

Joint Wokingham CCG and Wokingham Borough Council Emotional Health and Wellbeing Strategy 2015 to 2017

Summary and purpose

This strategy sets out how integrated services commissioned and delivered by Wokingham Borough Council and Wokingham CCG will support the emotional health and wellbeing of children and young people in Wokingham by providing a holistic offer from prevention through to specialist intensive therapies. Our joint and shared ambition is to develop and deliver comprehensive Child and Adolescent Mental Health Services which are seamless and remove the barriers that currently exist through the differing agencies delivery and commissioning of CAMHS. Moving from a Tiered CAMHS system to a broad spectrum of emotional health and wellbeing services supporting the wide range of children and young peoples needs

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

- To colleagues and partner agencies working in settings providing services to the whole population (universal services) – such as schools (known as Tier 1 services);
- To children and young people (particularly those in a number of key groups as defined by statute including Children in Care, Children and Young People under the supervision of the Youth Offending Service and Children in Need (including those with disabilities) that need targeted assistance commissioned by Wokingham Borough Council (WBC) (Tier 2);
- To children and young people requiring specialist support from the NHS (Tier 3) (whether locally commissioned by the Wokingham Clinical Commissioning Group (CCG) or nationally by NHS England (Tier 4).

As a strategy it sits in a family of strategies and documents setting out support for children, young people and their families. These strategies provide a framework within which the Emotional Health and Wellbeing (EHW) strategy fits (such as the Early Help Strategy), support the EHW strategy through development of common components to all strategies (e.g. the Workforce Strategy), or provide indirect support by promoting better mental health as a secondary rather than primary aim (e.g. the Short Breaks Access Policy).

Wokingham Borough scored significantly worse than the national average for the previous National Indicator relating to the emotional health of children (*JSNA*). The demand for Children and Adolescent Mental Health Services (CAMHS) has been increasing year on year nationally and the pattern is repeated locally. With this, the requirement to meet local need, access to services and support across tiers 1-4 in a timely manner has become an ever increasing challenge.

WBC currently commissions the delivery of targeted support to vulnerable children and young people from Berkshire Healthcare Foundation Trust (BHFT) and the voluntary sector, in particular ARC counselling. BHFT are also the provider commissioned by the Wokingham Clinical Commissioning Group (CCG) of specialist CAMHS.

Unfortunately elements of delivery have been far from adequate, such as excessive patient waiting times from referral to 1st appointment with specialist CAMHS and targeted support being poorly developed.

The strategy sets out actions to be taken by both Tier 2 and Tier 3 commissioners to improve CAMHS service delivery across Tiers 1 to 3 and identifies Tier 4 activity with service implications for Wokingham residents, ensuring we deliver improved services in particular for those most vulnerable, including Children in Care.

Strategy context

Mental Health and Wellbeing

Chimat (National Child and Maternal Health Intelligence Network) defines mental health and emotional wellbeing as:

Mental health has been defined as: *“A state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community.”(WHO 2004)*

Emotional wellbeing has been defined as: *“A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment.”(WHO 2007)* It is increasingly used alongside mental health, and is often favoured by schools and others whose main contribution is around prevention and health promotion.

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

National Context

No Health Without Mental Health

The “Healthy Lives Healthy People” white paper (2010) established the framework for public health in Britain. Within this framework the current national policy for mental health is set out in “No Health Without Mental Health” (NHWMH) (2011). This stated that mental health is “everyone’s business” and detailed outcome objectives for mental health for people of all ages. Six shared objectives were established:

1. More people will have good mental health
2. More people with mental health problems will recover
3. More people with mental health problems will have good physical health
4. More people will have a positive experience of care and support
5. Fewer people will suffer avoidable harm
6. Fewer people will experience stigma and discrimination

A number of problematic statistics were highlighted:

- One in ten children aged between 5 and 16 years has a mental health problem, and many continue to have mental health problems into adulthood.

- Half of those with lifetime mental health problems first experience symptoms by the age of 14, and three-quarters before their mid-20s.
- Self-harming in young people is not uncommon (10–13% of 15–16-year-olds have self-harmed).
- One in ten new mothers experiences postnatal depression.

Key approaches included that changes would be “putting more power into people’s hands” and that “people and communities are able to take more responsibility for their own wellbeing”. It was recognised that “early intervention can make a long-lasting difference to people’s lives”.

The companion document *“No Health Without Mental Health: Delivering better mental health outcomes for people of all ages”* sets out the outcomes in more detail. Specific outcomes are established for children and young people against each of the six key priorities.

House of Commons Review

There is considerable national concern over the quality of services commissioned for children and young people requiring mental health services. This has been encapsulated in the House of Commons Select Committee’s (Health Committee) 3rd report of 28th October 2014 concerning Children’s and adolescents’ mental health and CAMHS. The report stated:

‘There are serious and deeply ingrained problems with the commissioning and provision of Children’s and Adolescents’ mental health services. These run through the whole system from prevention and early intervention through to inpatient services for the most vulnerable young people.’

The report went on to identify a number of specific issues of concern and made recommendations:

- problems with access to inpatient mental health services
- in many areas early intervention services are being cut or are suffering from insecure or short term funding
- demand for mental health services for children and adolescents appears to be rising
- many CCGs report having frozen or cut their budgets
- that the practice of taking children and young people detained under s136 of the Mental Health Act to police cells is unacceptable
- increased waiting times for CAMHS services and increased referral thresholds
- unacceptable variation in the provision of perinatal mental health services
- availability of services which bridge the gap between inpatient and outpatient care is extremely variable
- that information is not reliable and up to date

Key recommendations included:

- NHS England and the Department of Health should monitor and increase spending levels on CAMHS until we can be assured that CAMHS services in all areas are meeting an acceptable standard.
- mental health modules as part of ongoing professional development in schools for both teaching and support staff

- Children and young people also need to know how to keep themselves safe online supporting CAMHS providers to help young people cope with the challenges of online culture.

Organisation of comprehensive CAMHS – a 4 tier model

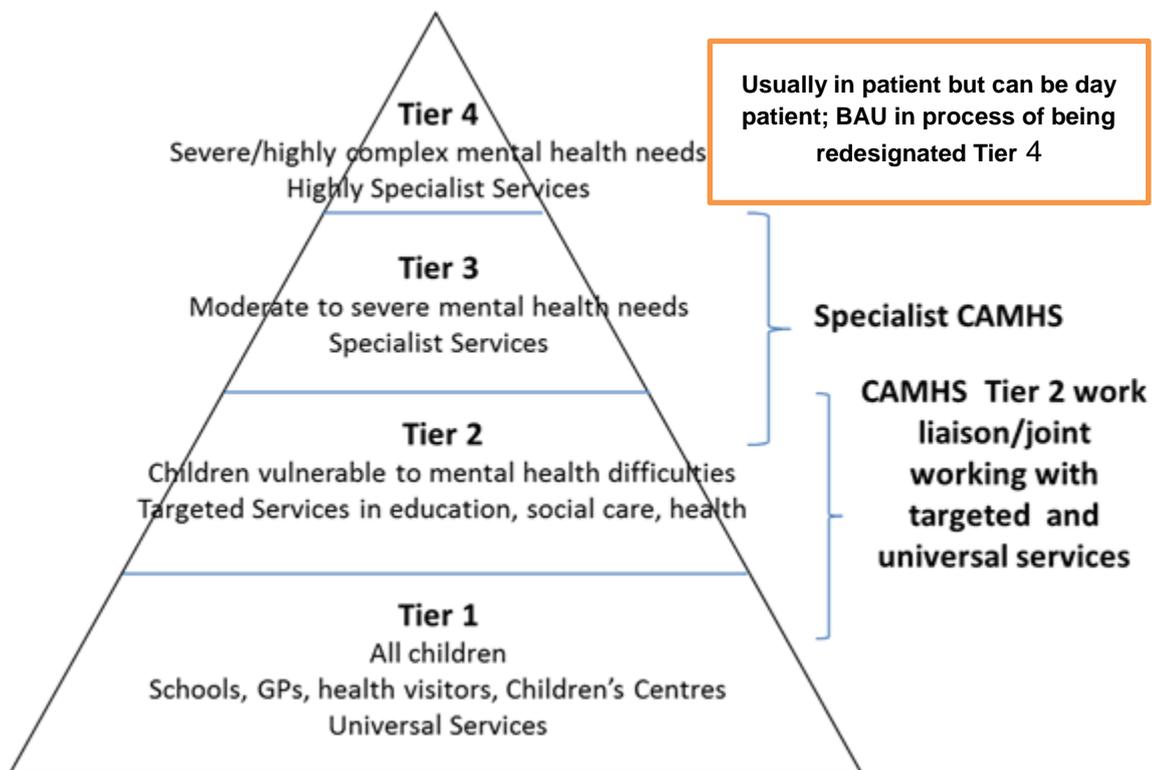
The diagram below shows how comprehensive CAMHS is organised.

Tier 4 provision is commissioned directly by NHS England. This includes in patient and highly specialist services.

Tier 3 or Specialist Services are commissioned by CCG's commission and are led by medically qualified practitioners.

Tier 2 or Targeted services are commissioned by local authorities. These services will provide direct support to individuals (for example through counselling) and provide support and leadership to Tier 1 practitioners (e.g. school based staff).

Tiers 1 or Universal services are provided by schools and other front line services.



Local Context

WBC Children and Young Peoples Plan 2014-2016

The WBC Children and Young People's Plan sets the agenda for this strategy. It establishes that there is a need for service improvement:

“High usage of CAMHS and uncertain mental health outcomes

We have high and increasing usage of both Child and Adolescent Mental Health Services across the children population but with a relatively low number of Children in Care supported by CAMHS.

There is a need to reduce the length of time children and young people have to wait from CAMHS initial assessment to receipt of service.

Wokingham Borough scored significantly worse than the national average for the previous National Indicator 050 reported in 2010 relating to the emotional health of children.

Children and Young People's Partnership Principles

The strategy will deliver against proposed overarching Partnership principles:

- client centred delivery
- a whole system approach to planning and commissioning
- an opportunity to integrate approaches to early intervention and prevention
- efficiency savings and value for money
- efficient use of available resources
- clearer accountability
- equity, access and fairness
- Integration of services to enable managed smooth transition of child need

Specific population outcomes expected as a consequence of this strategy are

- Reduction in Tier 3 referrals
- Increase resilience in tier 1, 2, parents, partners and young people
- Improved reported emotional health and wellbeing of young people
- Promotion and communication of good mental health and emotional resilience
- Strengthening the voice of the service user, through child centred delivery
- Individualised Holistic assessment and support plan directed
- Appropriate access and seamless transfer between service support (across the tiers)

Statutory duties

The law establishes the framework within which EHW services are commissioned. There is a strong imperative to commission services in an integrated approach with other partners and in particular with local NHS commissioners working for or on behalf of the local CCG and NHS England.

Under **Section 10 of the Children Act 2004**, the Children's Services authority is required to promote co-operation with its partners and others with a view to improving the physical, mental health and emotional well-being of children in its area.

The Health and Social Care Act 2012 established local health and wellbeing boards, charged with "preparing the joint strategic needs assessment, the joint health and wellbeing strategy and in promoting integrated working between NHS, public health and social care commissioners (Chapter 2)."

Other acts establish specific duties for Local Authorities. In particular there are specific duties relating to EHW for Children in Care Children and Young People involved with the Youth Justice System (under the Youth Offending Team) and Children in Need.

The Children Act 1989: Section 1(3) establishes a set of principles which must guide any decision made in relation to a child. The overriding principle is the welfare of the child and further considerations include (at sub-section 1(3)(b)) the child's physical, emotional and educational needs).

Section 17 deals with Children in Need and establishes the LA's duty to provide a "range and level of services appropriate to those children's needs".

Section 11 establishes that disabled children (who are established to be "Children in Need" in section 10) includes children with poor mental health: "For the purposes of this Part, a child is disabled if he is blind, deaf or dumb or suffers from mental disorder of any kind or is substantially and permanently handicapped by illness, injury or congenital deformity or such other disability as may be prescribed"

Statutory Guidance on **Promoting the Health and Wellbeing of Looked After Children** (2015) set out clear expectation for service provision for children in care, including that they should not be refused a service on the basis that a placement is short term or unplanned, that all agencies should understand the referral pathways and targeted and dedicated services (which could require a dedicated team) be provided where there is an identified need.

Legislation of particular relevance (identified in the statutory guidance) includes:

- The Children Act 1989 and associated regulations¹
- The Children Act 2004
- The Mental Capacity Act 2005 – Deprivation of Liberty Safeguards
- The National Health Service Act 2006
- The Mental Health Act 2007
- The Health and Social Care Act 2012
- The Care Act 2014
- The Children and Families Act 2014.

Section 23 (3) (a) of the Children Act 1989 establishes the key duty for a local authority to be "to safeguard and promote the welfare of the children they look after, including eligible children and those placed for adoption". There is a specific requirement for health assessments, set out in more detail in the "*The Care Planning, Placement and Case Review (England) Regulations 2010*." This requires an initial health assessment by a registered medical practitioner with subsequent review assessments by a registered nurse or midwife.

This health assessment includes an assessment of the child's emotional health and wellbeing. This Health Assessment underpins the statutory Health Plan (in itself a component of the Care Plan).

There are equivalent duties laid on NHS partners to support this process – so in effect the Local Authority establishes the list of children in care requiring health assessments and the CCG organises the health assessments.

Where children are placed outside of the borough the responsibility for primary health care lies with the CCG responsible for the area where the child is placed, but the responsibility for secondary care lies with the originating CCG. This arrangement applies to Children in Care, children with SEN (with Education Health and Care Plans and Statements) placed outside the home borough, children not in care but placed in residential settings and for young adults (but only for meeting continuing health care needs).

Health Care Assessments include the requirement for the completion of a "Strength and Difficulties Questionnaire" (initially and as part of the normal review process). This is an important tool for identifying those individuals in need of specialist (Tier 3) support and (in

aggregate) as a measure of the performance of the EHW arrangements across a local authority area.

The Council's duties to children and young people involved with the Youth Justice System stem from the Crime and Disorder Act 1998. This requires a number of statutory agencies including local authorities, the police, probation, and health (CCGs under the Health and Social Care Act 2012) to set up youth offending teams (YOTs) to work with children and young people offending or at risk of offending. YOTs must include representatives from the police, probation, health, education and children's services. YOTs continue to have responsibility for children and young people sentenced or remanded to custody.

The YOT duties include for the assessment of the health needs (including emotional and mental health) needs of young people. The initial screening is accomplished with a number of nationally determined tools. Of particular relevance here are "SQIFA" (the mental health screening questionnaire for adolescents) and "SIFA" (the mental health screening interview for adolescents). These are only completed if a more general assessment (Asset) shows a need for this more detailed assessment.

Appendix One provides a more comprehensive summary of key national guidance.

Commissioning priorities summary

The focus of the EHWP strategy is derived from the analysis of the national and local context set out above. The key concern must be to produce an integrated approach to meeting the mental health needs of:

- Children in Care
- Children on the edge of Care
- Children and Young People supported by the Youth Offending Service
- Children in Need

Strategy scope and exclusions

Area within scope

- Commissioning and delivery of Tiers 1 and 2 services, including
 - Voluntary Sector counselling services
 - Pathways and interfaces with Tier 3 CAMHS
- Integration and provision of a preventative service approach/model to reduce the need for tier 3 and 4 services
- Integration with tier 3 services
- Accessibility criteria – Wokingham residents and pupils attending a Wokingham Borough educational facility, children in care whom are temporarily accommodated within the LA in conjunction with placing authority/ care provider.

Areas for future review

- School Nurse service – recommendations from Reading Healthwatch propose consideration of specialist school nurses to support the mental health of young people
- Perinatal mental health and postnatal support
- Parenting support
- Potential to utilise Educational Psychology Service to assess and provide tier 2 support

- Adult mental health services and provision
- Voluntary and third sector providers

Profile and needs analysis

The available data is captured at borough (Wokingham CCG), Berkshire West (Wokingham, Reading, Bracknell Forest and West Berkshire LA areas and Berkshire levels. This reflects the organisation of Tier 3 health care – with CAMHS Tier 3 services commissioned jointly by all seven CCGs serving the six local authority areas.

The JSNA data (CHIMAT) is currently under review, so is only referenced in summary comments.

Tier 1 Profile

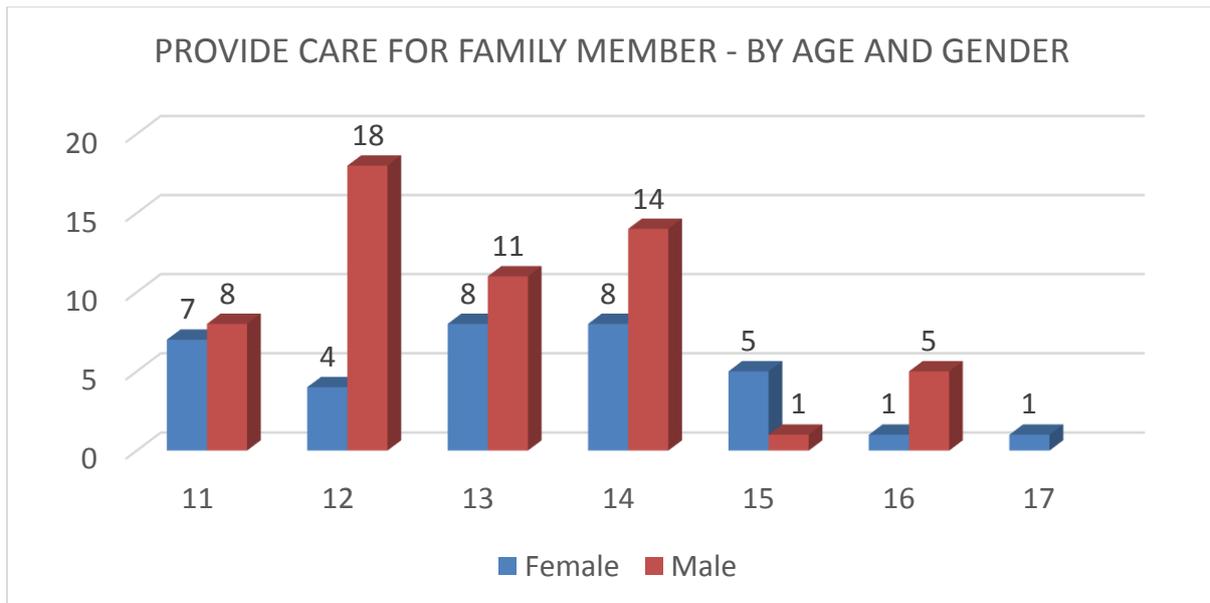
There is no comprehensive data relating to Tier 1 (Universal) services. Such support is provided by primary health care providers (e.g. GPs), schools and other child facing settings.

The nature of activity does not lend itself easily to data collection (as this is a low level activity spread across a large number of settings) and we are working to develop effective ways of understanding need. This will include better triangulation of children and young peoples experience across for example Educational Psychology services, school pastoral care, parenting programmes, SENCO, health visitors, and Educational Welfare.

It will also involve more direct involvement of children and young people. Healthwatch Wokingham have helped start this process with a detailed consultation exercise of over 1000 Secondary age pupils in Wokingham, the full report of which can be found here (http://www.healthwatchwokingham.co.uk/sites/default/files/totes_emosh_april_2015_2_1.pdf)

- 50% felt anxious stressed or depressed
- 1 in 10 cared for a family member
- Those who self-identified as carers reported feeling less emotionally well
- 1 in 3 of respondents had said they had talked to a professional about their emotional health
- Over 20% reported that they didn't always feel listened to by professionals

The self-reporting of young carers was a particularly significant finding. The graph below shows a breakdown of the self-identified young carers by age and gender



Tier 2 Profile

Tier 2 (Targeted) services are commissioned by the CCGs and local authorities. There is no comprehensive data set relating to Tier 2 services.

PCAMHS monitoring data (provided in the report Wokingham PCAMHS: summary of Activity April 2014 to February 2015) showed that there were 241 referrals to the PCAMHS service in 2013/14 and an estimated 220 referrals in 2014/15.

Although further performance data is available no further breakdown of the profile of service users is available.

ARC Counselling provided a total of over 12,000 counselling sessions provided to over 1000 young people in 2014/2015, an increase on previous years. Young people presenting with Arc Counselling identified the following presenting issues as set out in the table below. This year has seen a reduction in the number of cases of self-harm, from last year's peak where it was almost trending, but an increase of issues around anxiety, especially around exams, from primary school age who are struggling with SATS to GCSE's, As level and A levels, some to such extremes that they have had suicidal thoughts and attempts.

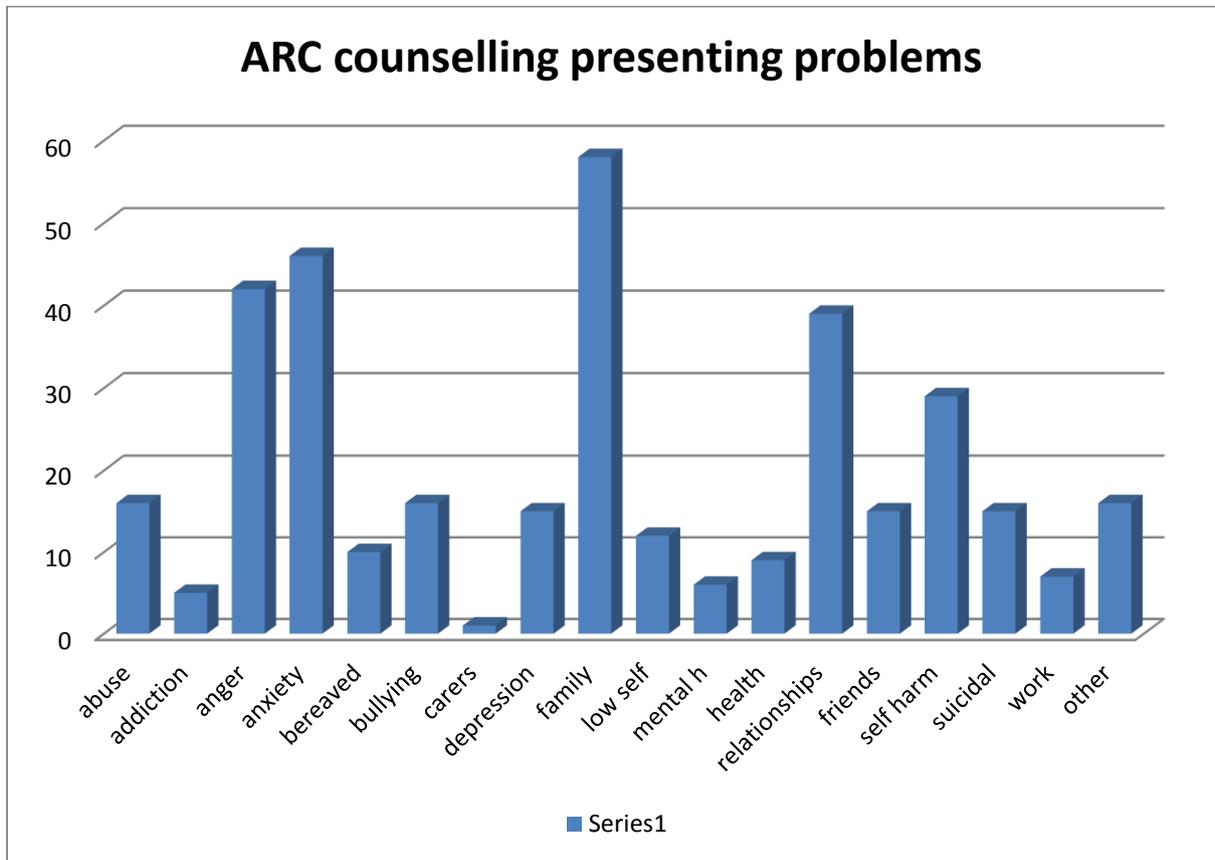
Primary Schools pupil accessing ARC counselling by year and gender

| | Male | Female |
|--------|------|--------|
| Year 3 | 4 | 4 |
| Year 4 | 22 | 6 |
| Year 5 | 14 | 10 |
| Year 6 | 35 | 57 |
| | | |

Secondary Schools pupil accessing ARC counselling by year and gender

| | Male | Female |
|--------|------|--------|
| Year 7 | 52 | 52 |

| | | |
|------------|----|-----|
| Year 8 | 64 | 67 |
| Year 9 | 48 | 84 |
| Year 10 | 56 | 146 |
| Year 11 | 83 | 147 |
| Sixth Form | 16 | 36 |



Tier 3 (Berkshire West) profile

The performance data is summarised from the “April 2014 - December 2014” report on the Berkshire West CCGs Contract held by Berkshire Healthcare NHS Foundation Trust.

Male / Female split 64% male, 36% female (2,387 / 1,372)

Age range: 2/3rds secondary age range (10 to 18), 1/3 primary / pre-school

| | | |
|----------|-------|-----|
| 0-4s | 291 | 8% |
| 5-9s | 1,044 | 28% |
| 10- 15s | 1,657 | 44% |
| 16 – 18s | 759 | 20% |
| 18+ | 8 | 0% |

Children in Care / Child subject to protection proceedings receiving support:

| | Child in Care | Child protection |
|---------------|---------------|------------------|
| Wokingham CCG | 15 | 3 |

The report noted that numbers of both children in care and child protection action were rising in the Wokingham area.

What resources do we deploy?

The table below summarises the various agencies and bodies delivering and commissioning emotional health and wellbeing services (including CAMHS).

| Service | Service Provider | Service commissioner |
|---|--|--|
| Tier 4 CAMHS | Varied Berkshire Healthcare Foundation Trust (BAU) | NHS England |
| Tier 3 CAMHS | Berkshire Healthcare Foundation Trust (BHFT) | Berkshire West Federation CCGs Wokingham CCG |
| Tier 2 CAMHS | Berkshire Healthcare Foundation Trust | Wokingham Borough Council |
| Counselling Services in Schools | ARC Counselling | Wokingham Schools Wokingham Borough Council Wokingham CCG |
| Targeted Training in Schools (TAMHS) | Wokingham Borough Council | Wokingham Borough Council |
| Educational Psychology Service (EPS) | Wokingham Borough Council | Wokingham Borough Council |
| Behaviour Support and rapid response | Foundry College | Wokingham Borough Council |
| Intensive Personal Adviser | Adviza | Wokingham Borough Council |
| Primary care services delivered by GPs | GP Practices | CCGs |
| ASSIST (support for children with autism and their family), including Early Bird and Early Bird Plus | Wokingham Borough Council | Wokingham Borough Council |
| Substance misuse | KCA | Wokingham Borough Council |
| Restorative Practice Approaches as part of Troubled Families programme | Wokingham Borough Council CAMHS, BHFT and other key partners | Wokingham Borough Council |
| Intensive Parenting and Family Support | Wokingham Borough Council | Wokingham Borough Council |
| Anxiety depression clinics for Young People | University of Reading | University of Reading |
| Perinatal Mental Health Services | Berkshire Healthcare Foundation Trust | |
| Support, in Berkshire for: anxiety, depression, stress and | Talking Therapies | |

| | | |
|---------|--|--|
| phobias | | |
|---------|--|--|

The CCG also provides grants to a number of voluntary sector organisations who support Emotional Health and Wellbeing such as ASD family help, Berkshire Autistic Society, CATSYPP, Homestart, Parenting Special Children, Sport in Mind, MENCAP.

Pathways

This section sets out the care pathways by Tier – which equate to levels of need. Appendix Two and Three set out the comprehensive CAMHS offer.

Tier 2 pathways

Berkshire Healthcare Foundation Trust is commissioned to provide Tier 2 Primary Child and Mental Health Services (PCAMHS) in Wokingham. A small team of Primary Mental Health Practitioners working closely with the specialist Tier 3 CAMHS service offers consultation to families and other practitioners, outreach to identify severe/complex needs, and assessments and training to practitioners at Tier 1 to support service delivery. The team also ensures safe and timely step up and step down from Tier 3 specialist CAMH services.

The team is made up of 2.4 WTE staff with a specific focus on Cognitive Behaviour Therapy for Anxiety and Depression, Psychological interventions, and Family and Systemic interventions. The team works closely with the Specialist (Tier 3) CAMHS team.

Wokingham's Educational Psychology Service (EPS) formerly provided a Targeted Mental Health Services (TaMHS) project to support schools improve the quality of Tier 1 provision. This has evolved into a "Nurture Assistance" programme where the EPS trains and provides clinical supervision and support to nurture assistants in schools. Nurture assistants help children and young people to better manage anxiety, social interaction and to build emotional resilience.

In addition the EPS offer an Exam Stress group to each secondary school per academic year. This group is based on cognitive behaviour therapy principles. Some schools also avail themselves of Changing Families groups to support children dealing with the emotional impact of changes to their families.

The EPS has a close relationship with the secondary schools federation and offer training on areas of general and specific mental health to staff on the "Federation Day". The EPS has also been commissioned by one secondary to provide training on anxiety for staff and parents.

ARC is an organisation that offers a free and confidential counselling service, operating from Wokingham Town. The service is free and all counsellors at ARC are volunteers. ARC are commissioned by Wokingham Borough Council and Wokingham CCG but also receive funding from National Lottery, Wokingham and Earley Town Councils and client donations. Counsellors are trained (and required to undertake professional development activities each year) and are DBS (Disclosure and Barring Service) checked. ARC is a member of the BACP (the British Association for Counselling and Psychotherapy).

Further details are provided in Appendix Four.

Tier 3 pathways

Berkshire Healthcare Foundation Trust provides support through the following pathways:

- Common Point of Entry – initial assessment and referral
- Urgent care – the psychological medicines service at Royal Berkshire Hospital is available for 16 and 17 yr olds 24/7 plus there is a CAMHs consultant on call 24/7
- Anxiety and Depression (diagnosis and treatment)
- ADHD pathway (diagnosis and management)
- ASD diagnostic pathway (diagnosis only, no treatment)
- Specialist Community teams (complex presentations requiring multiple interventions includes eating disorders pathway and Early Intervention in Psychosis pathway)

Performance

Tier 3 Performance Data

Pan Berkshire an independent consultation was commissioned with service users, parents, carers, referrers, practitioners and partners across comprehensive CAMHs- i.e. all Tiers. Service users did not tend to know which part of the service Tiers 1-4 that they had accessed and so the findings relate to all parts of the Emotional Health and Wellbeing system. Improvement themes identified include:

- Reduce waiting times for help
- Increase tier 2 provision, to ensure timely 'early intervention'...
- Improve support in school
- deliver improved communication

Recent performance data for the service (April to December 2014) shows that:

All urgent referrals are seen within 24 hours

- 77% of all cases categorised as needing to be seen "soon" were seen within 4 weeks.
- 27% of routine referrals were seen within 7 weeks.
- 54% of routine referrals were seen in 16 weeks

The majority of the children and young people exceeding the 7 week benchmark are on the ASD diagnostic pathway. This reflects the prioritisation of resources to those conditions where treatment will also be provided. It is however apparent that in recent months waiting times for children and young people rated Amber or Green have increased in line with a general increase in the number of children referred into CPE. Triage work to identify cases that are high or immediate risk (Red) has led to resources being focused on the most clinically risky cases at the expense of services to lower risk children. It is intended to address this in the tier 3 action plan.

Tier 3 – length of help offered

For Tier 3, the length of help provided is based on the specific pathways and teams:-

ASD pathway is diagnostic only so average length of care package would be 2 sessions, some would have as many as 4 dependant on complexity.

ADHD pathway: referred children remain under the care of the BHFT until 18 so depends on age at referral.

Anxiety & Depression pathway: range 8-20 sessions including assessment (Assessment and then 6+6 for most but could be longer for the more complex cases)

Specialist Community teams: provide multidisciplinary treatment and work with the most complex young people so treatment programmes are dependent on need. For some e.g. those receiving specific medications, they may be under the care of the BHFT until they reach 18. Within that there may be multiple specific care packages that range from a matter of weeks for psychological interventions to several months for more systemic interventions.

Tier 1 / 2 Performance Data

There is no comprehensive data set (and in particular no outcomes data set) for children and young people receiving Tier 2 PCAMHS services. Time to start of treatment data is provided though:

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

It is apparent that there are very significant delays in the delivery of PCAMHS services.

Tier 2 – length of help offered

PCAMHS would normally be short-term focused interventions, so generally up to 6 sessions.

The voice of the child, family and practitioners

The NHS Thames Valley Strategic Clinical Network and the CCGs commissioned an engagement exercise in 2014 to answer the question: “does CAMHS provide timely, effective and efficient services to the population of Berkshire?”

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

Groups of stakeholders invited to contribute included users, parents, carers, foster carers, and professionals in contact with comprehensive CAMHS, working with comprehensive CAMHS and working in comprehensive CAMHS. 775 people responded to this project during March and April 2014.

On the question of timeliness specific concerns were raised about:

- The excessive length of time it took from being referred to getting a first appointment
- The inconsistent appointment systems and variable communication processes
- The assessment and diagnosis process
- Post-diagnosis support and signposting for those who do not get treatment
- The poor accessibility to particular services (including emergency care and the Berkshire Adolescent Unit) at different times (including overnight and weekends)
- The lack of clarity as to whether tailored CAMHS provision is available for all groups (including, for example, CYP with learning difficulties or challenging behaviour).

On the issue of efficiency the following concerns were raised:

- Lack of adequate information and communications
- The need for more welcoming and young-person-friendly environments
- The difficulties of access, navigation and referral
- The assessment and diagnosis process
- A lack of coordinated working across the Tiers, between agencies and between adult and child services resulting in gaps in provision
- A need for coordinated training and support for the wider workforce (including the voluntary sector, hospitals, schools, primary care) and parents and carers to prevent and reduce escalation of difficulties

On the issue of effectiveness the following concerns were raised:

- the care provided
- the expertise of staff
- the overall effectiveness of the service

Parents and carers responses:

- 27% indicated that CAMHS did not provide any help to them;
- 40% indicated that CAMHS did not meet their family's needs; and
- 42% indicated that CAMHS did not provide timely help.
- Referrers/others (57%) and those working directly in/with CAMHS (62%) indicated that – as it stands today – CAMHS is either '*fairly ineffective*', or '*very ineffective*';

The report stated “it is possible to suggest that, although CAMHS can and does provide an effective service for some CYP, this engagement has highlighted that it does not provide an effective service for a significant number of CYP in Berkshire”.

Specific recommendations made by stakeholders were:

- Reduce waiting times for help
- Increase Tier 2 provision, to ensure timely 'early intervention', reducing escalation of mental health problems and reducing the need for specialist Tier 3/4 services
- Increase resources to meet the increased demand
- Free CAMHS staff to work more collaboratively with partner agencies
- Improve support in schools
- Provide more detailed information about services and how to access them
- Deliver improved communications and administration
- Improve the environment where CYP are seen or are waiting including availability of toys and more privacy for confidential conversations
- Better post-diagnostic support, particularly for children with Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD)
- Provide better access to services in a crisis and out of hours
- Provide a local 24/7 inpatient service for those CYP with the most complex needs

Wokingham School's Perspective

WBC school Child Protection leads have been interviewed. They report that more training and advice is needed – e.g. to understand CAMHS thresholds, Anxiety and Depression (A&D) awareness, and effective ways of supporting children and young people post diagnosis. A&D relates to exam periods – but extends to primary schools. A school survey is planned which will be completed later in 2015.

Wokingham Social Work Perspective

Wokingham's Social Care Teams report, through comments made at monthly CAMHs meeting that their areas of concern include Young People who are on the edge of care / Children In Need – particularly around the slow process for identification and prioritisation for assessment. They are concerned about delays in Tier 3 assessment of Children in Care before intervention starts and the timeliness of assessment post referral.

Wokingham Youth Offending Service Perspective

There is a statutory need to fast track young offenders for:

- Mental health needs assessment (SQUIFA)
- Forensic fast track for Psychiatric reports
- Mental health consultation for young offenders

The Strength and Difficulties Questionnaire responses are collated nationally to allow a comparison of Wokingham with the nation and with statistical neighbours.

Local Authority, Region and England

| | | 2009 | 2010 | 2011 | 2012 | 2013 | 2014 |
|-----|------------------------|-------|-------|-------|-------|-------|-------|
| 872 | Wokingham | 20.40 | 20.80 | - | 16.60 | 16.10 | 16.60 |
| 989 | South East | 15.30 | 15.20 | 15.00 | 15.20 | 14.80 | 14.60 |
| | Statistical Neighbours | 14.84 | 15.20 | 14.67 | 15.28 | 15.20 | 15.01 |
| 970 | England | 13.90 | 14.20 | 13.90 | 13.90 | 14.00 | 13.90 |

| Trend | Change from previous year | Latest National Rank | Quartile Banding | Quartile bands | | | |
|-------|---------------------------|----------------------|------------------|---------------------|-------|-------|-------|
| | | | | Up to and including | | | |
| ↑ | 0.50 | 140 | D | 13.23 | 14.10 | 14.90 | 22.30 |

Source data: Local Authority Interactive Tool (LAIT) 2015 – published by the DfE

The data indicates that children in care in Wokingham have poorer emotional health and wellbeing than is the case in most other areas. The relatively very few children are taken into care in Wokingham may mean that relatively small variations can weight the scores. Options to explore alternative models of assessment are being explored that may demonstrate more validity with small cohorts. Nevertheless, the comparison with statistical neighbours (including both large Counties and similar sized unitaries) indicates that there is cause for concern.

Gap analysis

The data indicates that the tier 2 and 3 service is not fully meeting the needs of Wokingham's children and young people. In particular there are concerns over the support provided to Wokingham's highest priority children and young people – those in care, referred to the Youth Offending Service and in need.

Urgent cases are prioritised and supported (albeit there are concerns over the level of tier 4 (in patient) provision). Other categories of need are supported, but it is apparent that two pathways in particular need additional resources if they are to function effectively:

- The ASD diagnostic pathway

- The ADHD pathway

The delays in the ASD diagnostic pathway have the potential to lead to a poorer service to individuals because access to some services and provision is limited to those with a diagnosis.

The ADHD pathway requires improved support to schools.

What works?

National guidance

The NHS England “Model Specification for Child and Adolescent Mental Health Services: Targeted and Specialist levels (Tiers 2/3)” sets out a clear framework for the development of services. It establishes that “all service specifications for CAMHS should sit within an agreed, integrated, strategic plan developed by multi-agency partnerships that takes account of the breadth of services for children and young people”.

It includes a series of evidence based quality standards agreed by NICE for treatments for various conditions.

Actions

Alongside the recognition from CAMHs of the need to improve its service offer, partnership reviews have identified the need for all tiers of emotional health and wellbeing provision to work together as a better system, so that children and young people are identified early and access any support they need is provided quickly at the lowest and least restrictive tier possible. (JSNA).

There will remain a degree of flexibility to reflect our local changing landscape with clear links to wider service strategies, local and national agendas. There are multiple options to consider within a wider scope of options and WBC should consider the what opportunities and arrangements are available to support tier 2 service delivery and strengthen tier 1, whilst developing a meaningful and responsive service to children and young people of the borough.

Appendix Five sets out the partnership and governance framework within which the action plan will be delivered.

Pan-Berkshire proposed Tier 2 action plan

Wokingham BC are leading a pan Berkshire project to improve Tier 2 services. Local Authorities have been nominated with lead roles across Berkshire with Wokingham coordinating. This piece of work is governed through the Berkshire CAMHS strategy group.

| Practical Improvements | Shared Commitment / progress to date |
|--|---|
| <p>Development of a screening tool.</p> <p>e.g. standardised, linking to cross Berkshire referral form. A form to help others think of wider indicators</p> | <p>Overall all LA are interested in a single tool and can recognise the potential benefits, but accept how the use can translate into practice can be a challenge.</p> <p>Reading and Slough BCs are leading development on behalf of all 6 LAs.</p> |
| <p>Practical shared understanding of assessments</p> <p>To establish the principles of CPE (Common Point of Entry) and how to link these into an integrated service.</p> | <p>Reading BC and Slough BC, to identify initially a 4 step approach, review the JD for key refers e.g. PCAMHS workers and assessments they undertake. This would identify the baseline data/info that CPE would require thus preventing duplication.</p> <p>Building on the Reading pilot to review the SDQ and suggest alternatives, if appropriate. There may be a need for workforce training</p> |
| <p>Transparency and understanding around thresholds.</p> <p>To achieve a successful interface with the CPE through effective understanding of threshold (step up and step down)</p> | <p>Recognised as an area for further development which Wokingham BC is leading on through our England Innovation Programme.</p> |
| <p>Shared arrangements/ commissioning for a counselling offer.</p> <p>Pan Berkshire offer of access to counselling at tier 2 level.</p> | <p>Wokingham BC is leading a review of the evidence base for online counselling to ascertain the most effective way of engaging young people online.</p> <p>Slough BC are involved in the development of a nationally commissioned app which will be reviewed and decision taken as to the benefit for an early roll out in Wokingham.</p> |
| <p>Creating a school survey of EHWB to undertake a needs analysis</p> | <p>To build on West Berkshire BC experience Wokingham BC are developing a next generation survey for al LAs to consider implementing in a standardised approach, to enable both a Borough wide and pan Berkshire understanding and benchmark of emotional health of children and young people.</p> |

| | |
|--|---|
| Practical Improvements | Shared Commitment / progress to date |
| School nursing A focus and voice of what we need and the links of EHWB with the healthy child program and school nursing specification | A longer term aspiration - no change will be made with the school nursing contract until the health visiting service has integrated with the local authorities. Wokingham BC commissioning intention is to build on the integrated approaches developed with our Health Visiting commissioning, building a single workforce model and capacity and skills to further support the emotional health of children and young people through school nursing. |
| Tier 1-2 offers locally | To be mapped and shared across partnerships to ensure joined up approach to meeting need by May 2015 |
| CAMHS pathways pilots in Slough – learning shared | Further information needed on the results of the Slough pathways and relevant learning applied to Wokingham by Sep 2015 |

Tier 3 Priorities

The NHS Clinical Support Unit published a “Report on improvements being made to Children’s and Adolescents Mental Health Services” (December 2014) on behalf of the seven local CCGs (including Wokingham CCG). This set out progress to date against 10 key recommendations established in the 2014 Engagement exercise:

| Recommendation | Action |
|---|---|
| 1: Reduce waiting times for help and Increase resources to meet the increased demand | Winter resilience funding secured and used to increase provision. Care pathways being revised to secure earlier help and advice. |
| 2: Increase Tier 2 provision, to ensure timely ‘early intervention’, reducing escalation of mental health problems and reducing the need for specialist Tier 3 and 4 services | Pilot and research studies to evaluate online, telephone and face to face support for anxiety, depression, self-harm and eating disorders. A CAMHs app is currently being trialled. A pilot aiming to identify and support young women with perinatal and postnatal mental health issues earlier. |
| 3: Free up CAMHS staff to work more collaboratively with partner agencies | Through more effective comprehensive CAMHS offer and through increased capacity, specialist CAMHS better able to support children in care, young people who have been excluded from school, young offenders and children who are subject to child protection plans. |

| Recommendation | Action |
|--|--|
| 4: Improve support in schools | <p>A pilot project on school based management of ADHD started in January 2015 in Reading; lessons learned are being captured and an early roll out of next phase in Wokingham proposed from June 2015.</p> <p>A training programme for schools is being trialled (in Slough and Bracknell Forest) based on existing training being used elsewhere, this will be reviewed for an early roll out in Wokingham</p> |
| 5: Provide more detailed information about services and how to access them | <p>Information sheets about CAMHs and the additional support available both online and through other local agencies in preparation. This resource will be circulated to GP surgeries.</p> <p>BHFT have launched a new CAMHs website which will include a 'Supporting You' section.</p> |
| 6: Deliver improved communications and administration | <p>Service diagrams.</p> <p>Revised letters.</p> <p>CAMHS website</p> |
| 7: Improve the environment where CYP are seen or are waiting including more privacy for confidential conversations and availability of toys | <p>Improvements in train.</p> |
| 8: Better post-diagnostic support, particularly for children with Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) | <p>CCGs commission the diagnosis part of the ASD pathway. Wokingham BC leading a review of effectiveness of schools, the voluntary sector and LAs support children pre and post diagnosis. The challenge is to do this in a more coordinated way.</p> <p>A pilot project on school based management of ADHD started in January 2015 in Reading; lessons learned are being captured and an early roll out of next phase in Wokingham proposed from June 2015.</p> |
| 9: Provide better access to services in a crisis and out of hours | <p>Additional resources have been secured to extend the availability of CAMHs help in a crisis into the evening and over weekends and Bank Holidays.</p> |

| Recommendation | Action |
|--|--|
| 10: Provide a local 24/7 inpatient service for those CYP with the most complex needs | Berkshire Adolescent Unit service being developed to become a 24/7 Tier 4 service. |

These recommendations have led to the development of the following action plan:

| Wokingham Borough Council and Wokingham CCG Emotional Health and Wellbeing Strategy Action Plan | | | | | |
|---|--|--|--|-----------------------------------|--|
| NUMBER | RECOMMENDATION | ACTION TO BE TAKEN (SHOULD BE SMART) TO ADDRESS RECOMMENDATION | WHO IS RESPONSIBLE FOR THE ACTION | DATE THE ACTION WILL BE COMPLETED | PROGRESS TOWARDS COMPLETION INCLUDING EVIDENCE OF ACTION TAKEN |
| 1 | Reduce waiting times for help by increasing resources to meet the increased demand and develop more seamless services. This will ensure that children and families receive support when needed, reducing the need for more intensive longer term intervention. | Berkshire West CCGs have committed to increasing Tier 3 spend in Berkshire West by £1M recurrently and £500K non recurrently from 15/16. | Head of Children's Commissioning Wokingham CCG | April 2015 | <ul style="list-style-type: none"> CCGs are working with BHFT to establish service outcome changes as a result of the additional investment |
| | | Redesign the CAMHS care pathways so that more help and advice is available at an earlier stage, meaning that fewer children and young people will require a service from specialist CAMHS. We will measure improved access to support times and service user satisfaction as a result of these changes | Head of Commissioning WBC, Head of CAMHS BHFT and Head of Children's Commissioning Wokingham CCG | Dec 2015 | <ul style="list-style-type: none"> Pilot underway in Slough for anxiety and depression and self-harm. Learning to be disseminated to Wokingham by July. |
| | | Increase investment into Tier 3 CAMHS to reduce waiting times arising out of increased demand. We will measure improved access to support times and service user satisfaction as a result of these changes | Head of CAMHS BHFT and Head of Children's Commissioning Wokingham CCG | July 2015 | <ul style="list-style-type: none"> Business case approved by CCGs from BHFT- Feb 2015. Commissioners and provider will use learning from additional winter resilience funded projects to shape investment. |
| | | Develop a more integrated approach to accessing help when ASD is suspected or diagnosed. We will measure improved access to support times and service user satisfaction as a result of these changes. | Head of Commissioning WBC, Head of CAMHS BHFT | March 2016 | <ul style="list-style-type: none"> Discussed at CCGs Feb 15 Discussed in principle by CCG and BHFT March 2015 Business case submitted to CCGs includes additional resources to support Tier 3 ASD diagnostic pathway. |

| NUMBER | RECOMMENDATION | ACTION TO BE TAKEN (SHOULD BE SMART) TO ADDRESS RECOMMENDATION | WHO IS RESPONSIBLE FOR THE ACTION | DATE THE ACTION WILL BE COMPLETED | PROGRESS TOWARDS COMPLETION INCLUDING EVIDENCE OF ACTION TAKEN |
|--------|---|--|---|---|---|
| 2 | Improve our Early Help offer, to ensure timely 'early intervention' in emotional health, reducing escalation of mental health problems and reducing the need for specialist services. | To agree how existing and new resources and services at Tier 2 become a shared Early Help responsibility across the Children's Partnership (Health, LA, Schools, Police, Voluntary & Community sector). | Head of Commissioning WBC | End July 2015 | <ul style="list-style-type: none"> Children's Partnership early Help and Emotional health mapping underway which will culminate in a design event in July |
| | | Within the Children's Partnership develop action around coping strategies and reducing the stigma of accessing help for children and families | Head of Commissioning WBC | End July 2015 | <ul style="list-style-type: none"> Young Commissioners & Healthwatch developing proposals to be piloted and rolled out in partnership with LSCB |
| | | <ul style="list-style-type: none"> Evaluate online (Young SHaRON/online counselling), telephone and face to face support. A CAMHS app to be finalised following engagement with service users. Identify and support women with perinatal and postnatal mental health issues earlier. Develop the workforce, including GPs, Early Years, schools, children's centre staff, school nurses, youth workers | Head of CAMHS BHFT and Head of Children's Commissioning Wokingham CCG Consultant in Public Health WBC Head of Commissioning WBC and consultant in Public Health WBC | Dec 2015 June 2015 April 2016 April 2016 | <ul style="list-style-type: none"> Young SHARON being developed and trialled. Online counselling being trialled in a nearby Local Authority- learning to be disseminated to Reading. CAMHS App being trailed in 3 Slough schools to then refine prior to national launch. Finances secured. Project manager appointed. Training is taking place on an ongoing basis. |

| NUMBER | RECOMMENDATION | ACTION TO BE TAKEN (SHOULD BE SMART) TO ADDRESS RECOMMENDATION | WHO IS RESPONSIBLE FOR THE ACTION | DATE THE ACTION WILL BE COMPLETED | PROGRESS TOWARDS COMPLETION INCLUDING EVIDENCE OF ACTION TAKEN |
|--------|---|--|---|-----------------------------------|---|
| 3 | Free CAMHS staff to work more collaboratively with partner agencies, building a more confident emotional health workforce and responding to children and families quicker and more effectively. | Increase investment into Tier 3 CAMHS to enable an increased CAMHS workforce to both manage demand and to release more staff to work in collaboration. | Head of CAMHS BHFT and Head of Children's Commissioning Wokingham CCG | July 2015 | <ul style="list-style-type: none"> Initial options appraisal was submitted June 2014. Following discussion with CCG leads, formal business case was submitted in August 2014. Business case approved by CCGs from BHFT- Feb 2015. Commissioners and provider will use learning from additional winter resilience funded projects to shape investment. |
| 4 | Improve support in schools so that children and young people have their needs met quickly and are supported to achieve. | A pilot project on school based management of ADHD in Reading. To be considered for roll out into the WBC area after evaluation if the analysis supports this approach as effective in meeting needs more quickly and effectively. | Head of CAMHS BHFT and Head of Commissioning WBC | Dec 2015 | <ul style="list-style-type: none"> Pilot started in January in a single school in the South of Reading. |
| | | Offer schools a package of support, supervision and training to further enhance the current Nurture Assistant role in schools to improve capacity and skills in schools. | Head of Learning and Achievement, WBC | Sept 2015 | <ul style="list-style-type: none"> Package of support is on school websites. |
| | | To provide regular training opportunities for school staff in the general field of mental health as well as specific topics such as self-harm or anxiety. | Head of CAMHS BHFT and Head of Commissioning WBC | July 2015 | <ul style="list-style-type: none"> Training is taking place on an ongoing basis. Regional conference on self-harm taking place on 27-2-15. PPEP Care training to be offered to GPs, schools and LA staff from July 2015 |

| NUMBER | RECOMMENDATION | ACTION TO BE TAKEN (SHOULD BE SMART) TO ADDRESS RECOMMENDATION | WHO IS RESPONSIBLE FOR THE ACTION | DATE THE ACTION WILL BE COMPLETED | PROGRESS TOWARDS COMPLETION INCLUDING EVIDENCE OF ACTION TAKEN |
|--------|---|---|---|-----------------------------------|--|
| 5 | Provide more detailed information about services and how to access them to ensure that children and families know what is available to them and can make informed choices as to how to seek out help they need. | Make sure that up to date information is on key websites including the local offer including access criteria and clarity about what to expect from each service. We will measure service user feedback on how helpful this improved information is. | Head of CAMHS BHFT Head of Commissioning WBC Head of Children's Commissioning Wokingham CCG | July 2015 | <ul style="list-style-type: none"> Local authorities have compiled lists of services that are available at Tier 2 and this is improving signposting within CAMHs. This directory of services supports teachers, GPs and others working with CYP, detailing where services are available and how to access them easily. BHFT have developed a new CAMHs website which will include a 'Supporting You' section. This section will contain information and links to other agencies offering local support to families, as well as links to online resources and top tips. |
| | | Following engagement with service users, BHFT to update information, resources and the website. We will measure service user feedback on how helpful this improved information is. | Head of CAMHS, BHFT | June 2015 | <ul style="list-style-type: none"> Engagement with service users to develop website and resources underway |

| NUMBER | RECOMMENDATION | ACTION TO BE TAKEN (SHOULD BE SMART) TO ADDRESS RECOMMENDATION | WHO IS RESPONSIBLE FOR THE ACTION | DATE THE ACTION WILL BE COMPLETED | PROGRESS TOWARDS COMPLETION INCLUDING EVIDENCE OF ACTION TAKEN |
|--------|--|--|-----------------------------------|--|--|
| 6 | Deliver improved communications, engagement and administration to ensure that children and families are well informed about CAMHS and that their views are considered. | <p>Engage with service users and their families to find out what they want to know about the service</p> <ul style="list-style-type: none"> • Service leaflet on what to expect from BHFT CAMHS. • Review service letters to be clear on wait times and service offer. • Improve website, add a section called "Our service". Site to be available as an App for smart phones and tablets • Improve information in waiting areas. • Text reminder system to be set up. • Implement online tool "CAMHS web" which will facilitate shared decision making with young people- they will be able to access their own care plans which they have jointly agreed and developed with their clinician using tablets and smart phones. This will facilitate the self-reporting of outcomes. <p>Service users will be asked as to whether these changes have made a difference, whether they feel more informed & whether they think their views are considered.</p> | Head of CAMHS, BHFT | <p>March 2015</p> <p>March 2015</p> <p>July 2015</p> <p>May 2015</p> <p>May 2015</p> <p>April 2015</p> | <ul style="list-style-type: none"> • Process in place for service users to be consulted on all forms of communication and publicity. • "CAMHS web" and new website under development |

| NUMBER | RECOMMENDATION | ACTION TO BE TAKEN (SHOULD BE SMART) TO ADDRESS RECOMMENDATION | WHO IS RESPONSIBLE FOR THE ACTION | DATE THE ACTION WILL BE COMPLETED | PROGRESS TOWARDS COMPLETION INCLUDING EVIDENCE OF ACTION TAKEN |
|--------|--|--|---|-----------------------------------|---|
| 8 | Better post-diagnostic support, particularly for children with Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) will support children and families to thrive and to achieve. | To agree how existing and new resources and services that support children with ASD and ADHD can be better coordinated across the LSCB partnership. We will set out this agreement in service specifications and pathways and monitor the effectiveness of their coordinated delivery as part of the development of the Wokingham Special Educational Need and Disability Children and Families Act Local offer | Head of Commissioning, WBC Head of Children's Commissioning Wokingham CCG Head of CAMHS, BHFT | March 2016 | <ul style="list-style-type: none"> CCG have awarded grants to voluntary sector organisations who support young people with ASD which will be included in the Wokingham Local Offer Discussed at CCSG Feb 15 Discussed in principle by CCG and BHFT March 2015 Agreed by CCG and BHFT May 2015 |
| NUMBER | RECOMMENDATION | ACTION TO BE TAKEN (SHOULD BE SMART) TO ADDRESS RECOMMENDATION | WHO IS RESPONSIBLE FOR THE ACTION | DATE THE ACTION WILL BE COMPLETED | PROGRESS TOWARDS COMPLETION INCLUDING EVIDENCE OF ACTION TAKEN |
| 9 | Provide better access to services in a crisis and out of hours to ensure that children and families in crisis are supported to have their needs met quickly and to reduce the need for longer term more intensive interventions. | Secure additional resources to extend the availability of CAMHS help in a crisis into the evening and over weekends and Bank Holidays. | Head of Children's Commissioning Wokingham CCG | Jan 2015 | <ul style="list-style-type: none"> Temporary funding has been secured using mental health operation resilience funding. |
| | | Secure staff to be able to offer this service. | Head of CAMHS BHFT | Feb 2015 | <ul style="list-style-type: none"> Partial delivery due to vacancies |
| | | Evaluate effectiveness of the service with a view to mainstreaming this with recurrent funds. | Head of Children's Commissioning W'ham CCG | May 2015 | |
| | | Enhance the Early Intervention in | Head of | March 2015 | <ul style="list-style-type: none"> Finance has been secured using mental health operation |

| | | Psychosis service for young people. | CAMHS BHFT | | resilience funding Dec 2014. |
|--------|--|---|--|-----------------------------------|--|
| | | Evaluate the new Psychological Medicines Service for teenagers aged 16+ that has opened at Royal Berkshire Hospital (RBH), providing rapid response mental health assessments for people who are being treated for physical conditions. | Head of CAMHS BHFT with RBH | March 2015 | <ul style="list-style-type: none"> Partial delivery due to vacancies. This service works across the hospital, including in A&E, so that children and young people who are in hospital for physical health problems can be assessed for any mental health issues without a further referral. This enables more rapid access to mental health services when required. |
| | | CCGs are working with the police, ambulance service, Local Authorities, Public Health, hospitals, Drug and Alcohol Teams and BHFT to develop and implement the action plan as part of the Crisis Care Concordat. | Head of Children's Commissioning Wokingham CCG | May 2015 | <ul style="list-style-type: none"> Action plan drafted band being consultation with service users is underway. Crisis Care Concordat Declaration was signed off Dec 2014. Engagement with service users on the Crisis Care Concordat action plan is underway |
| NUMBER | RECOMMENDATION | ACTION TO BE TAKEN (SHOULD BE SMART) TO ADDRESS RECOMMENDATION | WHO IS RESPONSIBLE FOR THE ACTION | DATE THE ACTION WILL BE COMPLETED | PROGRESS TOWARDS COMPLETION INCLUDING EVIDENCE OF ACTION TAKEN |
| 10 | Provide a local 24/7 inpatient service for those CYP with the most complex needs. This will lead to a reduction in the need to place vulnerable Wokingham children and young people away from their community and the most effective care close to home | To increase opening hours of the Berkshire Adolescent Unit from 4 nights per week to 7 nights per week This will lead to a reduction in the need to place vulnerable Wokingham children and young people away from their community | Head of CAMHS BHFT | Dec 2015 | <ul style="list-style-type: none"> September 2014 longer term plans agreed in principle with the CCGs and NHS England to change the Berkshire Adolescent Unit, based in Wokingham, to a provision open for 7 days, 52 weeks per year. It will eventually be expanded to form a larger in-patient residential unit (12-15 beds) as well as catering for day patients. This unit could also provide some crisis intervention beds. Other centrally funded grants will be considered and applied for as and when opportunities arise |
| | | To increase the number of Tier 4 beds available locally. | NHS England BHFT | March 2017 TBC | |

Appendix One: Relevant National guidance

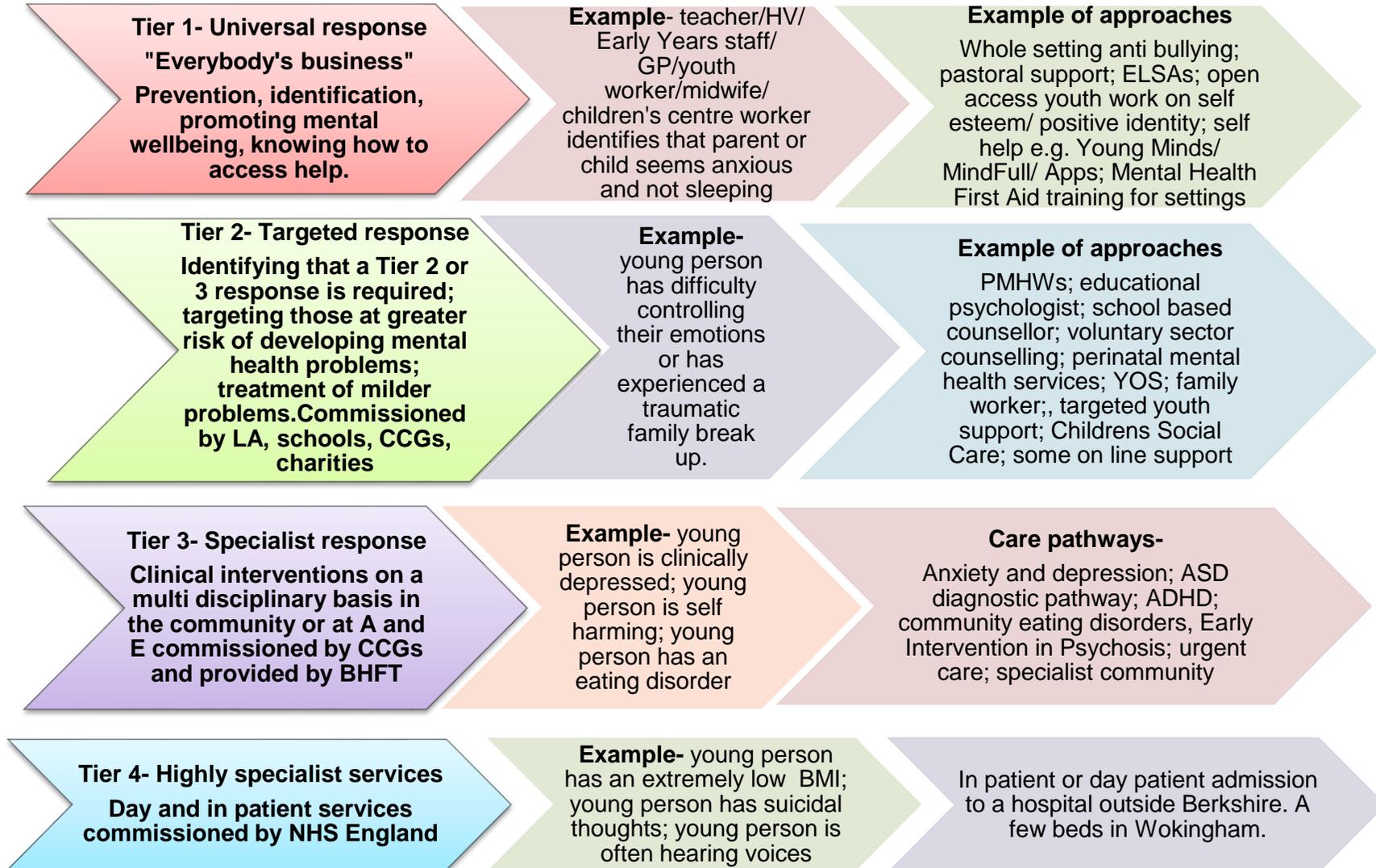
All professionals working with children and young people have a responsibility to help them to be emotionally and mentally healthy, as reflected in various national guidance and reports such as the following national documents and requirements

- <http://www.england.nhs.uk/wp-content/uploads/2014/07/camhs-tier-4-rep.pdf>
- <http://www.wokinghamccg.nhs.uk/news/entry/review-of-children-and-adolescent-mental-health-services-camhs-in-berkshire>
- Department of Health, 'Closing the Gap: Priorities for essential change in Mental Health' (Jan, 2014).
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281250/Closing_the_gap_V2_-_17_Feb_2014.pdf
- Department of Health, Policy update 'Making mental health services more effective and accessible' (April, 2014).
- Health and Social Care Act (2012). <http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted/data.htm>
- Department for Health (2011) No Health Without Mental Health
- Joint Commissioning Panel for Mental Health (2013) Guide for Commissioners of CAMHs. <http://www.jcpmh.info/wp-content/uploads/jcpmh-camhs-guide.pdf>
- National CAMHs Support Service (2011) Better Mental Health Outcomes for Children and Young People
- Department for Children, Schools and Families (2009) Statutory Guidance on promoting the health and wellbeing of Looked After Children
<http://www.scie.org.uk/news/files/lookedafterchildrendraftguidance.pdf>
- Department of Health (2004) National Service framework for Children, Young people and Maternity Services: The mental health and psychological wellbeing of children and young people
- Department of Health (2011) Mental Health Promotion and mental illness prevention: the economic case
- National CAMHs Review (2008) Children in Mind
- Kennedy Report (2010) Getting it right for children and young people
- The Marmot Review (2010) Fair Society, Healthy Lives
- The Munro Review (2011)
- Department of Health (2011) Improving health services for vulnerable children and young people

Applicable standards set out in Guidance and/or issued by a competent body (eg Royal Colleges)

- Relevant Royal College of Psychiatrist (RCPsych) standards and guidance
- Relevant Royal College of Nursing (RCN) standards and guidance
- Joint Commissioning Panel for Mental Health guidance
- NICE quality Standards in Mental Health Care
- A National Service Framework for Mental Health

Appendix Two Summary of Comprehensive Child and Adolescent Mental Health Services in Wokingham



Appendix Three Comprehensive CAMHS provision in Wokingham

| Areas of Need* | Tier 1 | Tier1/2 | Tier 2 | Tier3/4** |
|---|---|---|---|------------------------------|
| *Taken from: <i>Guidance for commissioners of child and adolescent mental health services</i> | | | | |
| Emotional disorders (e.g. phobias, anxiety, depression) | <p>1. Educational Psychology Service (EPS) offer regular training to schools to raise awareness.</p> <p>2. EPS training offered in schools for Evidenced based programmes to build resilience and reduce anxiety</p> <p>3. School Pastoral Care, devise strategies to improve student wellbeing</p> <p>4. Primary Cluster / Parenting and Family Support Services interventions and impact of family dynamics</p> <p>5. SENCO Identified by school as a person providing key contact, advise and support</p> <ul style="list-style-type: none"> Can guide learning support assistant <p>6. Educational Welfare Service</p> | <p>1. EPS provides training to all Teaching Assistants to work in their school as a Nurture Assistant to develop their skills to deliver evidence based direct intervention with individuals and groups and advice to their institution, managing anxiety social interaction skills and building emotional resilience.</p> <p>2. Foundry College:</p> <p>a) Providing a flexible inclusion model of learning through small group work or 1-1, support as an alternative education provision or home tutoring.</p> <p>b) Work with children unable to attend school or as part of a managed move.</p> <p>c) Bespoke training and support to schools depending on need including Outreach support for vulnerable pupils</p> <p>3. Targeted Youth Support offers programs to vulnerable young people aged 13-19 years.</p> <p>a) Evolve – program for socially isolated young people.</p> <p>b) Also 1-1 support sessions</p> | <p>1. ARC Counselling Service offers person-centred therapeutic service in Wokingham 5-19</p> <p>2. ARC Counselling Service (School based) offers assessment and short solution focussed service to all Primary and secondary schools if purchased</p> <p>3. EPS offer focused Cognitive Behavioural therapy (CBT), Solution Focussed Brief therapy and Narrative Therapy and advice to their institution and family.</p> <p>4. EPS School based small group intervention to manage exam related stress.</p> <p>5. PCAMHS School based interventions and targeted intervention with the YOS and CSC</p> <p>6. Talking therapies Exam related stress and high anxiety,</p> | CAMHS if severe and enduring |

| Areas of Need* | Tier 1 | Tier1/2 | Tier 2 | Tier3/4** |
|---|--|--|---|--|
| | (EWS), to ensure the child has access to their statutory education and are able to achieve and sustain regular attendance at school | | assessment and short intervention | |
| <p>Conduct disorders (e.g. severe defiance, and physical and verbal aggression, and persistent vandalism)</p> <p>Attention deficit hyperactivity disorder</p> | <p>1. Wokingham School Improvement team provide support for schools with behaviour policies.</p> <p>2. Parenting and Family Support – Triple P, Incredible years programs</p> <p>4. Community Wardens and Junior Warden Program – Reducing crime and antisocial behaviour</p> <p>5. School Planning meeting (SPM) – school based multi professional forum to discuss child progress and internal support</p> <p>5. SENCO Identified by school as a person providing key contact, advise and support</p> <ul style="list-style-type: none"> • Can guide learning support assistant <p>6. Educational Welfare Service, to</p> | <p>1. EPS offers;</p> <p>a) training to Teaching Assistants to work in their school as a Nurture Assistant</p> <p><i>To develop their skills to deliver evidence based direct intervention with individuals and groups and advice to their institution, managing anxiety social interaction skills and building emotional resilience addressing behaviour issues.</i></p> <p>b) EPS evidence based direct intervention with individuals and groups and advice to their institution, behaviour management, social interaction skills</p> <p>2. Foundry College:</p> <p>a) Providing a flexible inclusion model of learning through small group work or 1-1, support as an alternative education provision or home tutoring.</p> <p>b) Work with children unable to attend school or as part of a managed move.</p> <p>c) Bespoke training and support to schools depending on need including Outreach support for vulnerable pupils</p> | <p>1. EPS Evidence based direct intervention with individuals and groups based Solution Focussed Brief therapy and advice to their institution and family.</p> <p>2. Youth Offending Service (YOT) offer therapeutic sessions.</p> <p>3. Psychotherapist/ clinical psychologist through Intensive Family Support.</p> <p>4. Restorative Practice methodology Mediation, Restorative Justice conferencing, Family group conferencing</p> <p>5. Targeted Youth Support offers programs to vulnerable young people aged 13-19 years.</p> <p>6. PCAMHS School based interventions and targeted intervention with the YOS and CSC</p> | <p>CAMHS diagnosis and appropriate intervention if required</p> |

| Areas of Need* | Tier 1 | Tier1/2 | Tier 2 | Tier3/4** |
|--|---|--|---|---|
| | ensure the child has access to their statutory education and are able to achieve and sustain regular attendance at school | <p>d) Where capacity allows Foundry College provide a bespoke alternative provision for pupils in need of education support through their “Back on Track” programme.</p> <p>3. YOS Early Intervention provides individual and group work prevention support for 13-19 year olds. Pre court intervention based service</p> <p>4. Adviza offer Personal Advisors for young people aged 13yrs+ who are Not in Education, Employment or Training (NEET) or susceptible to becoming NEET. Intensive PA available 16-19 yrs+</p> | | |
| Obsessive compulsive disorder | | | | CAMHS diagnosis and intervention if severe & enduring |
| Tics disorders and Tourette’s syndrome | 1.Training by EPS offered to school staff | | <p>1.EPS Individualised advice to parents and teaching staff in how to support child in their learning environment</p> <p>2. PCAHMs School based interventions and targeted intervention with the YOS and CSC. Also advice and further information post diagnosis</p> | CAMHS diagnosis and medication |

| Areas of Need* | Tier 1 | Tier1/2 | Tier 2 | Tier3/4** |
|---------------------------------|---|--|--|--|
| Autism spectrum disorders (ASD) | <p>1. Training to schools provided.</p> <p>2. Training to schools and early years settings offered by EPS.</p> <p>3. SENCO Identified by school as a person providing key contact, advise and support</p> <ul style="list-style-type: none"> • Can guide learning support assistant | <p>1. ASSIST - Autism family support and parent programmes</p> <p>2. Early Bird training for parents offered by ASSIST.</p> <p>3. Early Bird Plus training offered to parents by the ASSIST team.</p> <p>4. Wiggly Worms group for Parent with children u/5 (pre-school)</p> <p>5. SENCO – strategies to support engagement and integration</p> | <p>1. Support and intervention in schools for children/ young people with a diagnosis ASSIST team.</p> <p>2. EPS Support and intervention in schools for children/ young people with a diagnosis. Advice to staff and parents.</p> | <p>CAMHS diagnosis</p> <p>LDD/ SEN children with disability team</p> |
| Substance misuse problems | <p>1. Training provided to school staff and other professionals by the SMART (Young People’s Drug & Alcohol Service)</p> <p>2. SMART (Young People’s Drug & Alcohol Service) Offer awareness sessions provided to young people in secondary schools, colleges youth clubs and other venues.</p> <p>3. Health Visitor, Poppy team, Family</p> | <p>1. Tailored sessions provided for targeted groups in schools & elsewhere by SMART (Young People’s Drug & Alcohol Service)</p> <p>2. Educational Welfare Service, to ensure the child has access to their statutory education and are able to achieve and sustain regular attendance at school</p> | <p>1. Ongoing one to one support provided in schools or other venues for young people misusing substances professionals by SMART (Young People’s Drug & Alcohol Service).</p> | |

| Areas of Need* | Tier 1 | Tier1/2 | Tier 2 | Tier3/4** |
|--|--|---|--|--|
| | Nurse Partnership | | | |
| Eating disorders, e.g. pre-school eating problems, anorexia nervosa and bulimia nervosa. | <p>1. Health Visitor advice and practical steps re; weaning, healthy diet, age appropriate meals</p> <p>2. EPS general advice and training to school staff on supporting emotional resilience and sign-posting to appropriate agencies.</p> <p>3. Educational Welfare Service, to ensure the child has access to their statutory education and are able to achieve and sustain regular attendance at school</p> | 1. School Nursing supporting pupils via self or professional referral. | <p>1. ARC Counselling Service offers person-centred therapeutic service to anyone over the age of 10/11 years</p> <p>2. ARC Counselling Service (School based) offers assessment and short solution focussed service to schools that have purchased or can self-refer.</p> | CAMHS diagnosis and intervention if severe & enduring |
| Trauma | <p>1. EPS Support to school staff on how to manage a sad event/critical incident as it affects the school and it's community.</p> <p>2. Educational Welfare Service, to ensure the child has access to their statutory education and are able to achieve and sustain regular attendance at school</p> | <p>1. EPS Whole school support following a sad event/critical incident.</p> <p>2. School Nursing supporting pupils via self or professional referral.</p> <p>3. Health Visitor – providing information and support</p> | <p>1. Talking therapies Exam related stress and high anxiety, assessment and short intervention</p> <p>2. ARC Counselling Service offers person-centred therapeutic service to anyone over the age of 10/11 years</p> <p>3. ARC Counselling Service (School based) offers assessment and short solution focussed service to all schools that have purchased or self-referral is available</p> | CAMHS diagnosis and intervention if Post Traumatic Stress Disorder |
| Psychological effects of abuse and neglect | 1. Training by EPS offered to school staff | | 1. Psychotherapist/ clinical psychologist through Troubled Families programme support. | CAMHS diagnosis and intervention |

| Areas of Need* | Tier 1 | Tier1/2 | Tier 2 | Tier3/4** |
|--|---|--|--|--|
| | | | <p>2. PCAMHs – providing School based interventions and targeted intervention with the YOS and CSC</p> | |
| Attachment disorders | <p>1. Training by EPS offered to school staff.</p> <p>2. Nurture group training and nurturing principles offered to schools</p> | <p>1.Nurture groups available across primary schools</p> <p>2. Children’s Centres Baby Massage courses and other related support including 1-1</p> <p>3. Home Start Providing 1-1 home help and support for families with a child under 5 referral via CAF/Early Help Hub</p> | <p>1. Psychotherapist/ clinical psychologist through Troubled Families programme support and Intensive Parenting Programmes.</p> <p>2. Parenting and Family Support, Triple P and Incredible years</p> <p>3. EPS small group intervention “Changing Families”</p> <p>4. EPS specific advice to parents/carers and school staff on how to support individual children and young people</p> | <p>CAMHS diagnosis and intervention</p> <p>Children Social Care Intervention</p> |
| Psychological effects of living with a chronic illness | <p>1.Training by EPS offered to school staff</p> <p>2. SENCO Identified by school as a person providing key contact, advise and support - Can guide learning support assistant</p> | <p>1. Home Start Providing 1-1 home help and support for families with a child under 5 within the household referral via CAF/Early Help Hub</p> <p>2.Daisy’s Dream support to children and families experiencing a terminal illness</p> | <p>1. Hospice Support – advice to key support partners</p> <p>2. PCAMHs School based interventions and targeted intervention with the YOS and CSC</p> | <p>Hospice Support</p> <p>CAHMs</p> |

| Areas of Need* | Tier 1 | Tier1/2 | Tier 2 | Tier3/4** |
|--|--------|---------|--|----------------------------------|
| | | | | |
| Psychosis or emerging borderline personality disorder. | | | 1. PCAMHs - School based interventions and targeted intervention with the YOS and CSC | CAMHS diagnosis and intervention |

Where to access more information

MindEd will also publish a review of online therapies which can be used by and with children and young people for treatment of common mental health disorders.

To find out more: www.minded.org.uk

Where to access more information

MindFull is a FREE national online **service** for 11-17 year olds. It provides support, information and advice about mental health and emotional wellbeing directly to young people.

MindFull is based on the award-winning BeatBullying model, which is:

- Endorsed by the Child Exploitation and Online Protection Centre (CEOP) as a safe and secure service for young people to get support;
- Credited as an example of best practice in early intervention and improving emotional resilience by The Centre for Excellence and Outcomes in Children and Young People's Services (C4EO);

MindFull is open every day, between 10am and midnight, and offers support in three different ways:

- 1) Self-Help:** Advice, information and resources section is written by professionals and young people. It is packed with really useful stuff, including activities and resources to help young people learn more about their own mental health and emotional wellbeing.
- 2) MindFull Mentors:** They're young people who are trained to help. A MindFull Mentor will be available most of the time to chat on line.
- 3) Counsellors:** MindFull mental health professionals and counsellors will give you one-to-one support. Keep an eye out for our group sessions and ad hoc online surgeries as these can be really helpful too.

*The self-help section and Mindfull mentors are free to any young person who registers on the website.
There is a charge for the counselling service.*

To find out more: www.mindfull.org

Appendix Four Wokingham Borough Council services, availability and access

| Service | Available to... | How to access service... |
|---|--|--|
| Foundry College | <ul style="list-style-type: none"> Available to all pupils living within the Wokingham boundary subject to commissioning agreements or de-delegation of funds for support. | <ul style="list-style-type: none"> Referral to Foundry College is through the College Website. Schools may refer after professional discussions such as at SPMS or at TAFS, but this is still done through the school as the commissioner. Schools to refer and or have access to training or other bespoke packages. The Local Authority commission support for permanently excluded young people and Young people with medical reasons preventing them attending mainstream school. |
| School Planning Meeting (SPM) | <ul style="list-style-type: none"> All children/young people at Wokingham maintained schools | <ul style="list-style-type: none"> Referred by internal school professional once a concern or issue arises. Request for service/ as an outcome from an assessment |
| Children and young people with Additional Needs (CAN) and ASSIST | <ul style="list-style-type: none"> Families who live in Wokingham and have a child/young person aged 0-18 who has a physical or sensory impairment or learning difficulty/disability, which has a substantial and long term impact on carrying out day to day activities. | <ul style="list-style-type: none"> Self/family referral (see Wokingham Borough Council website). Multiagency referral form. Common Assessment Framework/ Early Help Hub |
| Counselling Service: 1. ARC | <ul style="list-style-type: none"> Open service for all children/young people (generally over 5 years), parents, and carers. All children/young people in Wokingham primary/secondary schools that have set up the school service. Schools not currently engaged generally have their own mentors, counsellors etc. already working in their school. | <ul style="list-style-type: none"> Self-referral, parent/carer on behalf of children/young people or with support from a professional. Common Assessment Framework. CAF Panel |
| Adviza | <ul style="list-style-type: none"> Young people aged 13+ years at risk of becoming NEET. | <ul style="list-style-type: none"> School link with Careers Personal Advisors (PA) . Common Assessment Framework/ Early Help Hub referral for Intensive PA support. |
| Service | Available to... | How to access service... |

| | | |
|---|--|---|
| Educational Psychology Service | <ul style="list-style-type: none"> All children/young people living in Wokingham who attend a WBC school who may have a special educational need and or disability or barrier to engaging with their education e.g. anxiety, ASD, behaviour issues, trauma etc. | <ul style="list-style-type: none"> Consultation with the Special Educational Needs Co-ordinator (SENCO) at the child's school who will discuss the concern at a School Planning Meeting (Completion of a Request for Involvement form to gain informed consent from parent/carer). |
| | <ul style="list-style-type: none"> All schools offered a core service, academies and Free Schools purchase Non-Statutory service. <ul style="list-style-type: none"> Pre-school children who reside in Wokingham WBC children and young people going through Education, health and Care Needs assessment Children/young people at risk of school placement breakdown. | <ul style="list-style-type: none"> For pre-school children an Educational Psychologist can become involved following statutory notification (referral) by a Health professional to the Wokingham Early Support Panel. This multi-disciplinary (Early Support) panel make the decision as to whether it would be helpful for an Educational Psychologist to become involved. Consultation with the Special Educational Needs Co-ordinator (SENCO) at the child's school who will discuss the concern at a School Planning Meeting (Completion of a Request for Involvement form to gain informed consent from parent/carer). Request for Education Health Care Needs Assessment may lead to an Educational Health Care Plan. School would need to refer before Annual Review, if pupil's school placement is at risk of breaking down. |
| Special Educational Needs Co ordinator (SENCO) | <ul style="list-style-type: none"> All children/young people at Wokingham maintained schools | <ul style="list-style-type: none"> Via internal school support system, SPM Linked to Special Educational Needs team and Educational Psychology department |
| Parenting and Family Support Service (P&FS), Inc Intensive P&FS and Primary Cluster P&FS | <ul style="list-style-type: none"> Families who meet the criteria, such as requiring support to establish techniques, boundaries, routine... | <ul style="list-style-type: none"> Self-referral, parent/carer on behalf of children/young people or with support from a professional. Common Assessment Framework. CAF Panel |
| ASSIST - ASD Outreach Service | <ul style="list-style-type: none"> Support pupils in mainstream education aged 4-18 years with a diagnosis of Autism. | <ul style="list-style-type: none"> School contact ASSIST team directly. |
| Service | Available to... | How to access service... |

| | | |
|--|--|--|
| Young People's Drug & Alcohol Action Team (SMART) | <ul style="list-style-type: none"> All children/young people living in Wokingham who are under 18. | <ul style="list-style-type: none"> Self-referral, parent/carer on behalf of children/young people or with support from a professional. |
| Youth Offending Team (YOT) and YOS Prevention | <ul style="list-style-type: none"> YOS Prevention Program is open to young people who are at risk of offending or involved in anti-social behavior. | <ul style="list-style-type: none"> CAF / Early Help Hub Referral and Assessment team. Onset referral form |
| Targeted Youth Support | <ul style="list-style-type: none"> All young people aged 13+ years who live or are educated in Wokingham | <ul style="list-style-type: none"> Common Assessment Framework (CAF) / Early Help Hub. Referral from schools for school work. Direct referral from parent/ carer/professional Self-referral Referral and Assessment team STEP DOWN, from YOS and CSC |
| Troubled Families Programme | <ul style="list-style-type: none"> Restorative practice methodology Mediation, Restorative Justice conferencing, Family group conferencing | <ul style="list-style-type: none"> Troubled Families Outcomes plan and Early Help Hub framework |
| Educational Welfare Service | <ul style="list-style-type: none"> All children/young people at Wokingham maintained schools and where services are commissioned | <ul style="list-style-type: none"> Referred by internal school professional once a concern or issue arises regarding attendance and welfare. Request for service through Early Help Hub/ CAF |

Interventions in Wokingham Borough Council Schools led by school staff and supported by Wokingham services:

- Evolve (Programme to improve resilience and reduce anxiety inc social anxiety and isolation).
- Peer Mediation programme for primary/secondary schools.

Services commissioned by Wokingham Borough:

- Counselling Service via ARC
- Drugs and Alcohol Service SMART
- ASSIST
- Primary CAMHS

Appendix Five Partnerships and Governance

As a strong Health and Wellbeing partnership, we will use our leadership role in statutory boards to ensure that outcomes for children and families are improved year on year. The key to ensuring that children and families receive the best possible service is to work in partnership with other agencies from the moment children first receive services from us. We set out below the boards and partnerships that contribute to the quality of service that children and families receive and through which this strategy will be enabled.

The Health and Social Care Act 2012 established Health and Wellbeing Boards as a forum where the local leaders from the health and social care system work together to improve the health and wellbeing of their local population and reduce health inequalities. Wokingham's **Health and Wellbeing Board** took on its statutory function from April 2013.

The Health and Wellbeing Board provides oversight and accountability for the Health and Wellbeing Strategy which sets out the action plan and priorities for improving the health outcomes for children and young people. Improved emotional health is one of these priorities. The Health and Wellbeing board has a **Children's and Young Peoples Partnership** with priorities set out in the Children and Young People's Plan. One of these priorities is to improve the emotional health and wellbeing of children and young people.

The Corporate Parenting Board provides oversight Annual Report goes to Wokingham Safeguarding Children Board. The safeguarding board has a protocol in place with the Health and Wellbeing Board to ensure information is shared and all partner agencies appraised of developments.

The **Wokingham Safeguarding Children Board** works to safeguard children and young people and protect those who are at risk. Local Safeguarding Children Boards (LSCB) were established by the government to ensure that organisations work together to protect children and are regulated by Ofsted. The LSCB scrutinises the safeguarding of children in care, and will hold the CPB to account in this regard. The objectives of the Board as set in Working Together to Safeguard Children 2015 are;

- To coordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area
- To ensure the effectiveness of what is done by each such person or body for those purposes

The functions of the Board as set out in Working Together to Safeguard Children 2015 are;

- To develop policies and procedures for safeguarding and promoting the welfare of children in the area of the authority, including policies and procedures in relation to:
 - The action to be taken where there are concerns about a child’s safety or welfare, including thresholds for intervention;
 - Training of persons who work with children or in services affecting the safety and welfare of children;
 - Recruitment and supervision of persons who work with children;
 - Investigation of allegations concerning persons who work with children;
 - Safety and welfare of children who are privately fostered;
 - Cooperation with neighbouring children’s services authorities and their Board partners;
- To communicate to persons and bodies in the area of the authority the need to safeguard and promote the welfare of children, raising their awareness of how this can best be done and encouraging them to do so;
- To monitor and evaluate the effectiveness of what is done by the authority and their Board partners individually and collectively to safeguard and promote the welfare of children and advising them on ways to improve;
- To participate in the planning of services for children in the area of the authority;
- To undertake reviews of serious cases and advising the authority and their Board partners on lessons to be learned.

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Every local authority has a duty to support birth families to care for their children, this being the environment in which children have the best opportunity to thrive. However, for a small number of children their birth families are unable to provide the care that they need. In these situations local authorities must make arrangements for the provision of substitute care, the responsibility of which is referred to as “corporate parenting”. This responsibility is undertaken by the **Corporate Parenting Board**. The role of the Corporate Parenting Board is to:

- Work together on behalf of the council and partners to ensure that the services to children in our care or young people who are leaving care is of a high standard;
- Improve the life chances of children and young people in our care in line with their peers so that they grow up, contribute and participate as healthy citizens within the community.

The **Community Safety Partnership** is made up of the key organisations responsible for keeping the borough safe. The partnership includes: Thames Valley Police, the Borough Council, Thames Valley Probation, Berkshire West Primary Care Trust, Thames Valley Police Authority and Royal Berkshire Fire and Rescue Service. Priorities are set out in the Community Safety Partnership Plan include hidden crimes and their impact on vulnerable people and their families, which includes work on domestic abuse and hate crime.

Appendix Six Acronyms

| Acronym | Full description |
|---------|--|
| CAMHs | Child and Adolescent Mental Health Service |
| CCGs | Clinical Commissioning Group |
| JSNA | Joint Strategic Needs Assessment |
| ASD | Autistic Spectrum Disorder |
| BHFT | Berkshire Healthcare Foundation Trust |
| CATs | Children's Action Team |
| CPE | Common Point of Entry for BHFT |
| EHWB | Emotional Health Wellbeing |
| LSCB | Local Safeguarding Children's Board |
| PMHW | Primary Mental Health Worker |
| ELSA | Emotional Literacy Support Assistant |
| HV | Health Visitor |
| YOS | Youth Offending Service |
| ADHD | Attention Deficit Hyperactivity Disorder |
| RBH | Royal Berkshire Hospital |

Appendix Six Version Control

| Version | Responsible | Date |
|---------|---------------------------------------|------------|
| V1 | WBC Strategic Commissioning | 20/04/15 |
| V2 | WBC Strategic Commissioning | 01/05/15 |
| V3 | CCG amendments | 06/05/2015 |
| V4 | CCG amendments | 07/05/2015 |
| V5 | BHFT amendments | 11/05/2015 |
| V6 | Health and Wellbeing Board amendments | 18/5/2015 |

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