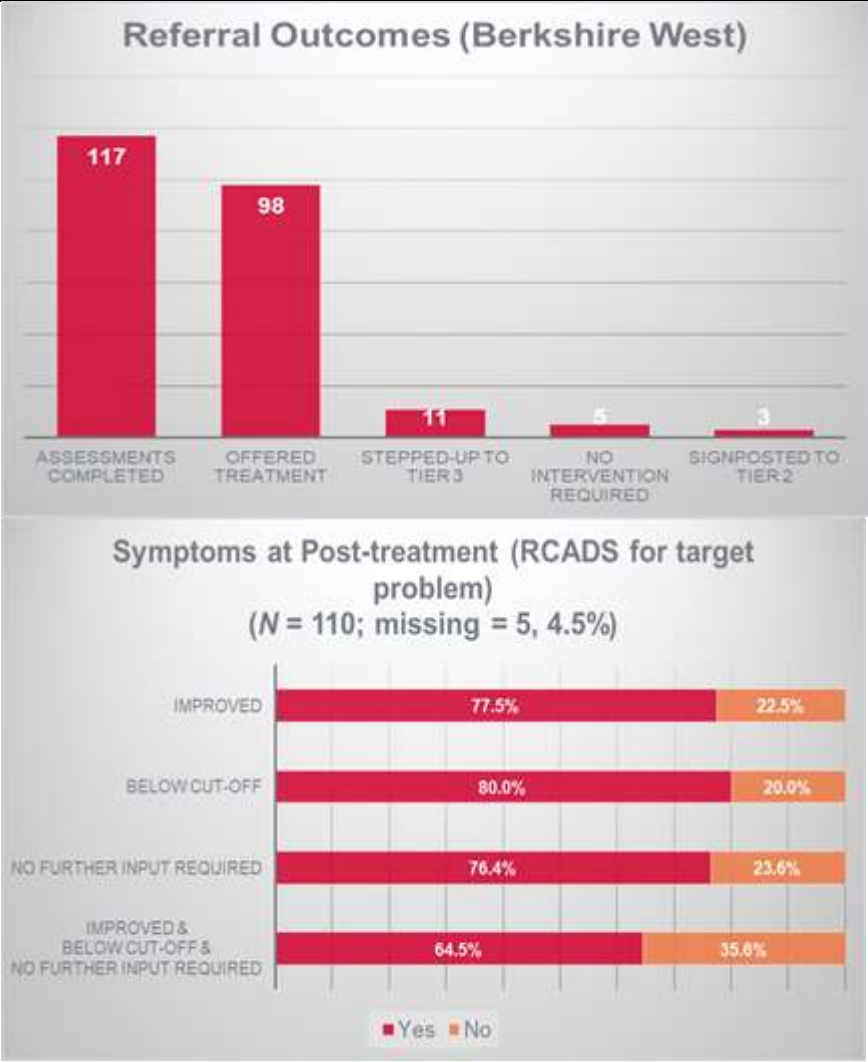
Trends
Primary Diagnosis



The most common primary presenting issue was social anxiety disorder closely followed by generalised anxiety.

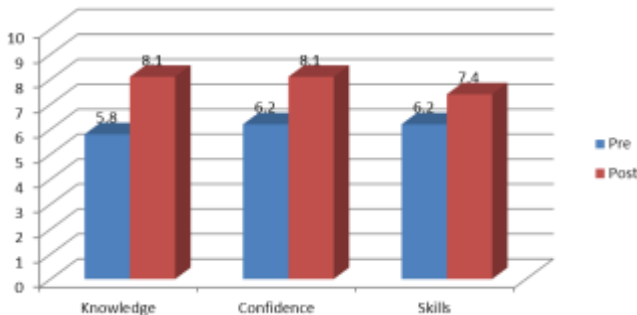
b. Individual CBT for adolescents with anxiety disorders
e. Brief Behavioural Activation for adolescents with depression
f. Support for carers and families through online learning and CBT-informed workshops

65

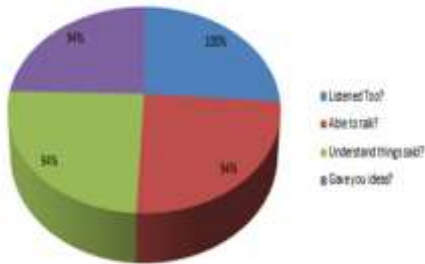


The majority of cases (84%) who completed an assessment were suitable for and received treatment at the AnDY clinic, with just a small number being stepped up or stepped down.
The majority of patients showed a marked improvement in symptoms related to their primary problem from pre- to post-treatment, with symptoms measured using the Revised Children’s Anxiety and Depression Scale (RCADS). The

| | |
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| 66 | <p>majority of patients also showed marked improvement in functioning (measured using the Outcome Rating Scale) and significant progress towards goals (measured using the Goal Based Outcomes tool).</p> <p>Highlights and Achievements</p> <ul style="list-style-type: none"> • Over 2018-19 (our first year of funding from West and East Berks CCGs), we conducted 117 initial assessments of C/YP and their parents (98% of target n=120) and offered/started treatment with 96 C/YP (88% of target n=108). Three quarters of C/YP were 'improved' at the end of treatment, only 15% required stepping up for further treatment and over 90% of C/YP and parents had high levels of satisfaction with the service. This was despite having around 75% of the clinician resource set out in the bid document (see later section on resource). • We successfully set up systems to report clinic data to NHS Digital via the MHSDS Cloud and will submit April (refresh) and May (primary) data on or before the June 20th Deadline. From this point forward, we will submit data on a monthly basis in accordance with guidance from NHS Digital received via the CCG. • We trained 6 CWP's in the clinic (and successfully recruited them all to work in the clinic following training) and are currently hosting 3 CWP trainees. • We continued to work with young people with lived experience of anxiety/depression and parents/carers of young people with anxiety/depression through our Friends of AnDY Group (previously AnDY RAG) in order to advise on research and service development. • We recruited 100% of C/YP into clinically relevant research (although research participation is optional) to allow us to improve the understanding and treatment of C/YP with anxiety disorders, with the aim of increasing access to evidence based treatments and improving outcomes. • Service Satisfaction Ratings (collected using the Experience of Service Questionnaire developed by the Health Care Commission): <ul style="list-style-type: none"> ○ C/YP - 89% gave satisfaction ratings of 75% or above. (Mean = 90%) ○ Parents - 97% gave satisfaction ratings of 75% or above. (Mean = 96%) |
|----|---|

| Where we are now | Impact and Outcomes | | | | | | | | | | | | |
|---|--|----------|-----|------|-----------|-----|-----|------------|-----|-----|--------|-----|-----|
| <div><div>School Link Project Wokingham aims</div><div>To train school staff in the PPEP care model.</div><div><ul style="list-style-type: none">To identify, train and support a key person per school to take a lead on emotional and mental health issues in school.To hold regular joint consultation sessions on concerning children in identified schools.To identify a clear model of school based stepped care interventions that School should be offering from their resources or in partnership with others.</div><div>In addition Wokingham LA commission a Primary Mental Health service from Berkshire Healthcare Foundation Trust to provide a range of consultation, training, assessment and</div></div> | <div><div>PPEP Care Training:</div><div>Approx. 20 schools applied to be part of the project following completion of an application form. 12 schools were successful.</div><div>Training took place during school hours and within school “twilight sessions”</div><div>A whole school approach was used and whole staff groups were trained in the following areas</div><div><ul style="list-style-type: none">Psychological Perspective in Education and Primary Care (PPEP Care) materials were used where possible and additional bespoke training packages were put together for school who wanted more specialist support.</div><div>Areas of training have included:</div><div><ul style="list-style-type: none">Anxiety in ChildhoodAnxiety in AdolescenceOverview of Common Mental Health DifficultiesSelf HarmDepressionEating DisordersASD/ADHDResilienceConflict and Behavioural Challenges</div><div><div>Before and After Training: Confidence levels</div><div><table><thead><tr><th>Category</th><th>Pre</th><th>Post</th></tr></thead><tbody><tr><td>Knowledge</td><td>5.8</td><td>8.1</td></tr><tr><td>Confidence</td><td>6.2</td><td>8.1</td></tr><tr><td>Skills</td><td>6.2</td><td>7.4</td></tr></tbody></table></div></div><div><div>Schools Link Wokingham Consultations</div><div><ul style="list-style-type: none">84 young people were spoken about over the last 2years. (all CYP talked about anonymously)</div></div></div> | Category | Pre | Post | Knowledge | 5.8 | 8.1 | Confidence | 6.2 | 8.1 | Skills | 6.2 | 7.4 |
| Category | Pre | Post | | | | | | | | | | | |
| Knowledge | 5.8 | 8.1 | | | | | | | | | | | |
| Confidence | 6.2 | 8.1 | | | | | | | | | | | |
| Skills | 6.2 | 7.4 | | | | | | | | | | | |

| <p>interventions for referred CYP.</p> | <div data-bbox="566 164 2092 547"><ul style="list-style-type: none">▪ Approx. 130 staff have attended consultation sessions.▪ Approx. 80 hours of consultation have been delivered through the project<p>To measure complexity and change the following questionnaires were used:</p><ul style="list-style-type: none">○ Teachers (self rated) Strengths and Difficulties Questionnaires (SDQ)○ Session Rating Scale (SRS)○ Staff confidence questionnaires were use.• SDQs were done at two time points; at the first consultation about the young person and then again at review following a period of time.• SRS and Staff confidence questionnaires were used with every staff member attending and for each young person discussed.</div> <div data-bbox="519 595 1176 627"><p>The higher the score the more distress is reported.</p></div> <div data-bbox="519 671 1796 1074"><div data-bbox="519 671 1205 1074"><p>Pre Intervention SDQ Scores</p><table border="1"><thead><tr><th>Subscale</th><th>Score (%)</th></tr></thead><tbody><tr><td>Emotional</td><td>60%</td></tr><tr><td>Conduct</td><td>80%</td></tr><tr><td>Hyperactivity</td><td>52%</td></tr><tr><td>Peer Relationships</td><td>52%</td></tr><tr><td>Pro Social</td><td>48%</td></tr><tr><td>Impact</td><td>88%</td></tr></tbody></table></div><div data-bbox="1211 671 1796 1074"><p>Review SDQ Subscale Scores</p><table border="1"><thead><tr><th>Subscale</th><th>Score (%)</th></tr></thead><tbody><tr><td>Emotional</td><td>52%</td></tr><tr><td>Conduct</td><td>70%</td></tr><tr><td>Hyperactivity</td><td>60%</td></tr><tr><td>Peer Relationships</td><td>54%</td></tr><tr><td>Pro Social</td><td>60%</td></tr><tr><td>Impact</td><td>80%</td></tr></tbody></table></div></div> <div data-bbox="519 1158 1565 1190"><p>Session Feedback Scales (CORC) used to gather consultation feedback from staff.</p></div> | Subscale | Score (%) | Emotional | 60% | Conduct | 80% | Hyperactivity | 52% | Peer Relationships | 52% | Pro Social | 48% | Impact | 88% | Subscale | Score (%) | Emotional | 52% | Conduct | 70% | Hyperactivity | 60% | Peer Relationships | 54% | Pro Social | 60% | Impact | 80% |
|--|--|----------|-----------|-----------|-----|---------|-----|---------------|-----|--------------------|-----|------------|-----|--------|-----|----------|-----------|-----------|-----|---------|-----|---------------|-----|--------------------|-----|------------|-----|--------|-----|
| Subscale | Score (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Emotional | 60% | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Conduct | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hyperactivity | 52% | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Peer Relationships | 52% | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pro Social | 48% | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Impact | 88% | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Subscale | Score (%) | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Emotional | 52% | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Conduct | 70% | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Hyperactivity | 60% | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Peer Relationships | 54% | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Pro Social | 60% | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Impact | 80% | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

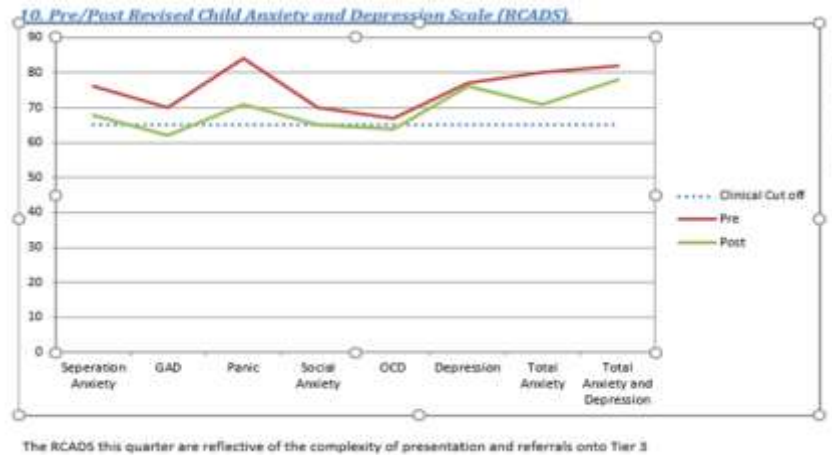


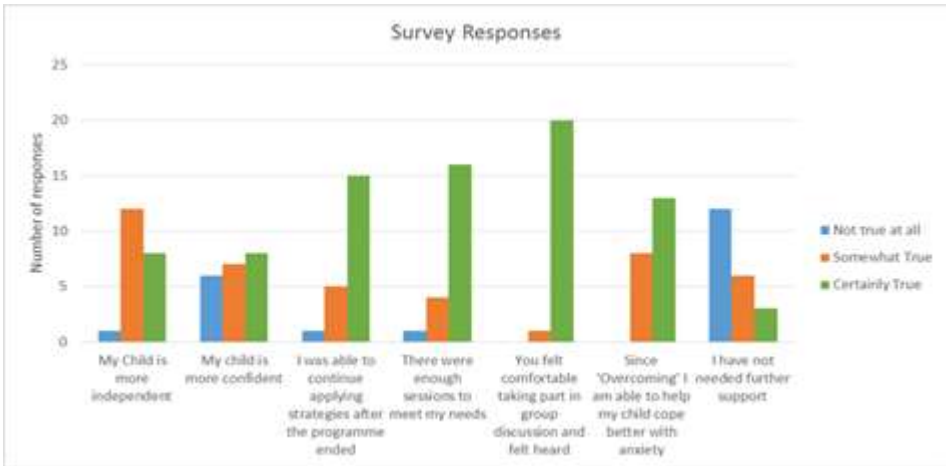
Wokingham Primary CAMHS

The Wokingham PCAMHS team received a total of 184 referrals for the financial year. All external waits remained under 0-6 weeks. Largest number of referrals were for: Anxiety inc. OCD, followed by issues relating to ASD/ADHD and Low Mood.

- 18/19 - 36% reduction in planned exit post treatment
- 18/19 – 425% increase in discharge NFA from assessment inc. triage
- 18/19 – 70% decrease in unplanned exits from the service

Outcome Measures:

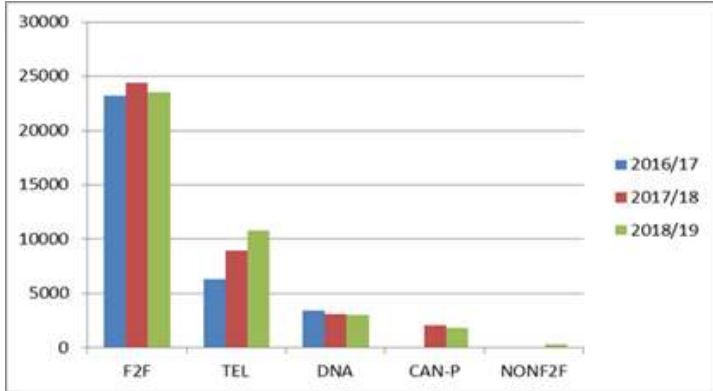


| Where we are now | Impact and Outcomes | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|---------------|-----------------|---------------|----------------|------------------------------|---|----|---|----------------------------|---|---|---|--|---|---|----|---|---|---|----|---|---|---|----|--|---|---|----|-----------------------------------|----|---|---|
| <p>Emotional Health Academy (West Berkshire)</p> <p>The EHA was designed in restorative partnership with local children, police, health, schools, voluntary sector and social care partners. It reaches out into the community to local school, GP and community providers – where our children tell us they feel safe. Individual intervention is delivered according to NICE guidelines. The primary difficulties we provide support for include:</p> <ul style="list-style-type: none">▪ Anxiety▪ Mood▪ Self-harm▪ Attachment▪ Emotional dysregulation/behaviour▪ Friendship Problems▪ Eating/Image Problems: ASD▪ ADHD:▪ Low level emotional health problems | <p>The EHA has closed a total of 391 direct interventions this financial year (18/19), and reached a further 1,114 children and young people through large group or classroom based emotional health activities.</p> <p><u>Six Month Follow-Up Evaluation of the Overcoming My Child’s Fears and Worries programme</u></p> <p>The EHA has conducted a 6 month follow-up of 21 families who completed this parenting programme for primary school age children with anxiety difficulties. This involved contacting randomly selected parents from the cohort of 39 who completed the programme greater than six months prior to December 2018. Parents completed an over the phone survey during which they were asked to comment on the progress of their child in the following domains:</p> <ul style="list-style-type: none">▪ Coping with anxiety▪ Independence▪ Confidence▪ Ongoing use of strategies <p>Parents were also asked about the length of the programme, the facilitation and whether further support has been required. The findings of the survey are presented in the figure below:</p> <div><p>Survey Responses</p><table border="1"><thead><tr><th>Statement</th><th>Not true at all</th><th>Somewhat True</th><th>Certainly True</th></tr></thead><tbody><tr><td>My Child is more independent</td><td>1</td><td>12</td><td>8</td></tr><tr><td>My child is more confident</td><td>6</td><td>7</td><td>8</td></tr><tr><td>I was able to continue applying strategies after the programme ended</td><td>1</td><td>5</td><td>15</td></tr><tr><td>There were enough sessions to meet my needs</td><td>1</td><td>4</td><td>16</td></tr><tr><td>You felt comfortable taking part in group discussion and felt heard</td><td>1</td><td>1</td><td>20</td></tr><tr><td>Since 'Overcoming' I am able to help my child cope better with anxiety</td><td>0</td><td>8</td><td>13</td></tr><tr><td>I have not needed further support</td><td>12</td><td>6</td><td>3</td></tr></tbody></table></div> | Statement | Not true at all | Somewhat True | Certainly True | My Child is more independent | 1 | 12 | 8 | My child is more confident | 6 | 7 | 8 | I was able to continue applying strategies after the programme ended | 1 | 5 | 15 | There were enough sessions to meet my needs | 1 | 4 | 16 | You felt comfortable taking part in group discussion and felt heard | 1 | 1 | 20 | Since 'Overcoming' I am able to help my child cope better with anxiety | 0 | 8 | 13 | I have not needed further support | 12 | 6 | 3 |
| Statement | Not true at all | Somewhat True | Certainly True | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| My Child is more independent | 1 | 12 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| My child is more confident | 6 | 7 | 8 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I was able to continue applying strategies after the programme ended | 1 | 5 | 15 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| There were enough sessions to meet my needs | 1 | 4 | 16 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| You felt comfortable taking part in group discussion and felt heard | 1 | 1 | 20 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Since 'Overcoming' I am able to help my child cope better with anxiety | 0 | 8 | 13 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I have not needed further support | 12 | 6 | 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| <p>The EHA delivers a suite of evidenced based group programs:</p> <ul style="list-style-type: none"> i. Overcoming your Child's Fears and Worries Programme ii. Choices, Chances Changes iii. Cool Kids ASD <p>The EHA is also piloting Emotional Wellbeing Groups for vulnerable young people including those with emerging mood problems and parent attachment programmes.</p> <p>The EHA continue to deliver classroom wellbeing lessons, and mental health training for secondary school peer support workers as negotiated via a traded services model with individual schools.</p> <p>Looked After Children – Providing advice and support to SW, as well delivering</p> | <p>The responses indicated parents were comfortable working in the group setting and had seen improvements in mental health well-being overall. In regards to confidence, while the majority of parents did highlight they felt comfortable continuing applying strategies after the group ended, the request for further support and follow up sessions suggests that some individuals may not have been confident in continuing to support their child independently. In many cases children often had wider needs (e.g. SEN/Learning) of which the programme is not able to suggest. Programme facilitators support parents with further signposting or referral in such circumstances.</p> <p>Themes were also extracted from the survey relating to changes in the parents' response to their child's anxiety:</p> <p><u>Parent's impact on child's anxiety</u></p> <p>The responses indicated parents were comfortable working in the group setting and had seen improvements in mental health well-being overall. In regards to confidence, while the majority of parents did highlight they felt comfortable continuing applying strategies after the group ended, the request for further support and follow up sessions suggests that some individuals may not have been confident in continuing to support their child independently. In many cases children often had wider needs (e.g. SEN/Learning) of which the programme is not able to suggest. Programme facilitators support parents with further signposting or referral in such circumstances.</p> <p>Some parents became more aware of their own behaviour and how this impacted their child's anxiety, 'believing the anxiety and not saying 'you'll be okay' or 'don't worry about it'' and described the need to use empathy 'I acknowledge that he's having a bad time and what he's going through. I'm more empathetic and try to draw out what he is feeling when he finds it difficult.' Some parents described supporting their child through asking questions and working out options around the anxiety, 'We break it down, I ask why he feels the way he does. We work out options around the anxiety and ask questions like 'has it happened before?' and 'what do you think might happen?' Many parents responded that when approaching the situation, they are calmer, 'I approach more calmly, rationalising...revisit when he talk about it.'</p> <p><u>Encouraging independence</u></p> <p>Other approaches taken by some parents/caregivers involved allowing their child take control over the anxiety and supporting them in independently coping with anxiety; 'He's capable of solving problems himself, he thinks it through and we pick the most suitable option.', '[Overcoming] gave her the tools to give to her child to guide them., 'We talk through and work out what aspect of anxiety is the problem and he comes up with the solution himself. So I just remind him of his own solutions.' The main message collected from these responses seemed to be 'let [them] take control of the situation.'</p> |
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| | |
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| <p>72</p> <p>interventions for local CiC within the EHA remit.</p> | <p><u>Utilising resources/techniques from course</u></p> <p>Finally, parents/caregivers stated that using the resources and information they received from the course as valuable. Some described the methods they now incorporate when dealing with anxieties <i>'...rewards, small ones and a big one at the end, the snowball strategy, and the book is a helpful reference to have.'</i>, <i>'use the ladder to manage anxiety; break it down into manageable steps'</i>, <i>'using visual aids and breaking it down.'</i></p> <p>The evaluation also highlighted areas for improvement, with parents suggesting that smaller group sizes would facilitate a great focus on individual plans or needs, and that some form of follow-up sessions to support ongoing progress would be of benefit. The findings also highlighted the limitations in group programmes to fully address all individual need and that attention should be given to ensuring parents completing the programme are offered time to consider next steps and to be given advice on signposting and referral for support with other non-anxiety related needs.</p> <p><u>Stronger You Pilot</u></p> <p>The EHA has completed its pilot of the Stronger You programme. Stronger You is an evidence informed resilience programme for young people developed by the EHA Primary Prevention Worker. This project was funded through a time-limited Public Health grant. The outcomes of the pilot suggest this is a universal programme with some potential. Both young people and school staff reported the programme to have a positive impact.</p> <p>There were a total of 51 participants in the pilot over 5 secondary schools. After the group, each student completed a review form expressing their views of the program:</p> <ul style="list-style-type: none"> • 80% of the young people gave the Stronger You group a 6/10 or more for having a significant and positive impact (45% rated 8/10 or more) • 84% of the young people gave the Stronger You group a 6/10 or more for understanding their concerns (58% rated 8/10 or more) • 80% gave a 6/10 or more for whether they would seek help from the Emotional Health Academy in the future (58% rated 8/10 or more) <p>Using the feedback given by the young people and also the reflections and notes gathered by the facilitator throughout the group, the session plans have been reviewed and amended accordingly ready to be rolled out to more young people in the West Berkshire area and further afield.</p> |
|--|--|

| Thriving - Getting more help - providing extensive treatment | | | | | | | | | | | | | | | | | | | | | |
|---|--|----------|-------|-----|----|------|-----|-----|-----|-----|-----|-----|-----|-----|-----|----------|----|-----|----|--------------|----|
| Where we are now | Impact and Outcomes | | | | | | | | | | | | | | | | | | | | |
| <p>Berkshire Healthcare Foundation Trust (BHFT) Specialist Child and Adolescent Mental Health Services (CAMHS) – overview</p> <p>BHFT services are part of the relevant national training schemes such as the national quality improvement programme for eating disorders, CYP IAPT and outcome research consortia such as CORC.</p> | <p>Waiting Times</p> <p>Waiting times for Berkshire Healthcare CAMHS (excluding the Autism assessment team) are broadly in line with national averages and, also in line with the national picture, are unfortunately increasing.</p> <p>2343 young people from Berkshire West 'accessed' treatment from Berkshire Healthcare CAMHS in 2018/19.</p> <p>The graph below gives a breakdown of the referrals accepted.</p> <table border="1"> <caption>2018/19 Referrals Breakdown</caption> <thead> <tr> <th>Category</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>A&D</td> <td>20</td> </tr> <tr> <td>ADHD</td> <td>192</td> </tr> <tr> <td>AAT</td> <td>378</td> </tr> <tr> <td>SCT</td> <td>454</td> </tr> <tr> <td>EIP</td> <td>785</td> </tr> <tr> <td>H&I</td> <td>417</td> </tr> <tr> <td>BEDS CYP</td> <td>48</td> </tr> <tr> <td>RRT</td> <td>77</td> </tr> <tr> <td>Willow House</td> <td>13</td> </tr> </tbody> </table> <p>Just fewer than 50% of referrals require input from the neurodevelopmental teams. Referrals to the Berkshire CAMHS AAT were 37.5% higher than the national mean in 2017/18 at 532 per 100,000 population compared to a mean of 387. However according to the national benchmarking survey, only a minority of CAMH services provide specialist ASC services with provision sitting in Community Paediatric or Learning Disability Services in other counties.</p> <p>Many of these young people then go on to require input from other teams, with approximately 50% of the locality Specialist Community team caseload having a co-morbid neurodevelopmental diagnosis and/or learning difficulty.</p> | Category | Count | A&D | 20 | ADHD | 192 | AAT | 378 | SCT | 454 | EIP | 785 | H&I | 417 | BEDS CYP | 48 | RRT | 77 | Willow House | 13 |
| Category | Count | | | | | | | | | | | | | | | | | | | | |
| A&D | 20 | | | | | | | | | | | | | | | | | | | | |
| ADHD | 192 | | | | | | | | | | | | | | | | | | | | |
| AAT | 378 | | | | | | | | | | | | | | | | | | | | |
| SCT | 454 | | | | | | | | | | | | | | | | | | | | |
| EIP | 785 | | | | | | | | | | | | | | | | | | | | |
| H&I | 417 | | | | | | | | | | | | | | | | | | | | |
| BEDS CYP | 48 | | | | | | | | | | | | | | | | | | | | |
| RRT | 77 | | | | | | | | | | | | | | | | | | | | |
| Willow House | 13 | | | | | | | | | | | | | | | | | | | | |

| 75 | <p>Activity for All CAMHS Teams</p> <p>Face to face to face activity has remained fairly stable over the past 3 years but there has been a reduction in the number of DNA appointments and appointments cancelled at short notice, which reduces waste and improves service efficiency. Issues related to data quality and recording of activity have been identified and action put in place to address these over the past year. Monitoring has shown that although progress has been made, for example with increased recording of telephone activity and some recording of non-face to face clinical activity, this is limited and there is further work to do.</p>  <table><caption>Activity for All CAMHS Teams (Estimated Data)</caption><thead><tr><th>Category</th><th>2016/17</th><th>2017/18</th><th>2018/19</th></tr></thead><tbody><tr><td>F2F</td><td>23,000</td><td>24,000</td><td>23,000</td></tr><tr><td>TEL</td><td>6,000</td><td>8,000</td><td>10,000</td></tr><tr><td>DNA</td><td>3,000</td><td>3,000</td><td>3,000</td></tr><tr><td>CAN-P</td><td>2,000</td><td>2,000</td><td>2,000</td></tr><tr><td>NONF2F</td><td>1,000</td><td>1,000</td><td>1,000</td></tr></tbody></table> | Category | 2016/17 | 2017/18 | 2018/19 | F2F | 23,000 | 24,000 | 23,000 | TEL | 6,000 | 8,000 | 10,000 | DNA | 3,000 | 3,000 | 3,000 | CAN-P | 2,000 | 2,000 | 2,000 | NONF2F | 1,000 | 1,000 | 1,000 |
|---|---|----------|---------|---------|---------|-----|--------|--------|--------|-----|-------|-------|--------|-----|-------|-------|-------|-------|-------|-------|-------|--------|-------|-------|-------|
| Category | 2016/17 | 2017/18 | 2018/19 | | | | | | | | | | | | | | | | | | | | | | |
| F2F | 23,000 | 24,000 | 23,000 | | | | | | | | | | | | | | | | | | | | | | |
| TEL | 6,000 | 8,000 | 10,000 | | | | | | | | | | | | | | | | | | | | | | |
| DNA | 3,000 | 3,000 | 3,000 | | | | | | | | | | | | | | | | | | | | | | |
| CAN-P | 2,000 | 2,000 | 2,000 | | | | | | | | | | | | | | | | | | | | | | |
| NONF2F | 1,000 | 1,000 | 1,000 | | | | | | | | | | | | | | | | | | | | | | |
| <p>Common Point of Entry for BHFT CAMHs that receives all referrals for CYP.</p> | <p>CPE Referrals</p> <p>Referrals to the service for Berkshire West have increased year on year over the last 5 years, with the service seeing an increase of 8% last year and 43% since 2014/15.</p> <p>Graph 1 shows the trend in terms of all external referrals to CAMHS through the CYPF Health Hub for the Berkshire West CCG year to date with data reported from 2014/15 onwards for comparison purposes.</p> | | | | | | | | | | | | | | | | | | | | | | | | |

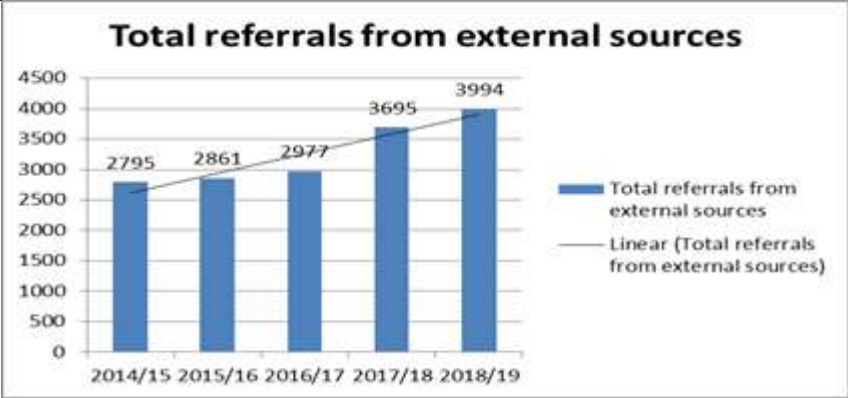
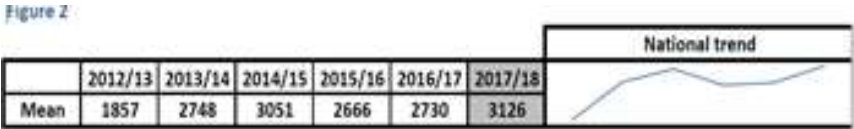


Figure 2 shows the national trend in referrals to NHS CAMH services, with the numbers given relating to referrals per 100,000 of the population. Referrals to Berkshire Healthcare CAMHS in 2017/18 were 5% above the mean at 3288 per 100,000 registered population (Berkshire-wide data)

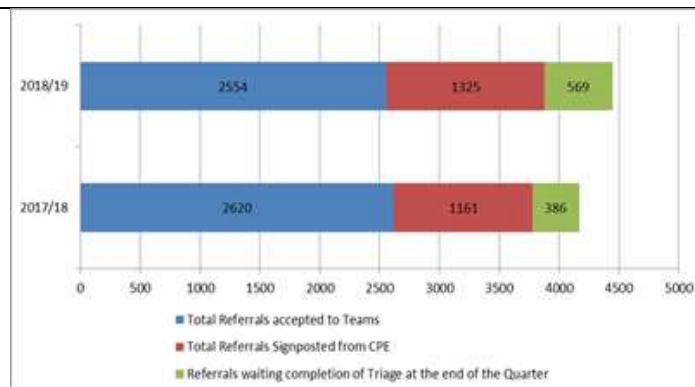


35.3% of referrals were for young people living within the Reading Borough Council locality, 34.5% from West Berkshire and 30.2% from Wokingham.

Information on referral source has been provided in the CPE deep dive audit but in summary, 40% of referrals received came from GP’s, 22.5% from education colleagues, including school nurses, 6.5% were self-referrals and 11% came from other emotional wellbeing services.

Graph 3 Total Referrals to CPE - Destination

77



Graph 3 gives the breakdown of destination for referrals accepted to the service. Benchmarking data shows that on average 76% of referrals to CAMHS are accepted and 69% of those go on to receive treatment (excluding referrals for Autism Assessment). Numbers for Berkshire CAMHS are lower, with 66% accepted and 62% going on to receive treatment. The most likely explanation for this difference is the variation in commissioning and delivery of CAMH services with a high proportion of other areas delivering early intervention (Tier 2) services. However some young people may be appropriately referred to CAMHS and receive an intervention in CPE. We will be developing the EPR system in the coming months to enable us to more accurately record where referrals receive and intervention in CPE versus those who are not appropriate for the service and are sign-posted following triage.

Anxiety & Depression Pathway

The Berkshire CAMHS Anxiety & Depression (A&D) Pathway provides specialist assessment and treatment of children and young people under 18 years of age who have a diagnosable moderate to severe anxiety

Anxiety & Depression Pathway

Most of our young people have complex presentations; neurodevelopmental difficulties, comorbidities, family relationships difficulties, parental mental illness, learning and educational needs and risk of self-harm. On assessment, the two most common diagnoses given to young people are moderate depressive episode and obsessive compulsive disorder with social phobia and generalised anxiety the second most common diagnosis. The majority of young people (75% of those assessed last year) have more than one diagnosis and just over 30% have a diagnosis of autism spectrum condition or are waiting an assessment.

We are forward thinking services, which look to innovate to constantly improve the quality of provision we provide for our patients. Our developments over the years have included: a high quality comprehensive assessment model, adolescent anxiety groups, parent led CBT group, pre assessment workshops, intensive home based treatment for OCD, parent led

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| <p>78</p> <p>disorder, depression, obsessive compulsive disorder (OCD) or single event post-traumatic stress disorder (PTSD). We deliver interventions for young people who due to the complexity of their difficulties require specialist and substantial support.</p> | <p>intervention for OCD, parent workshops, cognitive therapy for social anxiety, brief intervention for insomnia (CBTi) and parent led CBT for anxiety and ASC. Our future developments include training and skills development for the wider CAMHS workforce, treatment for body dysmorphic disorder and pre menstrual disorder.</p> <p>Referral, assessment and treatment Data for 2018/2019</p> <p>Last year (2018/19) the anxiety & depression team accepted 385 referrals. All these Young People and their parents were offered our introductory workshop which explains in detail the treatments we offer, provides high quality information on the mental disorders we treat and what they can do to help their young person/themselves and explains how they can access other resources that they may find helpful.</p> <p>Following the workshops, young people and families can opt into an assessment appointment. Specialist assessment and formulation are a key component of treatment. All of our assessments are carried out over 2-3 appointments and include psychoeducation, advice and care coordination. Last year we carried out 260 assessments, an increase of nearly 50% from the year before. 127 young people started treatment and 90 young people successfully completed treatment packages. The standard package of care, for most young people is individual CBT. Enhanced care packages for those who do not improve quickly or for whom their clinical presentation indicates they would benefit include intensive home based CBT, adjunction psychopharmacology and/or systemic therapy and attachment based family therapy for depression.</p> <p>Experience of the service</p> <p>The A&D pathway have been heavily involved in the CYP IAPT programme, and led the way in CAMHS in developing a culture of session by session outcome measurement. We have high rates of routine outcome measurement for our patients e.g. 91.4% for the Experience of Service Questionnaire (ESQ), 94.3% paired goal based outcomes and 77.1% paired symptom trackers (RCADs). Our ESQ feedback is consistently excellent. Between April and June 2018, 98% of parents and 95.1% of young people reported the statement:</p> <ul style="list-style-type: none"> • <i>'I feel the people who saw me listened to me/my child' was 'certainly true'.</i> • <i>98% of parents and 78% of children reported 'It was easy to talk to the people who saw me/my child' was 'certainly true'.</i> • <i>100% of parents and 97.6% of young people reported that 'I was treated well by the people who saw me/my child' was 'certainly true.'</i> • <i>100% parents and 98.6% young people reported that the statement 'My views and worries were taken seriously' was 'certainly true'.</i> |
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| 79 | The main negative comments received concerned the waiting times for appointments, with also some mention of the location and timing of appointments being inconvenient. | | | | | |
| | New developments made between April 2018 and March 2019 | | | | | |
| | We piloted a new system for young people who were referred to psychiatry at assessment, where the psychiatrist joined the assessing clinician for the follow up assessment appointment where possible. This reduced waiting time to see a psychiatrist for a first appointment, allowed for more joined up care planning, and enabled clinicians to seek consultation from the psychiatrist about formulation and care planning. | | | | | |
| | We improved our support to parents so that they can support their children in treatment and piloted three new sets of workshops (4 sessions each): 1. For parents of children and adolescents with OCD; 2. For parents of young people with depression; and 3. For parents of children with anxiety and autism &/or ADHD. | | | | | |
| | We developed and extended the clinic offering Attachment Based Therapy for Depression and offered this to young people who were deemed at risk of hurting themselves as well as suffering from depression. | | | | | |
| Autism Assessment Team and ADHD Pathway | Autism | | | | | |
| Berkshire Healthcare CYPF Neurodevelopmental Teams include the Autism Assessment team and the ADHD Pathway. | Current figures show an overall increase of 7.9% in referrals accepted by the Autism Assessment Team in 2017-2018 compared to 2018-2019. | | | | | |
| | Referral Year | Q1 | Q2 | Q3 | Q4 | Total |
| | 2017-2018 | 217 | 208 | 202 | 227 | 854 |
| | 2018-2019 | 269 | 196 | 262 | 200 | 927 |
| The Autism assessment team assess children and young people of all ages up to the age of 18. The Assessment team are commissioned as an assessment only service | ADHD | | | | | |
| | Current figures show a minor decrease of 0.9% the number of referrals for the ADHD Team. | | | | | |
| | Referral Year | Q1 | Q2 | Q3 | Q4 | Total |

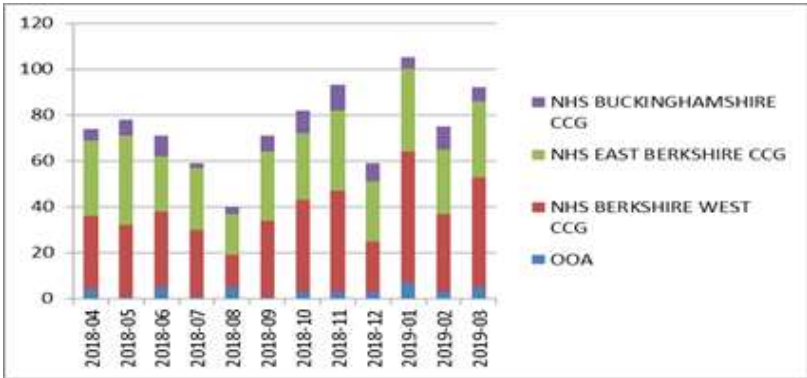
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| and work closely with local providers and charity organisations to provide informed signposting and advice both pre and post assessment. Due to the increase in demand and waiting times the team has also worked on a number of projects to support children, young people, parents, carers and their families whilst they are waiting for an assessment. | 2017-2018 | 92 | 87 | 115 | 122 | 416 |
| | 2018-2019 | 118 | 100 | 107 | 87 | 412 |
| <p>∞</p> <p>The ADHD team sees and assesses children and young people from 6 up to their 18th birthday. Children and Young people who are given a diagnosis of ADHD and who require medication to access education are prescribed both stimulant or non-stimulant medication to help manage their symptoms. Medication is prescribed and reviewed as part of a shared</p> | <p>Average waiting times for the Autism Assessment Team from acceptance into the team to first face to face appointment is: 79 weeks (end of financial year figure)</p> <p>Average waiting times for the ADHD Team from acceptance into the team to first face to face appointment is: 51 weeks(end of financial year figure)</p> | | | | | |
| | <p>Total number of CYP in contact with the ADHD and/or Autism Team (June 2018-July 2019)</p> <p>A total number of 833 children and young people or parent/carers have had contact with Autism Assessment Team clinicians either in a face to face appointment or through telephone contact and support via the helpline in the past 12 months. (This number does not include numbers supported via SHaRON-Jupiter our online support and resource service.)</p> | | | | | |
| | <p>A total number of 885 children and young people or parent/carers have had contact with ADHD Team clinicians either in a face to face appointment or through telephone contact and support via the helpline in the past 12 months.</p> | | | | | |
| | <p>Autism Diagnostic Rates</p> <p>73.11% of the Children and Young people in Berkshire West whose assessments were concluded in the past 12 months received a diagnosis of Autism</p> | | | | | |
| | <p>Children and Young People waiting for both an Autism and an ADHD Assessment</p> <p>There are currently 74 children waiting for both an Autism and an ADHD assessment in Berkshire West (July 2019)</p> | | | | | |
| | <p>Digital Solutions</p> <p>The Autism Team have recently piloted the provision of Autism Assessments via live video-link through a digital provider. This Pilot included 30 assessments for Children and Young people from Berkshire West. Assessments, which are completed by an external provider, are informed by NICE Guidelines and are completed in collaboration with the Autism</p> | | | | | |

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| <p>care arrangement with local GP's.</p> <p><u>SHaRON – Jupiter</u></p> <p>The autism assessment team provide support to parents and carers whose child is on the waiting list or who has received a diagnosis of autism via SHaRON – Jupiter our on-line information and support service.</p> | <p>Assessment Team who maintain clinical responsibility throughout the process. The pilot was successful and we are actively working to incorporate the provision of further assessments of this type as part of our on-going offer.</p> <p>Additional Services and Provision for Children, Young People and their families provided by the Neurodevelopmental teams.</p> <p>Whilst the Autism Assessment Team is an assessment only pathway and the ADHD Team are assessment and medication review we acknowledge that waiting for/or receiving an assessment of Autism and/or ADHD can be a very emotional time for families. In order to provide additional information, training and support we have worked with a number of different charities and collaborated with other CAMHS pathways to provide the following:</p> <p>SHaRON – Jupiter</p> <p>In the last 12 months (June 2018-July 2019) 215 Parents and Carers have opted into ShaRON-Jupiter with a total of 680 opting in since the service was first provided.</p> <p>Support on Sharon is provided by members of the Autism Assessment Clinical Team and in collaboration with Autism Advisors and Charity Organisations such as Autism Berkshire and Parenting Special Children.</p> <p>We recently presented SHaRON-Jupiter at the Autistica Research conference and asked for some feedback from some of its users for the presentation. They gave the following feedback:</p> <p><i>'SHaRON is a fantastic resource that allows users to connect with staff from CAMHs whilst waiting for their appointment. It's an opportunity to learn about options for support and to check in with others to discuss approaches to situations that occur. For us it has been an invaluable tool. One situation that I posted about led to telephone contact with a SLT which was a game changer in progressing the conversation with my daughter's school'</i></p> <p><i>'SHaRON was invaluable for me when we were waiting for our diagnosis. Being able to access people who could actually answer our questions made so much difference to our lives and stress levels. Every NHS Trust needs a SHaRON!'</i></p> <p>Autism and ADHD Team Helplines</p> |
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| | <p>Both the Autism Team and the ADHD Team provide a helpline for parents and carers whose children are on the waiting list in order to provide support and advice, respond to any queries, to provide signposting and to assess for risk and change in circumstances.</p> <p>The helpline is not an emergency service and is provided 3 afternoons a week for the Autism Assessment Team and two afternoons for ADHD. If there are concerns about immediate risk and harm, due to an escalation in mental health concerns, calls are passed to the Specialist CAMHS duty worker.</p> |
| <p>Eating Disorders pathway</p> <p>82</p> | <p>Referrals to BEDS CYP reduced in 2018/19 but remain higher than the commissioned capacity of the service.</p> <p>The team received 134 referrals in 2018/19, 58% of which were for Berkshire West young people. 78% of referrals had been accepted by year end (national capacity modelling was based on an expectation of 50% acceptance rates) with 9% still waiting assessment.</p> <p>There were 22 young people at the end of the year that had been assessed and accepted for treatment and were being supported by the team but have not yet started evidence-based treatment due to team capacity.</p> <p>Acuity and risk in this patient group remains high and the team have continued to work closely with acute unit colleagues and Willow House to prevent, where possible, and support young people needing admission.</p> |

| Thriving - Getting Risk Support - Risk management and crisis response | |
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| Where we are now | Impact and Outcomes |
| <p>Health and Justice service is operational, staffed by CAMHs workers, Speech and Language Therapists and nursing staff</p> <p>Resources used by Youth Offending Teams, magistrates courts, substance misuse providers and the wider Liaison and Diversion team have been adapted to meet the needs of Children and Young People with mental health, learning difficulties and/or communication impairments.</p> <p>The service works in partnership with the CAMHs Rapid Response/crisis service to provide step down care following attendance at the Emergency Department of Royal Berkshire Hospital.</p> <p>Health workers work closely with substance misuse services.</p> | <p>Over the past year, the main focus has been to bring together what was previously a number of individual clinicians working separately in the 3 YOTs together to provide an enhanced consistent and sustainable health service offer across the three YOTs with a single service specification and KPIs, and to develop aligned reporting.</p> <p>This is now in place and we are starting to see activity increasing and good feedback from both service users and YOT colleagues. In line with the aims of the new model there have been opportunities in the last few months for staff to work more flexibly across the West. This means that health practitioners have worked together sharing skills and good practice. It has also meant that where one practitioner has a specialist assessment skill this has been offered to a neighbouring YOT when required in order to provide an equitable and timely service across the West.</p> <p>YOT staff are familiar with the health staff embedded in their teams and know what they can offer in terms of specialist assessments and in supporting them in the work they do to reduce reoffending. MH workers are often asked to provide supervision to caseworkers when they are working with YP with histories of developmental trauma (this fits with the model of trauma informed working that is being used in Reading and West Berkshire YOTs). MH workers are also asked to advise where YP have diagnoses that might impact their offending. Physical Health Nurses provide support when YOT staff are worried about YPs sleep, diet, substance misuse, sexual behaviour, or general health.</p> <p>Increase in confidence of staff/partners (e.g. police) in identifying and supporting young people with communication, emotional wellbeing and mental health difficulties:</p> <p>The Mental Health practitioner has designed a tool to be used by YOT colleagues in West Berkshire to assess and open up discussions around trauma with YP. She has also written a document on understanding and working with complex trauma and ACEs to aid the team.</p> <p>Keeping young people safe from harm and reducing the risk of re-offending:</p> <p>One important aspect of the role of the Physical Health Nurses in YOTs is to promote reproductive and sexual health and this has involved helping young people to access free condoms and provide Chlamydia screening (under the C-card scheme offered by Public Health England). Offering free condoms has often been an effective way of encouraging YP at the YOS to attend Health appointments and this can then lead on to other support being offered.</p> |

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| | <p>Training is delivered for staff, not only as a group and in structured ways but through demonstration and case discussion. The Speech and Language Therapist delivered some training to the Reading YOT on identifying communication problems in YP. The feedback she received indicated that everyone felt they had learnt and benefited from the training and would be more confident in the future in identifying that there could be an underlying communication problem and knowing what they could do to help YP understand them.</p> <p>The Speech and Language Therapist has also delivered training to staff in Wokingham YOT on how to interpret the speech and language parts of the Asset Plus to aid colleagues. She received feedback that this had been helpful.</p> <p>The Psychologist delivered training to Reading YOT Panel Members on attachment trauma and the link to offending behaviour. These panel members are trained volunteers who manage the YPs Referral Orders. The feedback was very positive.</p> |
| Early Intervention Psychosis service | <p>Established in 2016 as a 14 plus service, there is joint working with the local CAMHS service to ensure that CYP with psychosis receive the NICE approved evidence package of care.</p> <p>Service was recently awarded level 3 status that confirms it provides the suite of interventions to the appropriate quality standards.</p> <p>The service continues to meet its timeliness target that includes response to under 18's.</p> |
| <p>Response Team</p> <p>The CAMHS Rapid response team was developed in 2017/18 following successful</p> <p>The aims of the CAMHS RRT are:</p> <ul style="list-style-type: none"> To deliver initial assessment of a young person presenting to A+E in crisis – within 4 hours of referral (provided the young person is fit for assessment) To deliver comprehensive mental | <p>CAMHS Rapid Response Team</p> <p>The team received a total of 899 referrals last year of which 46% were from Berkshire West. The trend and split of referrals is shown in shown in Graph 7. The majority of referrals to the team are for young people who have presented to emergency services in crisis and come from the Hospital A+E departments or Hospital Paediatricians. With the short-term project to move 'getting risk support' activity from community teams to RRT, we had hoped to be able to provide more support in the community with an expectation that this would divert young people away from A&E where safe to do so. Despite recruitment difficulties, the team have worked to develop a model of community-based support. Last year approximately 80% of referrals were from A+E or Paediatric colleagues. We started to see a change in this pattern towards the latter part of last year and data from quarter 1 this year indicates that 33% of referrals have come directly from GP's and other external colleagues, specialist community CAMHS and Tier 4. The proportion of first contacts in the acute units has also shifted from 41% last year to 37% I Q1.</p> <p>55% of referrals from A&E were recorded as having been seen within the 4 hour target. Reasons why 45% were not recorded as having been seen within this time frame are as follows:</p> |

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|-------------------------------|--|---|----------------------|---------------------|-----------------------------------|----------|----|----|-------------------------------|---|
| 85 | <p>health and risk assessments</p> <ul style="list-style-type: none">appropriate community settings until the risks are contained or alternative care provision is put in place (admission to Tier 4; community interventions). | <ul style="list-style-type: none">Referrals were made out of hours and initial contact delivered by the out of hours service and on-call CAMHS Consultant. We do not yet have systems in place to align this activity with the CAMHS RRT referral.Young person not medically fit for assessment.Assessment delayed due to unavailability of family/carer/social care. <div></div> <p>We do not yet have the ability to report reasons for breach from our EPR without manual audit of clinical records but are working to develop that capability within the system this year.</p> <p>Review of clinical records and liaison with RBH shows that numbers who were able to be seen within the 4 hour target but were not seen due to service capacity, were low.</p> | | | | | | | | |
| | <p>Tier 4 New Models of Care</p> <p>Berkshire Healthcare NHS Foundation Trust has been working in close collaboration with Oxford Healthcare NHS Foundation Trust (OHFT) and other partners on the development of a New Model of Care for Tier 4 CAMHS. This work is being led by Oxford Health, who are the lead provider in</p> | <p>BHFT continue to provide an 8 bedded unit, called Willow House in Wokingham. Information for last financial year on CYP flow into Tier 4, including Willow House is shown below.</p> <table><tr><td>Admission to:</td><td>Willow House</td><td>To out of Area Tier 4 Unit</td></tr><tr><td>Admitted</td><td>16</td><td>16</td></tr><tr><td>Clinical reason for admission</td><td>Eating Disorder x 1 Depression & unspecified behavioural & emotional disorder x 1 Psychosis x 1 Anxiety Disorder x 5 Major Depressive Disorder x 3 Emotional regulation difficulties x 1</td><td>11 - Eating Disorder 3 - Psychosis 1 - Self Harm + Eating Disorder 1 - Depression</td></tr></table> | Admission to: | Willow House | To out of Area Tier 4 Unit | Admitted | 16 | 16 | Clinical reason for admission | Eating Disorder x 1 Depression & unspecified behavioural & emotional disorder x 1 Psychosis x 1 Anxiety Disorder x 5 Major Depressive Disorder x 3 Emotional regulation difficulties x 1 |
| Admission to: | Willow House | To out of Area Tier 4 Unit | | | | | | | | |
| Admitted | 16 | 16 | | | | | | | | |
| Clinical reason for admission | Eating Disorder x 1 Depression & unspecified behavioural & emotional disorder x 1 Psychosis x 1 Anxiety Disorder x 5 Major Depressive Disorder x 3 Emotional regulation difficulties x 1 | 11 - Eating Disorder 3 - Psychosis 1 - Self Harm + Eating Disorder 1 - Depression | | | | | | | | |

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| <p>the new Tier 4 network that is being developed to enable improved flow and access to Tier 4 beds within the geographical patch.</p> | <div> <div> Psychosis x 1 Self-Harm x 1 Eating Disorder + moderate to severe depressive episode x 1 Complex PTSD + Eating Disorder x 1 </div> <div> Average Length of stay 52.8 Days </div> <div> 120 Days (Does not include a YP who has not been discharged as at 21.10.19) </div> </div> <p>A central bed finding process accessed via OHFT to enable improved access to local care for young people, greater integration across the geographical patch stated in April 2019.</p> <p>In the longer term it is hoped that there will be financial savings that can be invested to improve access to community crisis and admission avoidance services across the patch.</p> <p>Berkshire Healthcare continue to work closely with NHS England to relocate Willow House adolescent mental health inpatient unit, from its current site at Wokingham Hospital to a new location at Prospect Park Hospital. The move will enable improvements to the quality of service, including the provision of inpatient care closer to home for some young people for whom the current unit environment is not suitable. It is anticipated that this move will take place in early 2021.</p> <p>There is a dedicated Place of Safety suite for under 18s at Prospect Park Hospital. Local data for 18/19 indicates that 34 CYP went through to the place of safety under a section 136</p> <ul style="list-style-type: none"> • 9 of these CYP went on to a section 2 • 3 of these CYP were transferred out • 22 of these CYP were allowed to leave |
|--|--|

Chapter 10 - Mental Health Services dataset submissions

NHS Digital collate the Mental Health Services Data Set (MHSDS), which contains record-level data about the care of children, young people and adults who are in contact with mental health, learning disabilities or autism spectrum disorder services. It is mandatory for partially and wholly NHS funded providers (including 3rd and independent sector providers) to submit data to the MHSDS and other providers may also be contractually required to submit data. There is a key target around access to treatment which NHS England is monitoring CCGs performance against. Data for this target is collected via the MHSDS. Our area continues to not be reporting enough of these contacts on the MHSDS system where we are reporting a rate of 27% rate (against a 19/20 target to 32%)

We know though that our local providers are working with enough CYP, having recently completed the NHS E task of providing 18/19 contacts data for their services. The submission for Berkshire West provides a total of 5162 children and young people accessing support, or 57% access target against the notional 9004 prevalence rate. There is a warning that this method of data capture does not root out all the double counting, so the figure will be inflated.

Into FY 19/20 the CCG was asked to deliver a recovery plan to improve the use of MHSDS. We are making good progress against the actions in this plan, with 3 more providers already flowing their data onto the NHS digital system. In addition to this BHFT CAMHs continue to work on improving the recording of contacts to accurately demonstrate the level of output of their teams. We predict that this work will ensure that we reach our 19/20 targets.

We will continue to work with our local Voluntary Sector partner and the, youth counselling services in particular, and within the next 12 months the CCG will reach a solution with NHS England support, on how to enable these contacts and service to be counted.


Chapter 11 – Workforce

Recruiting and retaining high quality staff remains a high priority for all partners, as noted in the risk and challenges chapter of this refresh.

Within BHFT, our specialist CAMH service, there is now dedicated support from recruitment resource to improve recruitment across difficult to recruit roles with the aim of reducing lack of capacity. In addition they are:

- Beginning to trial new skills mix when appropriate, for example piloting a new telephone enhanced specialist assessment & engagement model for Anxiety & Depression using psychology Assistants to improve access, efficiency and quality of assessments as well as wait times.
- Using third party organisations to provide online assessments mainly focused around CYP waiting for an ASD/ ADHD assessment process to start.
- Reviewing their Clinical Pathways and seeking to develop a shared understanding of capacity, skill mix, training & support required for the pathways to be delivered sustainable. In addition they are working and sharing with other providers both locally within the respective ICS as well as nationally. For example work with Cornwall providers on pathways and more locally with Surrey and Borders providers on eating disorder staffing.

There has been success this year with progress made in recruiting medical consultant staff to the service and other teams are now reporting higher retention rates. CPE remains a concern that is being addressed and staffing levels are a constant risk that needs attention.

 Recruitment, retention and training of Educational Mental Health Practitioners (EMHP) in partnership with University of Reading for each Local Authority has continued at pace this year and will continue into the coming LTP year. Fundamental learning from being a trailblazer site has enabled the necessary fast paced mobilisation for the next wave and the Wokingham MHST has fully recruited its EMHP and started the course on time. In addition all our providers have supervisors in training or ready to start their training to meet the MHST programme standards.

Our current profile of the workforce delivering the range of commissioned services in chapter 9 is outlined below.

West Berks

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| Therapeutic thinking Support Team | FTE |
|--|-------------|
| Snr EP | 0.2 |
| Advisers | 0.7 |
| Workers | 2.6 |
| Emotional Health Academy (EHA) | FTE |
| Acting EHA Manager/Clinical Mental Health Wkr | 0.8 |
| Mental Health Worker | 2 |
| Emotional Health worker | 1.8 |
| Clinical Mental Health Worker | 0.8 |
| Referral Coordinator | 0.6 |
| Mental health support team | FTE |
| Snr EP | 1 |
| Mental Health Worker | 1 |
| EMHP | 4 |
| Outreach Worker | 1 |
| CAMHS practitioner | 0.5 |
| Educational Psychology (EP) Service | FTE |
| Snr EP | 1.5 |
| Eps | 4.1 |
| Unfilled EP (out to advert, covered by locums) | 2.5 |
| Total | 19.9 |

Reading

| Primary Mental Health | FTE |
|--|------------|
| Snr Primary Mental Health Worker | |
| Primary Mental Health Worker | |
| Mental health support team | FTE |
| Snr EP | 1 |
| Primary Mental Health Worker | 1 |
| EMHP | 4 |
| Outreach Worker | 1 |
| CAMHS practitioner | 0.5 |
| Educational Psychology (EP) Service | FTE |
| Snr EP | |
| Eps | |
| Unfilled EP (out to advert, covered by locums) | |
| Total | 2.5 |

AnDY clinic (UoR)

| Role | FTE |
|--|-------------|
| CBT Therapist | 0.5 |
| Senior CWP (1+ year post qualification experience) | 1 |
| CWP | 1.5 |
| Office Manager/Administrator | 0.35 |
| Total | 3.35 |

Wokingham

| BHFT Service | FTE |
|-------------------------------------|-------------|
| Primary Mental Health Worker | 3 |
| Educational Psychology (EP) Service | |
| Principle EP | 1 |
| Snr EP | 0.9 |
| EPs | 3.4 |
| Trainee EPs | 1.8 |
| Total | 10.1 |

Time to Talk (Youth Counselling)

| Role | Number |
|---------------------------------|-----------|
| Qualified and paid counsellor | 11 |
| Qualified and unpaid counsellor | 23 |
| Trainees counsellor | 9 |
| Total | 43 |

ARC (Youth Counselling)

| Role | Number |
|---------------------------------|-----------|
| Qualified and paid counsellor | 20 |
| Qualified and unpaid counsellor | 15 |
| Trainees counsellor | 15 |
| Total | 50 |

Number 5 (Youth Counselling)

| Role | Number |
|---------------------------------|-----------|
| Qualified and paid counsellor | 6 |
| Qualified and unpaid counsellor | 21 |
| Trainees counsellor | 18 |
| Total | 43 |

BHFT Specialist CAMHs service and CPE

| | Band 2 | Band 3 | Band 4 | Band 5 | Band 6 | Band 7 | Band 8a | Band 8b | Band 8c | Band 8d | Consultant | Other medical | Total WTE |
|-----------------------------|-------------|-------------|--------------|-------------|--------------|--------------|-------------|-------------|-------------|-------------|------------|---------------|--------------|
| Medical | | | | | | | | | | | 6.7 | 1.36 | 8.06 |
| Qualified Nursing | | | | 0.55 | 5.43 | 9.88 | 2.5 | 0.55 | 0.22 | | | | 19.13 |
| Clinical Psychology | | | 4.99 | 1.14 | 6.09 | 6.65 | 0.89 | 0.72 | | | | | 20.48 |
| Psychotherapy | | | | | 1.72 | 2.27 | 2.37 | | | | | | 6.36 |
| Allied Health Professionals | | | | | | 1.84 | 1 | 0.52 | | | | | 3.36 |
| Social Worker | | | 1.33 | | | | | | | | | | 1.33 |
| Senior manager | | | | | | | | 0.33 | 0.44 | 0.89 | | | 1.66 |
| Admin | 2.11 | 7.67 | 4.42 | 0.55 | 0.33 | | | | | | | | 15.08 |
| Total | 2.11 | 7.67 | 10.74 | 2.24 | 13.57 | 20.64 | 6.76 | 2.12 | 0.66 | 0.89 | 6.7 | 1.36 | 75.46 |

BHFT Willows House (Inpatient unit)

| | Band 2 | Band 3 | Band 4 | Band 5 | Band 6 | Band 7 | Band 8a | Band 8b | Band 8c | Band 8d | Consultant | Other medical | Total WTE |
|---------------------|----------|-------------|-------------|----------|----------|-------------|------------|----------|----------|----------|------------|---------------|--------------|
| Medical | | | | | | | | | | | 0.8 | 1 | 1.8 |
| Qualified Nursing | | | 6.92 | 2 | 1 | | | | | | | | 9.92 |
| Support worker | | 7.61 | | | | | | | | | | | 7.61 |
| Clinical Psychology | | | | | | | 0.8 | | | | | | 0.8 |
| Psychotherapy | | | | | | | 0.6 | | | | | | 0.6 |
| Education | | | | | | 0.32 | | | | | | | 0.32 |
| Other | | | | | | | | 1 | | | | | 1 |
| Admin | | | 1 | 1 | | | | | | | | | 2 |
| Total | 0 | 7.61 | 7.92 | 3 | 1 | 0.32 | 1.4 | 1 | 0 | 0 | 0.8 | 1 | 24.05 |

Chapter 12 – An overview of our financial investment

The CCG continues to meet its financial investment targets within the NHS guidance for Children and Young People. Investing a further £157k this financial year (19.20) in a range of early intervention and waiting time initiatives. In addition to this the CCG has committed a further £150k (recurring) funding to the BHFT Eating Disorder service to support delivery of meeting the waiting time and access targets for 20/21.

This year and going forward Berks West have secured transformation money for the establishment of our first 3 mental Health Support Teams.

Below are two tables outlining the historical view of Future in Mind and more broadly the overall CCG spending on CYP mental health services.

| Berkshire West CCG Future In Mind spend | Amount 16/17 | Amount 17/18 | Amount 18/19 | Amount 19/20 | Amount Predicted 20/21 |
|---|-------------------------|-------------------------|-------------------------|-------------------------|---------------------------------------|
| Reading School Link project | £100,000 | £100,000 | £100,000 | £100,000 | £100,000 |
| Wokingham School Link project | £100,000 | £100,000 | £100,000 | £0 | £100,000 |
| West Berkshire Emotional Health Academy | £100,000 | £100,000 | £100,000 | £100,000 | £100,000 |
| PPEPCare (to support schools, primary care, vol sector and non CAMHs staff) | £15,000 | £45,000 | £19,875 | £45,000 | £45,000 |
| CAMHs urgent/ crisis care at RBFT (now in block contract 19.20) | £208,000 | £329,368 | £329,368 | £329,368 | £329,368 |
| Voluntary sector support for families awaiting ASD diagnosis- Autism Berkshire | £40,212 | £28,000 | £20,000 | £20,000 | £20,000 |
| Voluntary sector support for families awaiting ADHD diagnosis- Parenting Special children | £9,740 £35,823 | £13,000 | £20,000 | £20,000 | £20,000 |
| Autism Appreciative Inquiry work | £5,225 | N/A | N/A | N/A | N/A |
| Booklets & campaign for young people #littlebluebookofsunshine | £10,000 | N/A | N/A | N/A | N/A |
| Additional money to Eating Disorder service (one off) | N/A | N/A | N/A | £50,000 | N/A |
| Additional money to tackle waiting times ASD/ ADHD - TBC | N/A | N/A | N/A | £75,000 - TBC | N/A |
| AnDY clinic-Anxiety and Depression in Young People Clinic University of Reading | N/A | N/A | £99,893 | £106,893 | £106,893 |
| Unallocated | N/A | N/A | N/A | N/A | £125,000 |
| Total Future In Mind | 588,177 | £715,368 | £789,136 | £846,261 | £946,261 |

| Other CCG spend | 16/17 | 17/18 | 18/19 | 19/20 | Predicted 20/21 |
|--|--------------|--------------|----------------------|--|------------------------|
| Specialist CAMHs block contract This figure excludes Berkshire Adolescent Unit which was transferred to NHS England in 14/15 and also includes investment in Community Eating Disorder and Rapid Response services over the last few years. | £6,306,000 | £6,520,000 | £6,674,000 | £7,131,000 | TBC |
| CAMHs Community Eating Disorders | £236K | £244K | £250K | TBC | TBC |
| Youth Offending/ Health and Justice- new monies from 17/18. New monies added to existing service value | N/A | £53,601 | £53,601 | £53,601 | £53,601 |
| Children and Young People's IAPT training backfill (pan Berkshire)- this is pass through money from HEE. | £251,000 | £56,500 | £53,601 | £0 | TBC |
| Non recurrent waiting list initiative funding from NHSE | £92,106 | N/A | £110,000 | N/A | N/A |
| Youth counselling | £30,000 | £30,000 | £30,000 | £30,000 | £30,000 |
| Reading | £30,000 | £30,000 | £30,000 | £30,000 | £30,000 |
| Wokingham | £30,000 | £30,000 | £30,000 | £30,000 | £30,000 |
| West Berkshire CCG funding | £29,500 | £29,500 | £29,500 | £29,500 | £29,500 |
| Mental Health Support Teams | N/A | N/A | 50,000 – project mgt | £376,195 £196,558 £100,000 - project mgt | £825,878 £356,709 |

Appendix 1 - How we developed our Local Transformation Plans- our story

In spring 2014 Clinical Commissioning Groups in Berkshire West asked service users, schools, doctors and mental health workers **what they thought about local mental health services**. <http://www.berkshirewestccg.nhs.uk/about-us/how-we-work-with-others/the-local-transformation-plan/2014-review-and-outcomes-of-berkshire-camhs-service/>

Their responses suggested that many children, young people and their families thought that services weren't good enough – explaining that waiting times were too long, that it was difficult to find out how to access help and, sometimes, that they didn't like the way that they were treated by staff. They said that there were delays in referrals and the advice given to families while waiting for their child's assessment was insufficient.

Future in Mind provided a structure for planned changes in Berkshire West. The ambition became not simply to adjust existing services, but to transform them. Our original Transformation Plans provide a snapshot of where we were in the Autumn of 2015, how we arrived at our plan and articulates the actions we felt were required.

Links to the original Transformation Plans can be found here

<http://www.berkshirewestccg.nhs.uk/media/1738/westberks-transformation-plan-2015.pdf>

The October 2017 refreshed plan can be found here

<http://www.berkshirewestccg.nhs.uk/media/1741/refreshed-transformation-plan-jan17final.pdf>

The October 2017 refreshed document describes our move away from the traditional tiered system to the THRIVE framework developed by Wolpert et al in the Anna Freud Centre (AFC) and Tavistock & Portman NHS Trust.

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



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The October 2018 refreshed plan can be found here:

<https://www.berkshirewestccg.nhs.uk/media/2516/berkshire-west-future-in-mind-ltp-refresh-oct2018.pdf>

A young person friendly version of the 2018 refreshed document can be found here:

<https://www.berkshirewestccg.nhs.uk/media/2617/yp-friendly-summary-for-review-future-in-mind-ltp-refresh2018.pdf>

Appendix 2 – Needs Assessment

Summary

The Berkshire Wests school population, as of the Jan 2019 census the 0 – 19 population stands at 86,144 pupils (+2000 CYP). Taking this as our baseline there are a number key factors that would indicate the level of need within Berkshire West CCG (covering the Local Authority areas of Wokingham, West Berkshire and Reading).

1. All 3 of our LA areas have u16 year old children living in poverty below the England average, with Wokingham well below that average.

| | Wokingham | West Berks | Reading | SE | England |
|---|-----------|------------|---------|-------|---------|
| Children living in poverty aged under 16 years (2016) | 6.4% | 9.1% | 15.7% | 12.9% | 17.0% |

2. Our primary school population has a 36% Ethnic minority cohort and the secondary school population has a 30% Ethnic minority cohort – well above the SE and National Average, and includes significant variation between the 3 LAs (Schools Census 2018)
3. Our Looked After Children number is 557 (up 37 from last year) at the end of Q1 this financial year, across the 3 LAs'. In addition to this 445 (down 155 from last year) Child protection and 1679 – (up 145 from last year) Child in Need cases for the same footprint. (Safeguarding reports MASA Q1 – 18/19)
4. Public Health CHiMAT information 2017 indicates that approx. 11% of our school population may require support from Tier 2 CAMHs which puts our numbers in line with the green paper impact assessment assumptions of 10 – 15% with a mild to moderate MH condition.
5. Public Health CHiMAT information 2017 indicates that 8% of our 5 – 16 year population have a mental health disorder, just under the green paper impact assessment assumption of 10%.
6. Our demand management figures tell us that we are experiencing a significant level of demand against the Green paper impact assessment assumptions. The Estimated volumes (business as usual model) for 18/19 suggested that Berkshire West are:

| | 18/19 National Profile | 18/19 Berkshire West Profile based on being 0.85% of national figures | 18/19 demand | 17/18 demand |
|-------------------|------------------------|---|---|--|
| Diagnosable | 920,000 | 7,820 | | |
| Referred | 620,000 | 5,270 | 4049 - Specialist CAMHs 3679 - Current T2 7728 - total (47% over profile) | 3561 - Specialist CAMHs 2320 - Current T2 5881 - total (12% over profile) |
| Treated by CYPMHS | 300,000 | 2,550 | 2273 – Specialist CAMHs 3739 - Current T2 6012 - total (135% over profile) | 2350 – Specialist CAMHs 1840 - Current T2 4190 - total (64% over profile) |

7. All 3 LA areas have a similar rate of child inpatient admissions for mental health conditions compared to the England average (Public Health profiles 2019)
- Wokingham - The rate of child inpatient admissions for mental health conditions at 90.4 per 100,000 is similar to England.
 - West Berks - The rate of child inpatient admissions for mental health conditions at 89.4 per 100,000 is similar to England.
 - Reading - The rate of child inpatient admissions for mental health conditions at 83.6 per 100,000 is similar to England.
8. Our Hospital admissions for self-harm Self Harm rates have been above the SE and England region figures for last 2 reported years. With significant concern about the 15 to 19 year old age group. This is further supplemented by the recent High impact User work completed by the CCG that identified the high risk and impact of these CYP in the acute, secondary and community care arrangements. (Public Health profiles 2019)

| Hospital admissions for self-harm: age standardised rate per 100,000 - Age: 10-24 | 2016/17 | 2017/18 |
|---|---------|---------|
| South East Region | 449.3 | 467.6 |
| Reading | 550.9 | 517.7 |
| West Berkshire | 579.1 | 529.3 |
| Wokingham | 493.1 | 483.9 |

9. School identified need from SEND January 2019 data is telling us that we are above national averages in our primary reasons for Education health and Care plan (EHCP) for both Social Emotional Mental Health and ASD categories. The summary table below indicates that Schools are identifying over 3600 pupils that will require a level of school based support in these areas above their full school population.

| LA | Total (SEN and EHCP) | Est % SEMH as a primary reason | Est number of SEMH | Est % ASD as a primary reason | Est number of ASD | Total % (SEMH and ASD) primary reason | Total (SEMH + ASD) as primary reason |
|------------|----------------------|--------------------------------|--------------------|-------------------------------|-------------------|---------------------------------------|--------------------------------------|
| Reading | 3766 (15%) | 18% | 686 | 13% | 487 | 31% | 1173 |
| West Berks | 4553 (15%) | 8% | 523 | 18% | 798 | 29% | 1321 |
| Wokingham | 3494 (11%) | 17% | 543 | 17% | 577 | 32% | 1120 |
| Totals | 11813 | 15% | 1752 | 16% | 1862 | 31% | 3614 |

10. School identified need by exclusion is telling us that 64 (2 more than last year) pupils were permanently excluded in the last Academic Year (18/19) across the 3 LAs (88% in secondary school).

And there were over 2000 pupils that received a fixed term exclusion (ranging from 1 to 10 days dependent) in the same Academic Year.

The majority reasons were consistently Persistent Disruptive Behaviour, Physical abuse against adult or pupil or Verbal abuse/threat on adult.

It is safe to assume that all of these pupils will need support from a mental health service to prevent further escalation into higher risk behaviours. (Sfeguarding reports MASA Q1 – 18/19)

Basic School Information

| | | State-funded primary | % known to be eligible for and claiming free school meals | State-funded secondary | % known to be eligible for and claiming free school meals | Special Schools | % known to be eligible for and claiming free school meals | Pupil referral units | % known to be eligible for and claiming free school meals | Independent | totals |
|------------------------|--|----------------------|---|------------------------|---|-----------------|---|----------------------|---|--------------|---------------|
| Reading Schools | | 39 | | 10 | | 4 | | 1 | | 10 | 64 |
| Pupils Jan 2018 | | 14,277 | 14.0% | 7,475 | 8.8% | 273 | 48.4% | 107 | 33.6% | 2,897 | 25,030 |
| | | | | | | | | | | | |
| West Berkshire Schools | | 66 | | 10 | | 3 | | 1 | | 15 | 95 |
| Pupils Jan 2018 | | 13,817 | 5.9% | 11,273 | 5.7% | 639 | 23.9% | 58 | 31.0% | 3,338 | 29,126 |
| | | | | | | | | | | | |
| Wokingham Schools | | 53 | | 10 | | 3 | | 2 | | 11 | 79 |
| Pupils Jan 2018 | | 15,315 | 5.1% | 10,699 | 5.2% | 345 | 18.6% | 17 | 35.3% | 3,475 | 29,852 |
| | | | | | | | | | | | 238 |
| BW Totals | | 43,409 | | 29,447 | | 1,257 | | 182 | | 9,710 | 84,007 |
| BW state only | | 74,295 | | | | | | | | | |

Ethnic Diversity

| Primary State school Jan 2018 | White | Mixed | Asian | Black | Chinese | Any Other Ethnic Group | Unclassified | All pupils | Minority Ethnic Pupils |
|----------------------------------|---------|--------|--------|--------|---------|------------------------|--------------|------------|------------------------|
| SOUTH EAST | 592,596 | 45,237 | 55,836 | 20,196 | 2,903 | 7,201 | 7,091 | 731,060 | 187,246 |
| | 81.1% | 6.2% | 7.6% | 2.8% | 0.4% | 1.0% | 1.0% | | 25.6% |
| Reading | 7578 | 1631 | 3093 | 1336 | 97 | 249 | 293 | 14277 | 8050 |
| | 53% | 11% | 22% | 9.4% | 0.7% | 1.7% | 2.1% | | 56% |
| West Berkshire | 12170 | 680 | 519 | 153 | 44 | 101 | 150 | 13817 | 2392 |
| | 85% | 4.8% | 3.6% | 1.1% | 0.3% | 0.7% | 1.1% | | 17% |
| Wokingham | 11099 | 1117 | 2191 | 387 | 167 | 160 | 194 | 15315 | 5116 |
| | 78% | 8% | 15% | 2.7% | 1.2% | 1.1% | 1.4% | | 36% |
| | | | | | | | | | |

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| State Secondary Schools Jan 2018 | White | Mixed | Asian | Black | Chinese | Any Other Ethnic Group | Unclassified | All pupils | Minority Ethnic Pupils |
|-------------------------------------|--------|-------|-------|-------|---------|------------------------|--------------|------------|------------------------|
| SOUTH EAST | 416694 | 27193 | 38455 | 15319 | 1940 | 4789 | 6414 | 510804 | 117912 |
| | 81.6% | 5.3% | 7.5% | 3.0% | 0.4% | 0.9% | 1.3% | | 23.1% |
| Reading | 3928 | 701 | 1844 | 598 | 115 | 130 | 159 | 7475 | 4061 |
| | 52.5% | 9.4% | 24.7% | 8.0% | 1.5% | 1.7% | 2.1% | | 54.3% |
| West Berkshire | 10005 | 558 | 331 | 214 | 37 | 59 | 69 | 11273 | 1710 |
| | 88.8% | 4.9% | 2.9% | 1.9% | 0.3% | 0.5% | 0.6% | | 15.2% |
| Wokingham | 8035 | 656 | 1304 | 395 | 62 | 87 | 160 | 10699 | 3146 |
| | 75.1% | 6.1% | 12.2% | 3.7% | 0.6% | 0.8% | 1.5% | | 29.4% |

Public Health CHiMAT data (Taken from Berkshire Public Health Locality Profiles 2017)

CHiMAT's Needs Assessment for Berkshire West CCG estimates that children and young people may require support from CAMHS. This has been broken down for each of the CAMHS Tiers:

| | Wokingham | Reading | West Berks | BW Totals |
|---|--------------|---------------|--------------|---------------------------|
| CAMHS Tier 1: (Service provided by professionals whose main role and training is not in mental health. These include GPs, health visitors, school nurses, social services, voluntary agencies, teachers, residential social workers and juvenile justice workers.) | 5,235 | 6,478 | 5,097 | 16,810 |
| CAMHS Tier 2: (Provided by specialist trained mental health professionals. They work primarily on their own but may provide specialist input to multiagency teams. Roles include clinical child psychologists, paediatricians, educational psychologists, child psychiatrists and community child psychiatric nurses.) | 2,445 | 3,024 | 2,381 | 7,850 (11% of school pop) |
| CAMHS Tier 3: (Aimed at young people with more complex mental health problems than those seen in Tier 2. This service is provided by a multidisciplinary team, including child and adolescent psychiatrists, social workers, clinical psychologists, community psychiatric nurses, child psychotherapists, occupational therapists and are, drama and music therapists.) | 650 | 803 | 632 | 2,085 |
| CAMHS Tier 4: (Aimed at children and adolescents with severe and/or complex problems. These specialised services may be offered in residential, day patient or out-patient settings. These services include in-patient units, secure forensic adolescent units, eating disorder units, specialised teams for sexual abuse and specialist teams for neuropsychiatric problems). | 30 | 38 | 27 | 95 |
| Totals | 8,360 | 10,343 | 8,137 | 26,840 |
| | | | | |
| Mental Health disorders - Prevalence number for 5 to 16 year olds | 1,710 | 2,418 | 1,852 | 5,980 (10% of 5 - 16) |

Children and Young People's Mental Health in England Profile – Courtesy of Berkshire Public Health team (from East Berkshire needs analysis (May 19))

Prevalence of diagnosed mental health disorders

Major surveys into the mental health of children and young people in England have been carried out in 1999, 2004 and 2017. These series of surveys are considered to provide England's best source of data on trends in child mental health. The official statistics and findings from the 2017 survey were published by NHS Digital in 2018 ([Mental Health of Children and Young People in England, 2017](#)) and the key national findings are highlighted below.

Children and Young People (CHYP) aged 5 to 19

| All mental health disorders | Emotional disorders | Behavioural or conduct disorders | Hyperactivity disorder | Other less common disorders |
|---|--|--|---|---|
| <p>101</p> <ul style="list-style-type: none"> • 12.8% of CHYP have at least one mental disorder • 5.0% of CHYP meet criteria for 2 or more disorders • Trend indicates that prevalence has risen over time for 5 to 15 year olds (9.7% in 1999 to 11.2% in 2017) | <ul style="list-style-type: none"> • <i>Includes anxiety, depressive, mania and bipolar affective disorders</i> • 8.1% of CHYP have emotional disorder • Rates are higher in girls (10.0%) than boys (6.2%) • Anxiety disorders (7.2%) are more common than depressive disorders (2.1%) | <ul style="list-style-type: none"> • <i>Characterised by repetitive and persistent patterns of disruptive and violent behaviour</i> • 4.6% of CHYP have behavioural disorder • Rates are higher in boys (5.8%) than girls (3.4%) | <ul style="list-style-type: none"> • <i>Includes disorders characterised by inattention, impulsivity and hyperactivity</i> • 1.6% of CHYP have hyperactivity disorder • Rates are higher in boys (2.6%) than girls (0.6%) | <ul style="list-style-type: none"> • <i>Includes autism spectrum disorders (ASD), eating disorders, tics and other low prevalence conditions</i> • 2.1% of CHYP have one or more of these disorders • 1.2% of CHYP have ASD • 0.4% have an eating disorder • 0.8% have tics or other less common disorders |

Key findings by age group

Pre school children

(aged 2 to 4 years)

- **5.5%** of 2-4 year olds have at least one mental health disorder
- **2.5%** have behavioural disorders, consisting mostly of oppositional defiant disorder (1.9%)
- **1.4%** have Autism spectrum disorder
- Sleeping (1.3%) and feeding (0.8%) disorders were other disorders with specific relevance to this age group

Primary school

(aged 5 to 10 years)

- **9.5%** of 5-10 year olds have at least one mental health disorder
- **3.4%** meet criteria for 2 or more disorders
- Behavioural (5.0%) and emotional (4.1%) disorders were the most common types in this age group
- Emotional disorders similar in both boys (4.6%) and girls (3.6%). However, other types of disorders were more than twice as likely in boys.

Secondary school

(aged 11 to 16 years)

- **14.4%** of 11-16 year olds have at least one mental health disorder
- **6.2%** meet criteria for 2 or more disorders
- Emotional disorders (9.0%) were the most common type of disorder, followed by behavioural (6.2%)
- Girls were more likely to have emotional disorders than boys (10.9% compared to 7.1%)
- Boys were more likely to have behavioural disorders than girls (7.4% compared to 5.0%)
- Boys were more likely to have hyperactivity disorders than girls (3.2% compared to 0.7%)

Transitioning to adulthood

(aged 17 to 19 years)

- **16.9%** of 17-19 year olds have at least one mental health disorder
- **6.4%** meet criteria for 2 or more disorders
- Emotional disorders (14.9%) were the most common type of disorder, followed by anxiety disorders (13.1%) and depression (4.8%)
- Young women aged 17 to 19 were more than twice as likely to have a disorder than young men (23.9% compared to 10.3%)
- **52.7%** of young women with a disorder also reported having self-harmed or made a suicide attempt

| | |
|------------------------------|---|
| TITLE | Designing our Neighbourhoods |
| FOR CONSIDERATION BY | Wokingham Borough Wellbeing Board on Thursday, 13 February 2020 |
| WARD | None Specific; |
| DIRECTOR/ KEY OFFICER | Graham Ebers, Deputy Chief Executive |

| | |
|--|---|
| Health and Wellbeing Strategy priority/priorities most progressed through the report | This report meets all three of the strategy priorities: Priority 1 – Creating physically active communities Priority 2 – Reducing social isolation and loneliness Priority 3 – Narrowing the health inequalities gap |
| Key outcomes achieved against the Strategy priority/priorities | Update the Board on actions taken towards implementing Design our Neighbourhoods Event. |

| | |
|---|---|
| Reason for consideration by Wokingham Borough Wellbeing Board | To review and the outcome of the Designing our Neighbourhoods Event |
| What (if any) public engagement has been carried out? | None |
| State the financial implications of the decision | None |

| |
|---|
| RECOMMENDATION That the Board consider the next steps for delivery and implementation of the results and feedback from the Designing our Neighbourhoods Event. |
| SUMMARY OF REPORT Design our Neighbourhoods Event – Wokingham, 22 January 2020 Venue - <i>Sindlesham Court 6pm-9pm</i> The event, led by Wokingham Borough Council and Berkshire West Clinical Commissioning Group, was aimed at identifying what makes an effective neighbourhood public sector delivery model, the key roles played by public and voluntary sector organisations and what more we can all do to create strong, healthy and resilient neighbourhoods. |

Background

Design our Neighbourhoods Event – Wokingham, 22 January 2020 Venue - *Sindlesham Court*
6pm-9pm

The event, led by Wokingham Borough Council and Berkshire West Clinical Commissioning Group, was aimed at identifying what makes an effective neighbourhood public sector delivery model, the key roles played by public and voluntary sector organisations and what more we can all do to create strong, healthy and resilient neighbourhoods.

The event held on the 22 January builds on work already undertaken around the Council's Transformation Programme, Adult Social Care's Three Conversations Model and the NHS Long Term Plan, and the ambition is to develop a whole system public sector approach at a local level.

Key stakeholders at this event on 22 January included representatives from the Wokingham Health and Wellbeing Board, Wokingham councillors (Borough, Town and Parish), Berkshire West CCG, GPs from Wokingham's four Primary Care Networks (PCNs), voluntary sector, Police, Fire and Ambulance, Royal Berkshire Hospital, Wokingham head teachers and faith groups.

Three key questions, linked to the Wellbeing Board's key priorities, were the focus of round-table discussions:

- How can we work better together to reduce social isolation?
- What can we do to create physically active communities?
- How do we work together to narrow the health inequalities gap?

Data packs were provided that summarised a snapshot of each PCN and neighbourhood area and were used by delegates as part of their discussions to explore what they are already doing and what more needs to be done.

The aim is to follow up with a series of neighbourhood themed engagement events over the next year or so, linking up with a wide range of other key partners.

Each group provided their own ideas and aspirations for their neighbourhoods, and feedback from each event will be used to shape the Wellbeing Board's vision of creating healthy and resilient communities.

Results of the event have been summarised in Appendix 1

Analysis of Issues, including any financial implications

None

| Partner Implications |
|----------------------|
| None |

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| Reasons for considering the report in Part 2 |
| None |

| |
|----------------------------------|
| List of Background Papers |
| None |

| | |
|--|--|
| Contact Graham Ebers | Service Corporate Services |
| Telephone No Tel: 0118 974 6557 | Email graham.ebers@wokingham.gov.uk |

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Designing Our Neighbourhoods

Event on 22nd January 2020

This event will be the first of a series of events that will examine the four Primary Care Networks (PCNs – North, South, East and West) for Wokingham.

Purpose and Aims

- Provide a common level of understanding of what is trying to be achieved
- Establish partnership connections around the four Primary Care Networks (PCNs)
- Begin to generate ideas to inform the thinking around what the neighbourhoods would look like

| | |
|----------|------------------------|
| Page 1 | – Introduction/Index |
| Page 1-3 | – Attendees |
| Page 3 | – Region information |
| Page 4-5 | – Question 1 Responses |
| Page 6-7 | – Question 2 Responses |
| Page 8-9 | – Question 3 Responses |
| Page 10 | – Common Themes |

Attendees –

| | |
|-----------------|--|
| Narinder Brar | WBC – Community Safety Partnership |
| Jo Dixon | Healthwatch Wokingham |
| Rhian Warner | WBC – Wokingham Integrated Partnership |
| Tony Lack | Councillor - Evedons West (Wokingham Town Council) |
| Pat Sutlieff | Charvil Parish Council |
| Amit Sharma | NHS |
| Will Beacham | NHS |
| Dan Alton | NHS |
| Nicholas Austin | WBC – Interim AD Localities & Customer Services |
| Fiona Price | Age UK |
| Jenny Lamprell | WBC - |

| | |
|-------------------|---|
| Phil Cook | Involve Community |
| Sarah Hollamby | WBC – Director Localities & Customer Services |
| Ian Montgomery | Shinfield Parish Council |
| Clare Rebbeck | Coats Crowthorne |
| Nicola Brock | NHS |
| Lesley Foxwell | Wokingham Without Parish Council |
| Amanda Cracknel | NHS |
| Helen Clark | NHS |
| Graham Jukes | Finchampstead Parish Council |
| Deana Humphries | WBC – Business Analyst |
| Mark Robson | NHS |
| Gary Edwards | NHS |
| Reva Stewart | NHS |
| Zora Morgan | Dingley's Promise |
| John Barnes | |
| Carol Cammiss | WBC – Director Children's Services |
| Sal Thirlway | WBC – AD Learning, Achievement & Partnerships |
| Adam Davis | WBC – AD Social Care |
| Majid Albvorz | BPC |
| Martin Sloan | WBC – AD Adult Services |
| Helen Edwards | NHS |
| Sheena Matthews | Parkside PPG |
| Perry Lewis | WBC – Financial Lead |
| John Halsall | Leader Wokingham Borough Council |
| Jim Stockley | Healthwatch |
| Cristina Bayliss | Stroke UK |
| Margie Walker | |
| Christine Knox | Wokingham Voluntary Services |
| Jim Kennedy | The Core Resource |
| B A Nicholls | Get Berkshire Active |
| Berry Blease | NHS |
| Sarah Richards | |
| Anne Kennedy | The Holt School |
| Mark Hainy | Young People with Dementia |
| Matt Pope | WBC – Director Adult Services |
| Lyn Percival | Agenda |
| Tessa Lindfield | Bracknell Forest Council |
| Debbi Milligan | NHS |
| Jan Broady | Thrive |
| Mark Redfearn | WBC - Localities |
| Peter Slade | WBC – Wellbeing Board Support |
| Philippa Chan | Head Crazies Hill Primary School |
| Charges Margetts | Councillor Finchampstead North, WBC |
| David Hare | WBC – Community Environment Officer |
| Richard Alexander | WBC – Libraries Manager |
| Aaron Plume | Wokingham Without Parish Council |
| Graeme Dexter | Barkham Parish Council |
| Rupi Joshi | Woodley Centre Surgery |

Feedback from Regional Groups –

PCN Area NORTH Group Feedback

Facilitator: Matt Pope

Notes: Matt Pope

General Comments

NORTH

- PCN boundary doesn't necessarily make sense as a sizeable number of patients that use services in this area live outside the boundary
- 51.5k residents live in the area but 62/63k registered GP patients
- Different LA borders on this area this complicates things
- Care homes – large number of them in this area could be 400ish beds
- More housing development – has led to churn in population and increased footfall
- Geographically 2 areas - urban and rural

PCN Area EAST Group Feedback

Facilitator: TBC

Notes: Sally Moore

PCN Area SOUTH Group Feedback

Facilitator: Graham Ebers

Notes: Nicholas Austin and Sal Thirlway

PCN Area WEST Group Feedback

Facilitator: Katie Summers

Notes: Katie Summers

Question 1: How can we work better together to reduce social isolation?

NORTH

- Need to work with Schools as a rise in Mental Health issues for children, not just an older people's problem
- Physical isolation is a real issue in more rural areas – transport is an issue
- Lots of voluntary sector services we need to work together
- Friendship Alliance is really a good joined up example
- Workplace isolation is an issue – unemployment – pockets of relative deprivation
- Health and social care – community centres we need to get the best out of them
- Ambleside – was a good hub
- Need to do more work on the Data to identify need – use different sources from different organisation
- Social prescribing can help – better use of existing services
- Use Hubs – village halls etc – do more asset mapping
- Need information joined up and in one place
- Need to map need the map to existing provision
- Cross age working can really help e.g young people and older people
- More Volunteers needed
- Lots if things going on – central signposting is important
- Let's listen to communities gather soft data from Towns and Parishes

EAST

- Find out about what there is
- Assess services/transport -Crowthorne good neighbours does shopping, hairdressers
- Wokingham Without -= have no bus services. Need right number of buses
- Permitted developments for office blocks to flats
- Ability to go out – what are emotional barriers
- Build trusting relationships
- Need to support services users into new services
- Men in the Shed/nit and natter groups – need more
- Link visiting scheme – could we use this more to enable them to get more people accessing services
- Need better relations between BFBC and WBC area
- Lots of day services accessed by sheltered schemes
- How do we inform residents better about what's going on and services available
- Voluntary sector funding – it's done via streams of work and this means there is limited wiggle room

- Voluntary sector bound – set by councils and by KPIs which tie up good services. Need more outcome focused KPIs
- Bond /restrictions in governance which cause boundaries on all sides
- No lack of will from working together. Vol sector creates lot of energy
- 650 charities in Wokingham.
- Higher percentage of volunteers than any other councils
- Councils work on annual basis, not far into future as do voluntary sector
- Some people need more hand holding
- How do we know where social isolation is
- Need technology to support
- How do you reach the hard to reach
- We could use data and info on how we find people. Need an early warning system about people at risk
- Postman an untouched area of help
- CAB outreach in Wokingham Without.

SOUTH

- What does it mean and how do we know who is socially isolated?
- How do we better enable them to reach out and access services
- Can Voluntary services help fill some of the gaps? For example, hospital discharge.
- How can the voluntary sector be supported to make sustainable
- We need to share and promote information on what's available and how people can help
- Identify who is operating within the community sector within our PCN area
- Understand the capacity and capability in the Parish councils to support the agenda
- Focus response when a life event occurs and on prevention to prevent occurring
- There's a tension between centralisation of medical services and locality
- Geographical isolation if cannot drive, make medical appointments, social gatherings activities
- Transport voluntary car schemes, Link visiting service, befriending, ready bus, keep mobile – need for signposting
- Would be good for GP practices to have social prescriber, named social work and housing contact etc.
- Extending social prescriber model into Royal Berks Hospital
- Using Technology will assist, such as skype
- Draft out and map some case studies to show connections that are there already and identify the gaps and help identify improvements
- Need to integrate our voluntary strategy to support this agenda and resilient communities

WEST

Question 2: What can we do to create physically active communities?

NORTH

- Transport to green spaces is an issue
- Park runs/park walks – have more of them and make them local
- Promotion - hard to reach groups need to target help in places or ways that make sense to these groups.
- Design of space is actually good lots of green space but not everyone knows about them
- Cycle routes – more of
- Local together – use digital services to promote
- Couch to 5k – in each practice/every school would be a good target
- Still too car dominated in this area
- Falls prevention – is really important need more of this type of service
- Walking groups and running groups
- Outdoor gym equipment in parks etc.
- Beautiful places challenge is a good idea
- Are all green spaces accessible enough we need to check this

EAST

- Working with youth groups
- Crowthorne trails
- Improve cycling and conditions on roads. Better greenways
- Ban cars near schools
- No Drive days in Wokingham?
- Ban particular days cars in town centre
- Do we have willing populations
- Work closer with parish councils and planning teams to deal with greenway processes and applications
- Schools – need to do more. Girls don't cycle as much. Feel unsafe on roads/won't wear helmets because it spoils their hair.
- Parents too scared to let children cycle
- Bigger companies put showers facilities
- Talk to those who cycle about how to make it better. How can big companies help – can they incentivise employees/employers, big organisations to encourage people to move
- Companies to give rights and say it's ok to move and get out
- Daily rule in schools – walk to school incentives
- Voluntary sector – sports clubs, activities
- Start young – places for leisure, parents educating children
- Affordability
- Youth gyms – cost or free
- Schools – in holidays free swims for free school meal children
- Crowthorne trails – treasure hunt

SOUTH

- Need to start young
- Schools are key – how can we support , Physical Education and Healthy schools programme
- Infrastructure is important.
- Greenways are a good start but need to be more connected and lit at night and provide more routes to school away from roads
- Keep pitches properly mown/ maintained so can be used
- Park runs are well attended
- Key time for support is change to adolescence
- How can we motivate
- Need clear communication of what is out there clubs, sports , activities
- Can we produce / promote a central list
- Not everyone up for organised sport but other activities can increase confidence and get people moving and away from screens
- Play and activities are a good way in
- Finchampstead Baptist Church (FBC) is a good example, what can we learn from them?
- Need awareness of existing / more indoor spaces so activities can go on all year round and in bad weather.
- Can Technology help with motivation – Thrive example of provision of a step counter as part of joined up working with support at home around diet and motivation
- Can we utilise non-traditional approaches
- Get case studies of what has worked elsewhere
- Utilise Peer buddying and neighbouring support
- Ask people what they want and what they would use don't just assume
- Need to work on fear of crime as some play spaces are being underutilised and can become a source of ASB
- Build on good news, keep promoting the messages proactively, why don't you style campaigns
- Link to mentoring other schemes, use different messages

WEST

Question 3. How do we work together to Narrow the health inequalities gap?

NORTH

- Young peoples' mental health is an issue
- We need real projects, start small
- Lots of IT professionals in the area – could volunteer to support people to use technology better to improve health
- CAB – we should involve them
- Use employers – get a model going to help mental health in the work place
- Increase in food banks is a worry we should link to other services that can help
- Think about finding ways of meeting hard to reach groups in innovative fun ways

EAST

- Less cars on roads – greenways and cycle paths
- Pockets of areas in Borough where smoking levels are higher
- Run project where people who don't need winter fuel payments donate to families who need it
- Define what level we want people to rise to
- Access to food – good food
- Cooking lessons and ideas
- Community larder – hopefully starting soon. Middle ground between foodbank and supermarket. Pay £2-£3 a week to access
- Grab Club – well attended
- Tesco CWB card points – donate to local food projects
- Farmers to donate fresh food,
- Food bank vouchers
- School and education – better teaching for children to learn to cook
- Planning guidance around takeaways near schools
- Asset map
- Smoking -higher number in manual workers
- Healthier lifestyles, encouraging people to join in more

SOUTH

- Be clear about what we mean by Health Inequalities
- Is it just living longer and healthier?
- Pockets social and community disadvantage
- Need a concentration of thought and services around Gorse Ride to deal with shorter term issues before the regeneration
- Need to ensure we monitor Air quality properly
- We need to understand the gaps
- Pockets will become increasingly different as new development changes the area

- Need public health input for targeted responses – ward level analysis is not granular enough
- Identify hidden need in a generally affluent area
- Identify the challenges and issues
- How can we deal with the challenge around NHS recruitment
- Need to educate so people can make better choices
- Develop a local plan to tackle the issue

WEST

General Summary of approach to finding Solutions

NORTH

- Start small, start simple and don't mind if we fail
- Pool budgets and try things
- Make sure the solutions are fun
- Use technology to help – Apps etc
- Children centres 2 in the area let's use them
- Hubs are a good idea but use the buildings that are already used
- Join up – be ambitious
- Include the Town and Parish councils they may have money

Common Themes –

Question 1: How can we work better to reduce social isolation?

- Groups wanted a better understanding of what Social Isolation was.
 - How do we know who & where they are.
 - How do we reach them.
- General feeling was there are many charities and volunteers, (one group wanted more volunteers).
- A clear message of better co-ordination between charities, volunteers and councils throughout the borough.
- Improved signposting and using technology to do so.

Question 2: What can we do to create physically active communities?

- Better promotion of the Green and Blue areas of the Borough.
 - Charities and groups holding activities at these location.
- More promotion of Healthy activities.
 - For example - Couch to 5k.
 - Promote leaving your car at home (improved transport facilities also noted).
 - Peer group/mentoring programmes.
 - Charity support.
- Improved communication promoting to young people, schools.
 - To get the message to the young to create the healthy culture.
 - Contact and promotion to schools.
- Use of technology to promote walks, cycles, runs.
 - Route suggestions (Strava, Zwift, Map my..).
 - Social media groups to give peer/mentoring support.
- More communication with residents to understand what they would like available.

Question 3. How do we work together to Narrow the health inequalities gap?

- Find ways of meeting hard to reach groups/areas of the Borough
 - Asset map highlighting where the support is – eg foodbanks,
- Better and more Education/Promotion of:
 - Help people making better choices.
 - Mental Health (particularly with young people).
 - Cooking and eating healthy (particularly with young people).
 - Less use of cars – improving the environment (Air Quality).
 - Buy in from Businesses around the Borough.

| | |
|-----------------------------|--|
| TITLE | Developing a Shared Strategic Approach for Health & Wellbeing Partners in Wokingham |
| FOR CONSIDERATION BY | Wokingham Borough Wellbeing Board on 13 February 2020 |
| WARD | None Specific |
| KEY OFFICER | Tessa Lindfield, Strategic Director of Public Health for Berkshire Public Health Services for Berkshire |

| | |
|--|-----|
| Health and Wellbeing Strategy priority/priorities most progressed through the report | All |
| Key outcomes achieved against the Strategy priority/priorities | All |

| | |
|--|---|
| Reason for consideration by Health and Wellbeing Board | To fulfil duty for the Wellbeing Board on behalf of the LA and the CCG to have a Joint Health & Wellbeing Strategy. To increase the influence and impact of the Joint Health & Wellbeing Strategy. |
| What (if any) public engagement has been carried out? | The report has been produced with input from a range of people. |
| State the financial implications of the decision | None |

RECOMMENDATION

That the Wokingham Borough Wellbeing Board support development work to embed Wokingham's Joint Health & Wellbeing Strategy priorities within a Shared Health & Wellbeing Strategy across Berkshire West.

REPORT

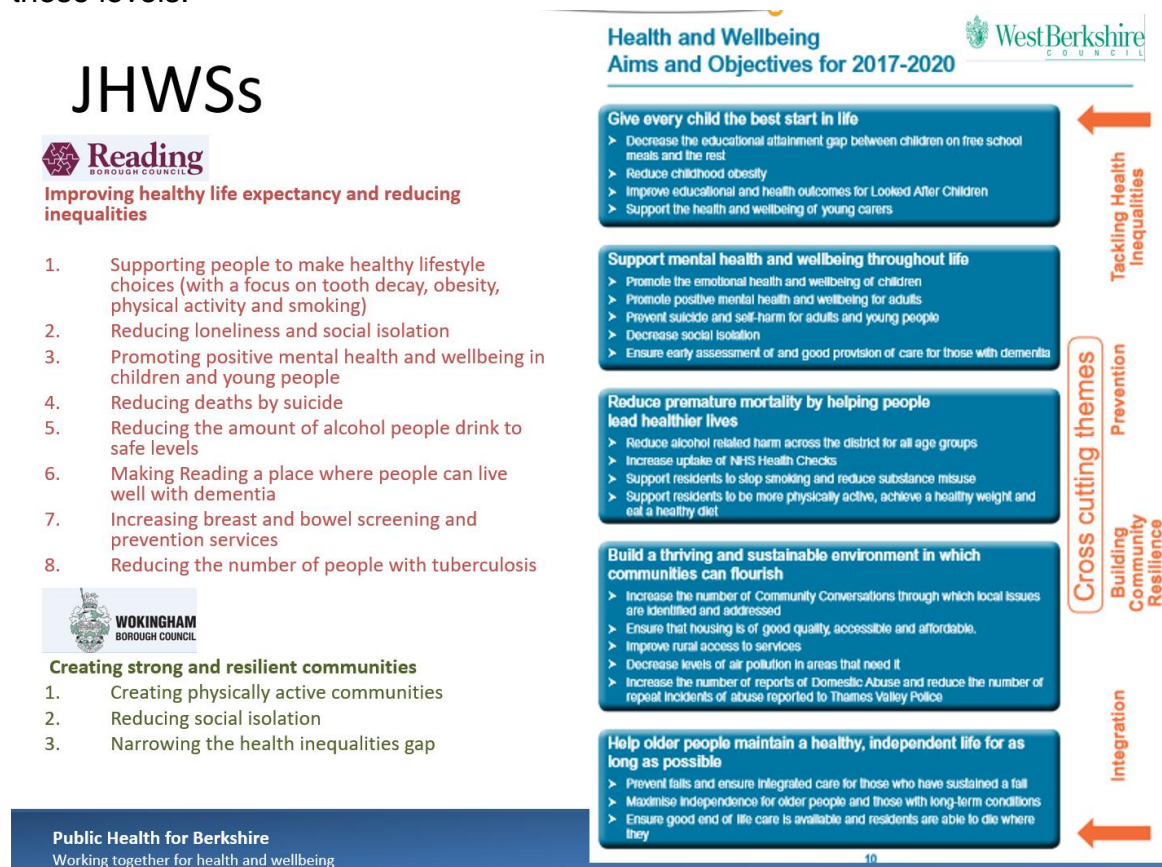
Background

1. Each Health & Wellbeing Board has a Joint Health & Wellbeing Strategy (JHWS), a 3 way duty for the CCG, Local Authority (LA) and HWB. The JHWS is the overarching strategy for improving health and wellbeing for an area's population. The aim is to provide strategic direction across the local system of public services.
2. There is a legal duty for LAs and CCGs to have regard of the JHWS, reflecting it in their policy and programmes of work.

3. Wokingham's current JWHS has 3 aims focussing on social isolation, physical activity and inequalities, with the overall goal of creating strong and resilient communities.
4. There is an opportunity to reinforce the impact of Wokingham's JHWS programme by embedding it in an overarching shared strategy for the Berkshire West Integrated Care Partnership (ICP) which covers Wokingham, Reading and West Berkshire Council populations.

What might a shared strategy look like?

5. The ICP works at place (Berkshire West), locality (LA) and neighbourhood levels. A shared overarching strategy would include actions and priorities at each of these levels.



Box 1: Health & Wellbeing Strategy Priorities in Berkshire West

6. There is strong synergy between the existing JHWS priorities for the 3 Health & Wellbeing Boards are similar and include the 3 Wokingham priorities. This would be continued in any shared overarching strategy.
7. Because a shared strategy would need to meet need at Locality and Neighbourhood levels as well as Place, there will be differences across the geographies in priorities and actions. This will ensure that Wokingham's priorities are not lost as there will be the opportunity for local variation.
8. The Wellbeing Board delivers the Joint Strategic Needs Assessment, the process for identifying the health and wellbeing needs of Wokingham residents. As the JSNA informed the content of the current Wokingham strategy, it will inform the local priorities and actions in the shared strategy as well as the shared priorities for services that cover the 3 boroughs.

How would a shared strategy be developed?

9. A shared strategy would be developed under the auspices of the 3 Health & Wellbeing Boards. Priorities will be identified from the JSNA, then tested and refined with local communities and partners. A draft strategy would be subject to public consultation before sign off by the Wellbeing Board which would be able to withdraw at any time.

Summary

10. There is an opportunity to reinforce the impact of Wokingham's JHWS programme by embedding it in an overarching shared strategy for the Berkshire West Integrated Care Partnership (ICP) which covers Wokingham, Reading and West Berkshire Council populations.
11. The development of a shared overarching strategy would be developed in a way that ensures that local priorities are not lost.
12. The Wellbeing Board would have full oversight of the development of the strategy and would be able to withdraw at any time.

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| Partner Implications – Joint working with other local authorities within Berkshire West and with colleagues in the ICP and PMO. |
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| Reasons for considering the report in Part 2 |
|---|

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|----------------|
| Not applicable |
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| List of Background Papers |
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| Berkshire a Good Place to Work – the 2019 Director of Public Health Report |
|--|

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| Contact Tessa Lindfield | Service Public Health |
|--------------------------------|------------------------------|

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|----------------------------------|---|
| Telephone No 01344 352776 | Email tessa.lindfield@bracknell- |
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| |
|---------------|
| forest.gov.uk |
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APPENDIX 1

BERKSHIRE WEST SHARED JOINT HEALTH & WELLBEING STRATEGY

STRATEGY DEVELOPMENT GROUP

TERMS OF REFERENCE

Purpose of the Group

This is a time limited group to produce the Shared Joint Health & Wellbeing Strategy across West Berkshire, Reading and Wokingham Local Authorities, the area covered by the Berkshire West Integrated Care Partnership.

Objectives

To produce the Shared JHWS by September 2020 in accordance with the following principles:

- a. The overall aim of the strategy is to improve health and wellbeing for residents which includes reducing health inequalities.
- b. The strategy is developed in close collaboration with residents and local partners.
- c. The strategy will set the direction for health and wellbeing partners working at the place level.
- d. The strategy will focus on areas where partnership action adds value.
- e. The strategy will have a shared direction and local priorities, which may vary from locality to locality.
- f. The priorities in the strategy will be based on need, supported by actions based on evidence of effectiveness.
- g. The structure of the strategy will take inspiration from the Kings Fund's overlapping pillars of population health¹ as illustrated below, with inequalities a theme throughout.

To keep the (Health &) Wellbeing Boards fully engaged in the process and informed of progress.

To report to the ICP Delivery Board

Ways of Working

To meet monthly, chaired by the Strategic Director of Public Health. Meeting agenda and papers to be sent in advance, minutes to be taken.

¹ <https://www.kingsfund.org.uk/sites/default/files/2018-11/A%20vision%20for%20population%20health%20online%20version.pdf>

To provide regular reports to (Health &) Wellbeing Boards and the ICP Delivery Board.

Membership - TBC

Strategic Director of Public Health
Consultants in Public Health, West Berks, Reading & Wokingham
Project Manager
CCG Director of Strategy
Healthwatch
Adult Social Care leads
Children's services representative

| | |
|------------------------------|---|
| TITLE | Strategy into Action |
| FOR CONSIDERATION BY | Wokingham Borough Wellbeing Board on Thursday, 13 February 2020 |
| WARD | None Specific; |
| DIRECTOR/ KEY OFFICER | Graham Ebers, Deputy Chief Executive |

| | |
|--|---|
| Health and Wellbeing Strategy priority/priorities most progressed through the report | This report meets all three of the strategy priorities: Priority 1 – Creating physically active communities Priority 2 – Reducing social isolation and loneliness Priority 3 – Narrowing the health inequalities gap |
| Key outcomes achieved against the Strategy priority/priorities | Update the Board on actions taken towards implementing Strategy into Action. |

| | |
|---|--|
| Reason for consideration by Wokingham Borough Wellbeing Board | Update the Wellbeing Board on the progress of the Wellbeing Agenda and implementation of the strategy through the action plan. To seek views and ideas with regards to potential actions for the delivery of the strategy. |
| What (if any) public engagement has been carried out? | None at present. |
| State the financial implications of the decision | None at present. |

| |
|---|
| RECOMMENDATION |
| That the Board notes the update and progress to date for the Wellbeing Strategy and supports the implementation of Strategy into Action. |
| SUMMARY OF REPORT |
| <p>The purpose of this paper is to provide the Wellbeing Board with an update for the implementation of Strategy into Action and future actions to create and implement the action plan.</p> <p>At the January Wellbeing Board a basket of indicators and related targets was agreed to sit alongside the Wellbeing Board Strategy and Action Plan. To further develop the delivery of the action plan and targets the Wokingham Integrated Partnership Board (WIPB) and the Children and Young People's Partnership (CYPP) have adopted these targets.</p> |

Background

The Wellbeing Board have created a revised and more meaningful Joint Health and Wellbeing Strategy 2018-21. This strategy was designed around the overarching vision of “**creating healthy and resilient communities**”, within which are three key priorities:

1. **Creating physically active communities**
2. **Reducing social isolation and loneliness**
3. **Narrowing the health inequalities gap**

The delivery of these three priorities will be undertaken through two main partnership boards; the Wokingham Leadership Partnership Board (WLPB), which has recently amended its name to Wokingham Integrated Partnership Board (WIP) and the Children and Young People’s Partnership (CYPP).

Wokingham Leadership Partnership Board

The Wokingham Leadership Partnership Board (WLPB) chaired by Councillor Halsall met in January and reviewed its current priorities. The WLPB discussed the possible priorities 2020/2021, in order to ensure that the Partnership continues to develop and embed integrated care across Wokingham Borough.

Its 2019/20 Priorities were:

1. Primary Care Network Development
2. Integrated Care Network Development - pulling together of all BCF schemes into a single model which wraps around the PCNs
3. VCS – review of commissioning and sustainability
4. Population Health Management approach

Moving forward into 2020/21 In order to deliver the outcomes from the Integrated Position Statement, along with supporting the ICP and ICS in delivering the NHS Long Term Plan the proposed priorities for 2020/2021 are:

1. Supporting Primary Care Network Development
2. Integrated Care Network Development - pulling together of community health, ASC and VCSE services into a single model which wraps around the PCNs
3. Creating Healthy Communities (Prevention)
4. Implement Population Health Management across Wokingham Borough Better Care Fund Programme

The Priorities will enabled the WLPB to keep focussed on what really needs to be undertaken in order to deliver both local and national strategies (IPS, Wellbeing Board and Long Term Plan) and make a difference to health and social care delivery for the residents of Wokingham.

In order to ensure delivery of the Priorities and Programme Plan changes to the governance structure of the Wokingham Integrated Partnership (WIP) proposed, these included simplifying the names of the Boards and bring in line with the ICP structure and change to:

- WLPB change to WIP Leadership Team

- WMPB to WIP Delivery Group

Appendix 1, 2 & 3 provide further details of the Programme Plan.

Wokingham Children and Young People's Partnership update

It is planned that the Wokingham Wellbeing targets and indicators relating to children and young people that were agreed at the January 2020 board meeting will be adopted by the Children and Young People's Partnership (CYPP). The CYPP is Chaired by the Director of Children Services Carol Cammiss. It is anticipated these targets will be incorporated in to the newly refreshed Child and Young People's Partnership Plan once it is finalised.

As part of the delivery and development of the targets Graham Ebers will be attending the CYPP meeting in March to give a presentation and more background information.

Analysis of Issues, including any financial implications

None

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|-----------------------------|
| Partner Implications |
| None |

| |
|---|
| Reasons for considering the report in Part 2 |
| None |

| |
|----------------------------------|
| List of Background Papers |
| None |

| | |
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WOKINGHAM INTEGRATED PARTNERSHIP Priorities and Programme Plan

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|------------------------------|--|
| Title: | Review of Priorities and Programme Plan |
| Author: | Rhian Warner |
| Purpose: | To share the proposed priorities and high level programme plan for 2020/2021 and the associated changes to the Wokingham Integrated Partnership in order to deliver. |
| For Consideration by: | WLPB |

Background/Introduction

At the December 2019 WLPB meeting the members reviewed the current priorities to deliver integrated care and discussed the possible priorities for the Wokingham Integrated Partnership into 2020/2021, in order to ensure that the Partnership continues to develop and embed integrated care across Wokingham Borough.

Our 2019/20 Priorities were:

1. Primary Care Network Development
2. Integrated Care Network Development - pulling together of all BCF schemes into a single model which wraps around the PCNs
3. VCS – review of commissioning and sustainability
4. Population Health Management approach

Proposed Priorities for 2020/2021

In order to deliver the outcomes from our Integrated Position Statement, along with supporting the ICP and ICS in delivering the NHS Long Term Plan our proposed priorities for 2020/2021 are:

1. Supporting Primary Care Network Development
2. Integrated Care Network Development - pulling together of community health, ASC and VCSE services into a single model which wraps around the PCNs
3. Creating Healthy Communities (Prevention)
4. Implement Population Health Management across Wokingham Borough
5. Better Care Fund Programme

Proposed High Level Programme for 2020/2021

The Priorities have enabled us to keep our programme plan focussed on what we really need to do in order to deliver both local and national strategies (IPS, Wellbeing Board and Long Term Plan) and make a difference to health and social care delivery for the residents of Wokingham.

The proposed high level programme which is embedded below has included all suggestions made at WLPB in December, with the exception of those relating to children's services which will need to be addressed by the Children's Partnership Board.

Proposed changes to Wokingham's Integrated Partnership Governance

In order to ensure delivery of the Priorities and Programme Plan there would need to be a few changes to the governance structure of the Wokingham Integrated Partnership (WIP). The following are proposed:

1. **Boards** – Simplify the names of the Boards and bring in line with the ICP structure and change to:
 - WLPB change to WIP Leadership Team
 - WMPB to WIP Delivery Group
2. **WIP Leadership Team Membership** - Optalis membership of this Board is no longer relevant as the statutory social care services it provided WBC have been brought back in house and it is therefore one of many care providers in Wokingham Borough.
3. **Interface knowledge added as a standing Agenda Item** - To make sure the Leadership Team has an awareness/understanding of what is going on in and around our organisations and BW and BOB systems it is suggested that partner members share annual transformation plans and progress along with ICP/ICS plans and progress.
4. **WIP Delivery Group (DG) purpose** – the main purpose of this board is to deliver the programme plan as agreed by the Leadership Team and form a virtual Integrated Wokingham Senior Management group, the ToR need to be updated to reflect this.
5. **WIP Delivery Group (DG) Membership** – The membership of this group requires revision in order to be able to deliver the programme plan (including taking the lead for the Priorities) and form the Integrated Management Team. It is suggested that the membership is formed of key Heads of Service for Community Health, ASC, PCNs, Acute Health and VCSE and to ensure the link between the Leadership Team and DG that a member of the Leadership Team chairs the DG as per the ICP governance design.

Recommendations

1. That WLPB agrees and approves the 5 priorities for 2020/2021
2. That WLPB agrees and approves the High Level Programme Plan for 2020/2021
3. That WLPB agrees the proposed changes to the governance in order that WIP Guiding Principles and associated ToR can be updated to reflect this.

Wokingham Integrated Partnership



Review of WIP Priorities and Programme Plan 2019/20

Rhian Warner

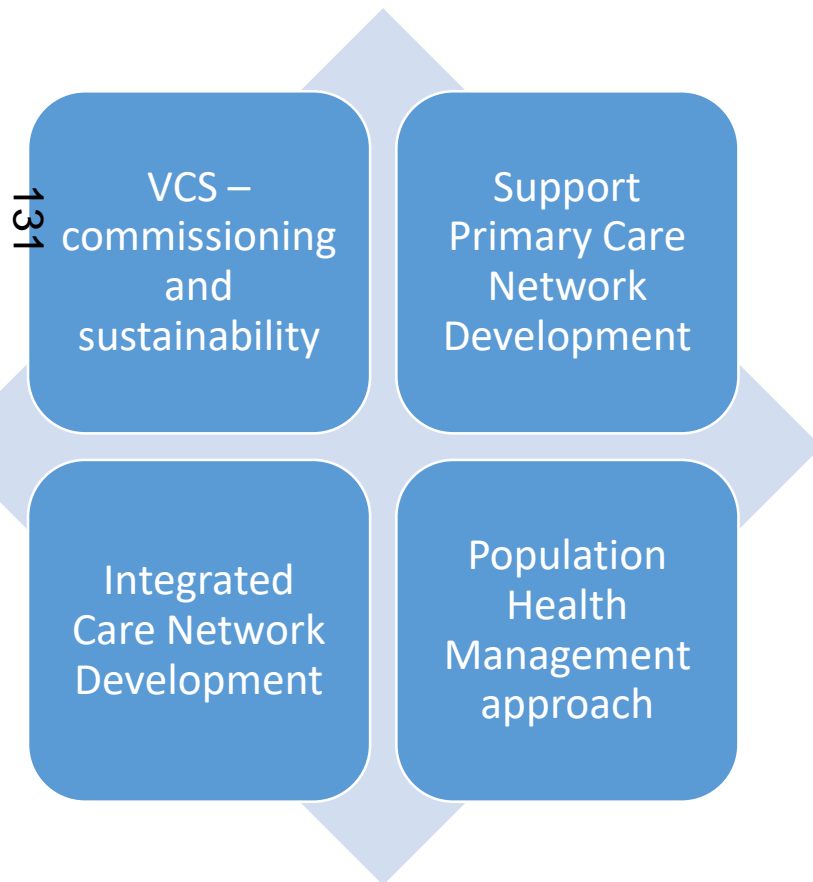
December 2019

Overview

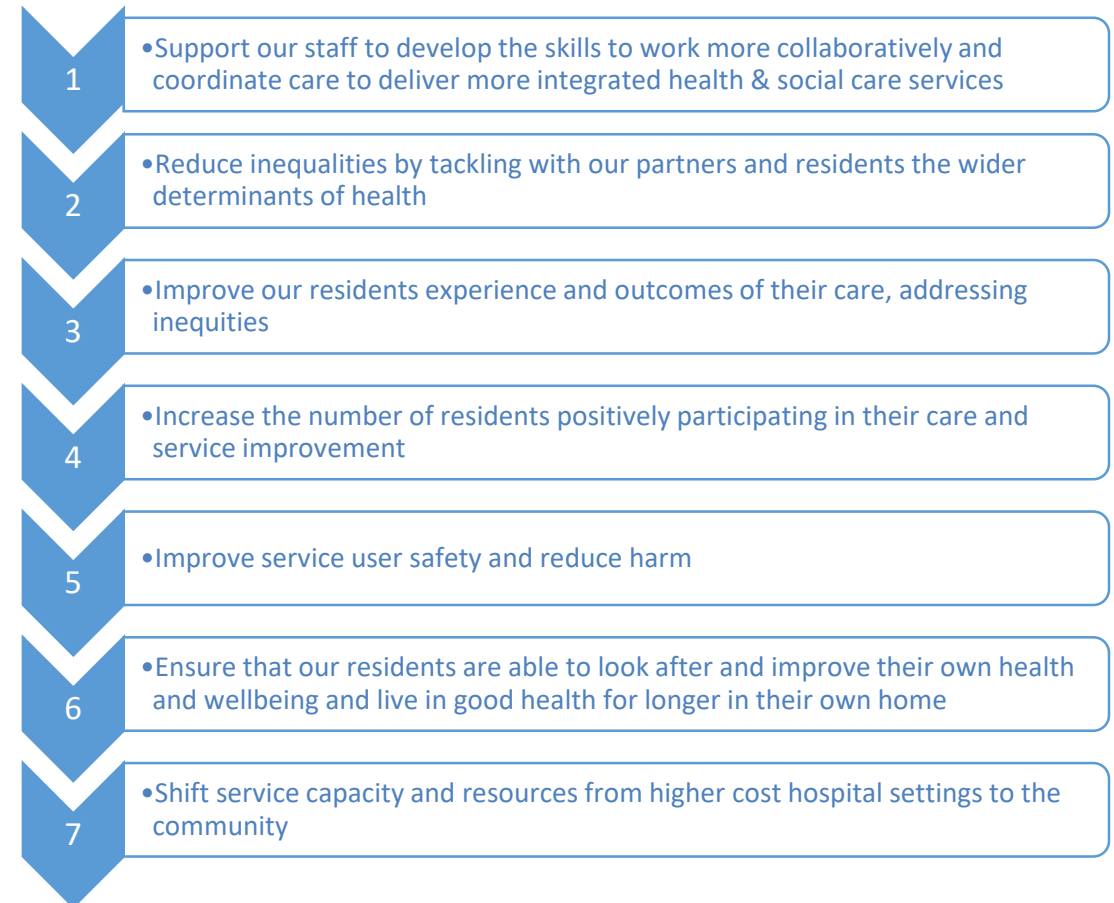
- Current priorities and benefits
- Proposed work programmes and benefits
 - from WBC and VCS
 - from WLPB members
- Agreed work programme

Current Priorities & Benefits 2019/20

4 Priorities



7 Outcomes



WBC Proposed work programmes and benefits

| WBC | Work Programme | Benefits |
|----------|---|--|
| 1 | Reducing Social Isolation and Loneliness | Reduce GP attendance, A&E attendance, NEAs, care home admissions, physical inactivity |
| 2 | Creating physically active communities (link with Falls Prevention) | Prevent and manage over 20 chronic conditions and diseases |
| 3 132 | Developing an integrated social prescribing service/model (including Community Directory of Service) | Reduce GP attendances - Over 20% of people visit their GP for non-clinical reasons |
| 4 | Developing a locality/neighbourhood approach, MDT team ; Community hubs ; PCN service spec | Increase quality of life, self management and self esteem, change behaviours, improve prevention |
| 5 | Using Population Health Management across health and social care | |
| 6 | BCF focus - including Integrated Reablement service | Reduce duplication, delays, A&E attendance, NEAs, care placements; increase independence |
| 7 | Close interface to ICP projects including: Joint Commissioning (CHC/S117); Connected Care; Shared Estate; Workforce planning | |

VCSE Proposed work programmes and benefits

| | Work Programme | Benefits |
|---|---|---|
| 1 | Increasing and including the VCS more in partnership working and opportunities | A strong VCS partnership delivering outcomes in conjunction with partners Co located teams or projects in the community or in shared hubs/ spaces PCN's sharing plans and developments and ensuring a partnership attitude and approach is always adopted to maximise outcomes for patients A coordinated social prescribing approach across the borough – joined up teams, working together |
| 2 | Investment in development and evolution of the sector – as the demand increases on the VCS, funding pools will be critical as well as provision of services meeting the demands/ needs that support an integrated agenda. | Residents accessing the right care and support quickly and in their communities |
| 3 | Continue with sustainability plans | |
| 4 | Mental health | A reduction in mental health demand/ cases in the borough and more and the right support available to those that need it |

BHFT, PCNs and WLPB Members proposed work programmes and benefits

| | Work Programme | Benefits |
|----------|----------------|----------|
| 1 | | |
| 2 | | |
| 3 134 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |

Wokingham Integrated Partnership (WIP) Priorities and High Level Programme Plan to 31st March 2021

| WIP Objective/Link with NHS Long Term Plan | Key Priority Area | SRO | Responsible Group | Key Sub Priority | Notes | High Level Actions | Responsible Lead | Deliverables | Benefits | RAG Rating | Due Date | 2019/20 | 2020/2021 | | | | | Commentary | | KEY |
|--|---|------------------------------|---|---|--|--|--|---|--|--------------------------|---|----------|-----------|----|----|----|--|-------------|-------------------|-----|
| | | | | | | | | | | | | Q4 | Q1 | Q2 | Q3 | Q4 | | | | |
| PARTNERSHIPS & BETTER HEALTH/ Integrated Care Engagement & Partnerships | Supporting Primary Care Network Development | PCN Clinical Directors | PCN Clinical Directors with WIP Programme Support | Support PCNs to implement the Network Contract DES | Focused on keeping people healthy in the community for as long as possible. | Coordinate the development and implementation of the Enhanced Health in Care Homes specification | TBC | As per the service specification once the final version is published | OUTCOMES - capacity and resources from higher cost hospital settings to the community * Improve our residents experience and outcomes of their care, addressing inequity reduced urgent attendances, percentage of residents with a care plan in place | | 30/06/2020 30/09/2020 | | | | | | | Planned | | |
| | | | | | | Coordinate the development and implementation of the Anticipatory Care service specification | TBC | As per the service specification once the final version is published | OUTCOMES - capacity and resources from higher cost hospital settings to the community * Improve our residents experience and outcomes of their care, addressing inequity reduced urgent attendances, percentage of residents with a care plan in place | | 30/06/2020 | | | | | | | In progress | | |
| | | | | | | | | | | | | | | | | | | | Off Track - Minor | |
| | | | | Risk Stratification | Identify the people in your area that are most likely to benefit from integrated care and proactive support | MDT coordinators will use the IPA tool on behalf of PCNs to identify cohorts of 'people at risk' who would benefit from the interventions of the community MDTs | ICN Development Lead | *PCNs and MDTs will agree the 'at risk' cohorts they would like to see in MDTs *Users of MDTs will also be identified through the IPA Tool | OUTCOMES - capacity and resources from higher cost hospital settings to the community * Improve our residents experience and outcomes of their care, addressing inequity reduced urgent attendances, percentage of residents with a care plan in place | | 30/06/2020 | | | | | | | | Off Track - Major | |
| | | | | Development of a single approach to Social Prescribing across Wokingham Borough | Empowering residents to become more resilient. Ensure individuals and their carers have easy and ready access to information about local services and community assets; and that they are supported to navigate these options and to make informed decisions about their care | Help people navigate and understand the system, so that they become more involved and engaged in their healthcare through continued development of our Social Prescribing service, known as the Community Navigator Service (PC/HB). | AP | CNS, community development workers and PCN Social Prescribing Development aligns/joins up. Single approach to social prescribing in Wokingham locality | OUTCOMES - capacity and resources from higher cost hospital settings to the community * Improve our residents experience and outcomes of their care, addressing inequity reduced urgent attendances, percentage of residents with a care plan in place | | TBC | | | | | | | | | |
| | | | | | | Community Directory- Support and clear accessible information will be available to enable people and their carers to manage confidently at home and during times of transition, through WBC's Community Directory | ICN Development Lead | Working with WBC Community Directory, ensure content is relevant and up to date and increase usage of the directory | OUTCOMES - capacity and resources from higher cost hospital settings to the community * Improve our residents experience and outcomes of their care, addressing inequity reduced urgent attendances, percentage of residents with a care plan in place | | | | | | | | | | | |
| PARTNERSHIPS, BETTER CARE & BETTER HEALTH/ Integrated Care Engagement & Partnerships | Integrated Care Network Development - pulling together of community health, ASC and VCSE services into a single model which wraps around the PCNs and implement relevant 15 Best Practice Actions for Achieving Integrated Care | Reva Stewart/ Martin Sloan | Integrated Care Networks Operational Managers Group | Community Capacity | Build capacity for integrated community-based health, social care and mental health services, focusing on care closer to home. This requires the redesign of care pathways and the creation of new or expanded community based services. Some services could be designed for delivery at home, and others might be accessed at a neighbourhood hub, which could provide primary care, community health, mental health, social care and voluntary sector services all in one place. | Complete GAP analysis of processes and pathways across the 7 functions of the WICN | ICN Development Lead | Phase 2 GAP Analysis completed end of Q1 Phase 2 Action plan implemented start of Q2 Phase 2 to include complex case management and rapid response | OUTCOMES - capacity and resources from higher cost hospital settings to the community * Improve our residents experience and outcomes of their care, addressing inequity safety and reduce harm KPIs- Reduce DToCs, Reduce NEAs, Reduce A&E attendances, Reduce permanent admissions to care homes, Reduce GP appointments, Improve patient experience measures, Improve staff satisfaction and retention | | Phase 1 - Analysis complete 6/1/20 Phase 2 - analysis complete 31/3/20 | | | | | | | | | |
| | | | | | JCP pathway approach to be implemented in Wokingham. | ICN Development Lead with BW CRT review team | JCP SOP completed as part of ICN SOPs. JCP triage to start Aug 2019. Actively participate in Berkshire West ICT Review process | | | 31/03/20 | | Phase 2 | Phase 2 | | | | | | | |
| | | | | | Aligning to ICNs to 4 PCNs/neighbourhoods | WIP Manager | Community nurses and MDTs aligned to new PCN geography All ASC, Community Health and VCSE ICN services and teams aligned to PCN geography | OUTCOMES - capacity and resources from higher cost hospital settings to the community * Improve our residents experience and outcomes of their care, addressing inequity * Support our staff to develop the skills to work more collaboratively and coordinate care to deliver more integrated health & social care services KPIs - Improve patient experience, Improve staff satisfaction and retention | | 30/06/2020 31/12/2020 | | | | | | | | | | |
| | | | | | Review previous co-location and virtual alignment plans/conversations and agree plan for implementation. Including the separate Wokingham health and social care reablement teams (single team or virtual team). Will need to include the financial impacts and any enablers e.g. technology. Will need to also consider estates and how can support all the organisations in the locality. | ICN Development Lead | Initial discussions at DG in Q1 with proposal to be delivered in Q2 | | | 31/03/20 | | | | | | | | | | |
| | | | | Culture Change | From organisational to collaborative partnership working - as staff at all levels will need to work more collaboratively across organisational and professional boundaries if new health and care models are to succeed. Aim - Developing the workforce and leadership capacity for integration and single service offer whilst still employed by multiple organisations, programme of culture change. | Explore all opportunities to develop the 'One Team Ethos', including utilising wider staff in development of any transformation work. | ICN Ops Managers | Baseline view required of where staff currently feel partnership/integrated working is. All orgs in Wokingham Integrated Partnership to have WIP IPS on a page displayed and all staff have been informed through org meetings All staff to have an integrated objective in their annual appraisal that relates to integrated care | OUTCOMES - capacity and resources from higher cost hospital settings to the community * Improve our residents experience and outcomes of their care, addressing inequity * Support our staff to develop the skills to work more collaboratively and coordinate care to deliver more integrated health & social care services KPIs - Locality staff survey of WBC, BHFT and PCN staff | | Baseline view by 31/3/20 | | | | | | | | | |
| | | | | | Invest in the development and joint training of multidisciplinary team (MDTs) to transform their skills, cultures and ways of working. | Multidisciplinary team (MDT) training | ICN Development Lead | MDT Training proposal for partner organisations to agree end of 19/20 Q4. Programme of joint training developed and implemented | | | | | | | | | | | | |
| | | | | User Experience | Improve user experience of services | Using patient feedback to help shape our services. Developing an integration scorecard (SCIE) and explore local integration measure to be developed across Berks West | WIP Manager | Integration Scorecard completed for 18/19 and compared with 17/18 scorecard. Proposal for Leadership Team on user experience options | Enabler for feedback and to measure outcomes | | Proposal by 31/3/20 | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| BETTER VALUE / Integrated Care & Strategy | Creating Healthy Communities (Prevention) | TBC | TBC | Designing Neighbourhoods/ Communities | Increase access to community resources , strengthen communities, introduce volunteer and peer roles | Agree what we mean and the scope of Designing our Neighbourhoods | GE | Workshop Events | OUTCOMES - capacity and resources from higher cost hospital settings to the community * Improve our residents experience and outcomes of their care, addressing inequity Increase the number of residents positively participating in their care and service improvement KPIs - Ladder of change, reduced reported social isolation | | | | | | | | | | | |
| | | | | Creating Physically active communities | Prevent and manage the development of many long term conditions and illnesses | Review of all Falls Prevention interventions across health and social care and redesign to best fit and maximise the support for those who need it | TBC | | KPIs - Reduce reported falls | | | | | | | | | | | |
| | | | | Reduce Social Isolation | | Develop the Friendship Alliance Model as per the service specification | PC | All 5 elements of the model are up and running. KPIs are demonstrating what service can deliver | OUTCOMES - capacity and resources from higher cost hospital settings to the community * Improve our residents experience and outcomes of their care, addressing inequity Increase the number of residents positively participating in their care and service improvement KPIs - Ladder of change, reduced reported social isolation | | 01/01/2020 01/03/2020 01/06/2020 | | | | | | | | | |
| BETTER VALUE & BETTER HEALTH/ Integrated Care | Implement Population Health Management across Wokingham Borough | Katie Summers/ PH Consultant | Wokingham PHM Network | Agree PHM approach at a locality and neighbourhood level based on Berkshire West ICP approach | Driving the population health management approach at a locality and neighbourhood level, which aligns with the ICP and ICS approach | Form a Wokingham PHM Network locality PHM approach Identify GAPs and prioritise development areas Investigate funding mechanisms for implementing new ways of working Introduce new ways of working | WIP Manager | Draft and PHM Proposal for agreement by WLPB in Q4 | OUTCOMES - capacity and resources from higher cost hospital settings to the community * Improve our residents experience and outcomes of their care, addressing inequity *Shift service capacity and resources from higher cost hospital settings to the community KPIs - Reduced NEAs, Reduced GP appointments, longer GP appointments, Reduced A&E attendances, reduced care packages, increased patient satisfaction | | 31/03/20 | | | | | | | | | |
| PARTNERSHIPS, BETTER VALUE, BETTER CARE, BETTER HEALTH / Integrated Care & Strategy | Better Care Fund Programme | Katie Summers/ Matt Pope | WLPB | Ensure continued delivery of the National BCF programme | | *Plans for integration - 2020 onwards *Performance management of metrics *Reporting quarterly to NHSE *Delivery of the 8 High Impact Change Model | WIP Manager | BCF 2020 onwards plan | | | TBC | Proposal | | | | | | | | |

| KEY | | |
|-------------------|--|--|
| Planned | | |
| In progress | | |
| Off Track - Minor | | |
| Off Track - Major | | |
| Complete | | |

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WOKINGHAM BOROUGH WELLBEING BOARD

Forward Programme from June 2019

Please note that the forward programme is a 'live' document and subject to change at short notice.

The order in which items are listed at this stage may not reflect the order they subsequently appear on the agenda.

All Meetings start at 5pm in the Civic Offices, Shute End, Wokingham, unless otherwise stated.

WOKINGHAM BOROUGH WELLBEING BOARD FORWARD PROGRAMME 2019/20

| DATE OF MEETING | ITEM | PURPOSE OF REPORT | REASON FOR CONSIDERATION | RESPONSIBLE OFFICER / CONTACT OFFICER | CATEGORY |
|-----------------|--|-------------------|---|---|-------------|
| 9 April 2020 | Designing our Neighbourhoods | Update | Update | Deputy Chief Executive | Performance |
| | West of Berkshire Safeguarding Adults Partnership Board - Annual Report. | Update | Update | West of Berkshire Safeguarding Adults Partnership Board | Performance |
| | Primary Care Mental Health and Mental Health Crisis Review | Update | Update | CCG/WBC | Performance |
| | Strategy into Action | Update | Update | Wellbeing Board | Performance |
| | Forward Programme | Standing item. | Consider items for future consideration | Democratic Services | |

To be scheduled:

- BOB ICS Plan