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

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

NHS
Berkshire West
Clinical Commissioning Group

Index

Foreword		Page 3
Chapter 1	Introduction	Pages 4 - 5
Chapter 2	Our ambition	Pages 6 - 7
Chapter 3	Transformation in Berkshire West	Pages 8 - 10
Chapter 4	Headline messages in financial year 2018/19	Pages 11 - 13
Chapter 5	What do our service users say about local service transformation?	Pages 14 - 15
Chapter 6	Priorities moving forward and work plan	Pages 16 – 23
Chapter 7	Summary of current challenges, risks and mitigation	Pages 24 - 26
Chapter 8	Governance and Quality Assurance	Pages 27 - 29
Chapter 9	Overview of projects delivered in 2017/18 and outcomes achieved • Getting Advice section • Getting Help section • Getting More Help section • Getting Risk Support section	Pages 30 - 60 • Pages 30 - 36 • Pages 37 – 47 • Pages 48 – 56 • Pages 57 - 60
Chapter 10	Mental Health Services dataset submissions	Page 61
Chapter 11	Workforce	Pages 62 - 65
Chapter 12	An overview of financial investment	Pages 66 -67
Appendix 1	How we developed our Local Transformation Plans – our story	Pages 68 - 69
Appendix 2	Needs Analysis	Pages 70 - 76

FOREWORD

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

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

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

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Chapter 1 - Introduction

What this document is about

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

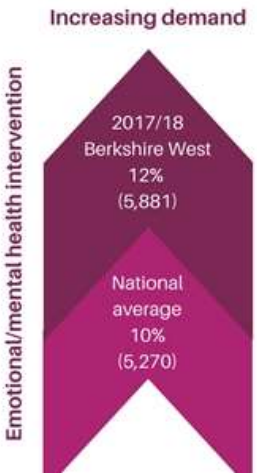
Our ambition has been not simply to adjust existing services, but to transform them across the whole system. This has been an important journey together with a range of partners and influences, with the story told in Appendix A. We are an ambitious partnership with collaboration at its centre. Over recent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

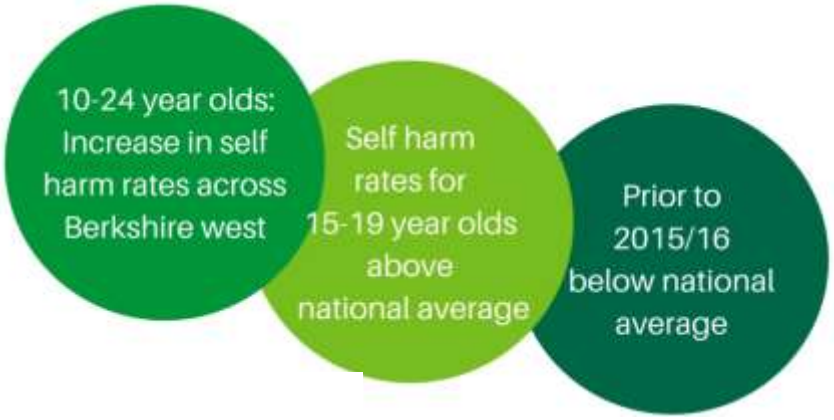
Our Local Transformation Plan is reviewed by partners including service users, refreshed and published annually and this is our 5th year of completing this task. Our Local Transformational Plan sets out our vision, progress and next steps to improve the social, emotional, mental health and wellbeing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

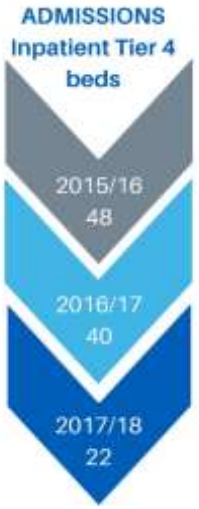
This document builds on the 2018 plan and provides an update through a THRIVE elaborated (see appendix 1) lens of

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

The Berkshire West context







Chapter 2 - Our Ambition

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

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

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

Successful delivery of the plan will mean that:

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

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

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

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

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

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

Ethos

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

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

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

Building skills in the community

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

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

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

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

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

Focus on outcomes and the voice of children and young people

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

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

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

Partnership

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

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

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

Cross cutting agenda

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

Chapter 4 - Headline messages for financial year 2018/19

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

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

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

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

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

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

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

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

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

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

What else do young people want help with?

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

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

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

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

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

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

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

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

2019/20 Berkshire West Seven Priorities work plan

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

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

What does this mean?	There will be 3 Mental Health Support Teams in Berkshire West, one operating within each Local Authority area. Each multi-disciplinary team will offer consultation and training to schools, direct interventions for children, young people and families and a multi-agency triage system
What will we do next?	Reading and West Berkshire teams will go live with a full service offer from January 2020. Wokingham will mobilise its team over the next 9 months, training and recruiting its staff and go live as a full service offer September 2020. The CCG will bid for 3 more teams at the next anticipated round of funding in Summer 2020.
What will success look like?	3 MHST teams fully operational, KPIs' from Reading and West Berks –access, CYP feedback and outcomes A further successful NHS E bid to set up 3 more teams in Berkshire West in 20/21. BW will be on track to meet the 35% access target for 20/21.

Other work that is linked to this priority

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

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

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

What does this mean?	West Berkshire Local Authority will finish the pilot CiC mental health project and report outcomes. The CCG will lead a process of review and actions to improve our current LA and Health arrangements to meet the emotional and mental health needs of CiC.
What will we do next?	Implement and monitor the pilot CiC emotional/ mental health project that is testing new ways to assess the needs of children as they enter care. This pilot will provide local and national learning and recommendations that will form the basis of an action plan for all 3 Local Authorities to implement into 20/21. Facilitate a joint CCG, Local Authority and Provider leader's workshop that will seek alternative delivery models and solutions to improve outcomes for CiC Emotional/ Mental Health outcomes. Agree a set of agreed actions, visit places with alternative offers to CiC that adds pace to improve or alter our arrangements and offers that will be put in place and monitored over the next year between partners.
What will success look like?	Ideally new joint commissioning arrangements will be identified and changes begun to establish clear local arrangements. More local choices of therapeutic support and interventions available Arrangement will include an integrated offer of physical and mental health alongside the social care role that leads on the care for CiC.

Other work that is linked to this priority

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

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

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

What does this mean?

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

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

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

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

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

What will we do next?

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

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

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

What will success look like?

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

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

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

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

What does this mean?

The current Berkshire Healthcare Foundation Trust (BHFT) service will be fully recruited and all Children and Young People who are urgent cases will start service intervention with 5 working days and routine cases will start within 20 working days.
In addition Berkshire West will review the need for additional resource required into the service to enable a home visiting / intensive support element to be included in the service offer.

What will we do next?

BHFT will continue to recruit staff into the service. CCG will regularly monitor the mobilisation phase of the service alongside the impact on performance/ access targets up to the end FY 19/20 – Considerations for a wider range of skills mix to meet the recruitment/workforce demands
The CCG will review the evidence and need for a hone visiting and intensive support offer in light of the need, impact on RBFT and pilot in Berkshire East.

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

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

What will success look like?

Fewer children and young people's needs escalate into crisis due to their Eating Disorder – access targets reached.
Those young people that need a hospital stay for their Eating Disorder will get this regionally or even locally through the New Models of Care and their length of stay is appropriate and as short as possible.

Other work linked to this priority

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

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

More children and young people with both an emerging emotional health needs and diagnosable mental health condition are able to access evidence based services.
We need to tackle growing waiting times, in particular within the ASD and ADHD pathways for assessments.

What does this mean?	We will meet our growth target for 19/20, with 34% of CYP accessing support. More organisations will be flowing data to ensure that this is evidenced. We will lay the foundations for meeting the 20/21 access target of 35% by agreeing a way forward for all organisations to flow data. LA and Health offers and approach will be defined as needs led vs diagnosis led. This will enable providers to work towards a graduated response to need within all settings, supporting families and their child's needs rather than relying too heavily on a medical style diagnosis.
What will we do next?	4 organisations will be regularly flowing data onto MHSDS An agreed course of action for the 3 youth counselling organisations to flow data onto MHSDS Following an internal Quality Improvement review of the autism assessment service, BHFT have made changes to the pathway for children and young people. Eeg. administrative processes have been reviewed and streamlined Joint ADHD and ASD assessments clinics. This work on the current pathway will continue. A Shared care protocol for ADHD medication prescribing with Primary Care will be established and used. Following a successful trial of online autism assessments for children a procurement exercise is underway so that this becomes business as usual. This will provide an opportunity to increase capacity to carry out autism assessments using the online provider which will help to reduce the backlog.
What will success look like?	CYP receive the right services at the right time Meeting the 34% access target and ground work set to meet the 35% target. Improving the waiting time in both ASD and ADHD pathways for assessment – our actions will impact waiting times, but it is noted without a radical course of action the waiting times will continue to increase but not as quickly as previously.

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

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

What does this mean?

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

What will we do next?

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

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

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

What will success look like?

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

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

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

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

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

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

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

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

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

• 4 hour breaches attributable to CAMHs • Increase in avoidable incidents in hospital setting	
Number of CYP needing support from the CAMHS Eating Disorders Service exceeding service capacity, with an increase in acuity of cases and higher numbers requiring inpatient care and/or Tier 4 admission	Implement the investment into Eating Disorder services. Review need for a home visiting/ intensive service offer
Financial- insufficient funds to cover all required investments	CCGs and partners working collaboratively across Berkshire/STP / ICS to identify opportunities for economies of scale. CCGs and partners proactively bidding for grants and resources – both regionally and locally We are working with partners at the Early Help stage to reduce the number of cases that require a specialist CAMHs response. The evidence base for the economics of low intensity versus high intensity evidence based interventions is well established. CCG with BHFT to review the LT plan transformation priorities and investment potentials to plan where to target any Mental Health Investment standard resource over the next 5 years.
Poor quality of referrals resulting in delays in the child accessing the right help at the right time	Training for referrers (from?) Regular communication updates to referrers. Proactive outreach by providers to referrers Updated referral guidelines and forms put on DXS. Triage systems set up in each LA to begin to improve the flow of work into Specialist CAMHs
Submissions to MHMDS do not capture non NHS delivered treatment resulting in our cover data being reported as lower than the reality	Complete the recovery plan Agree a course of action for youth counselling to flow data.
Impact of longer waiting times	All referrals are risk assessed and managed Help while waiting is offered via face to face, written, telephone and online resources. Partner organisations are commissioned to provide help to families, particularly those pre and post autism or ADHD assessment.

Chapter 8 - Governance and Quality Assurance.

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

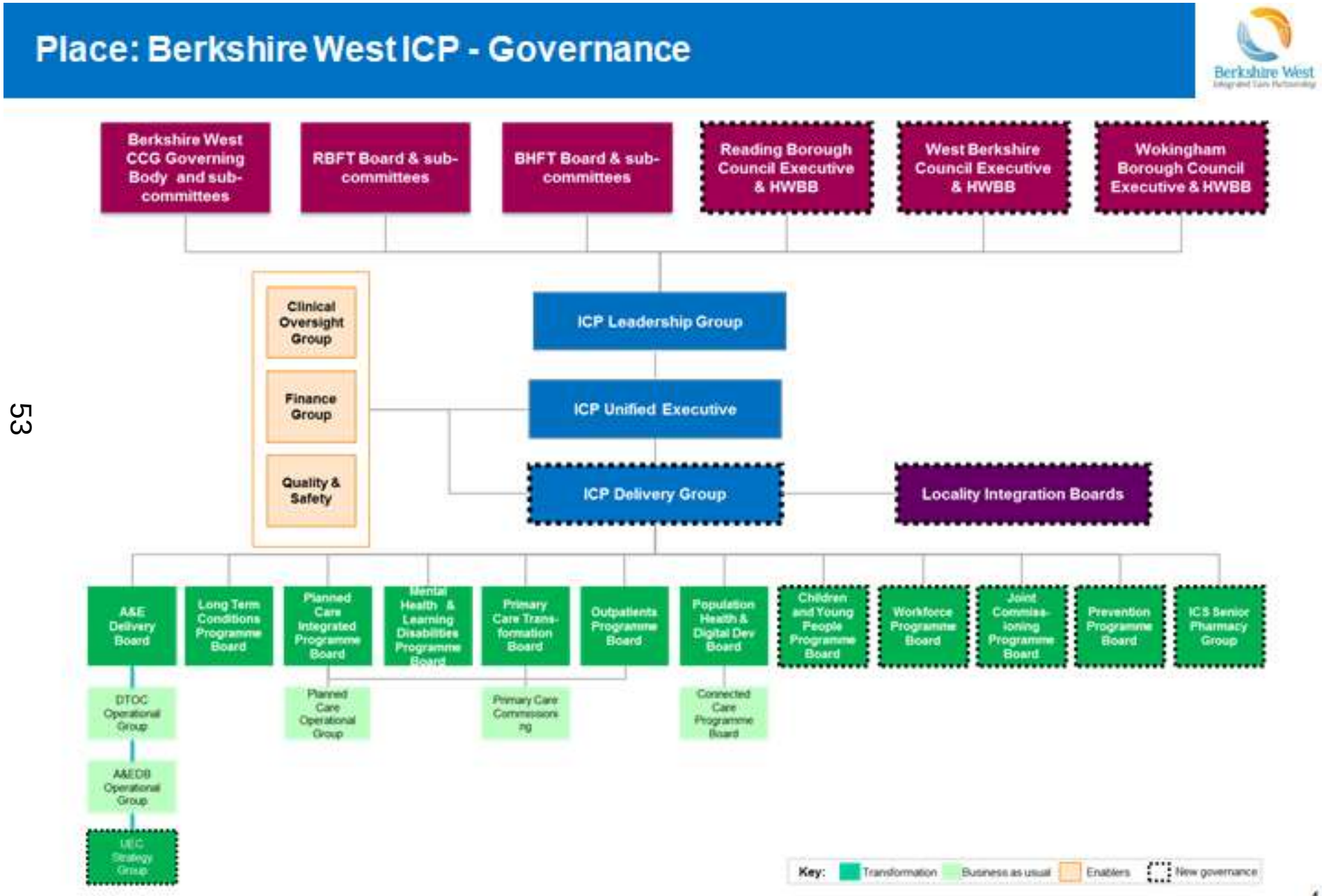
The local transformation plan is signed off by the three respective Health and Wellbeing Board's in our Berkshire West area. Progress is overseen by the Health and Wellbeing Boards at least annually.

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

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

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

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


Place: Berkshire West ICP - Governance
Berkshire West
Berkshire West CCG Governing Body and sub-committees
RBFT Board & sub-committees
BHFT Board & sub-committees
Reading Borough Council Executive & HWBB
West Berkshire Council Executive & HWBB
Wokingham Borough Council Executive & HWBB
Clinical Oversight Group
Finance Group
Quality & Safety
ICP Leadership Group
ICP Unified Executive
ICP Delivery Group
Locality Integration Boards
A&E Delivery Board
Long Term Conditions Programme Board
Planned Care Integrated Programme Board
Mental Health & Learning Disabilities Programme Board
Primary Care Trans-formation Board
Outpatients Programme Board
Population Health & Digital Dev Board
Children and Young People Programme Board
Workforce Programme Board
Joint Commiss-ioning Programme Board
Prevention Programme Board
ICS Senior Pharmacy Group
DTOC Operational Group
A&ECB Operational Group
UEC Strategy Group
Planned Care Operational Group
Primary Care Commissioning
Connected Care Programme Board
Key:
Transformation
Business as usual
Enablers
New governance

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

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

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

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

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

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

Where we are now	Impact and Outcomes
PPEPCare training modules are offered across the system The emphasis was originally on training schools, the voluntary sector and primary care. This is now shifting to social care, health and justice workers and wider partners. Mental health first aid training is also available	During 2018/19, 1466 individuals received PPEPCare training in West Berkshire across 76 sessions. Delivery by geographical area is indicated below: • 491 professionals trained from Reading Borough Council • 321 professionals trained from Wokingham • 213 professionals trained from West Berkshire • An additional 441 individuals were trained from a mixed geographical area In addition to this, two main Train the Trainer programmes were run in 2018/19, enabling a further 42 individuals to deliver general PPEPCare training, and additional Train the Trainer events were run in January 2019 training a further 13 individuals to deliver the two ASD modules. Participants indicated that they regularly saw children with mental health difficulties relating to the training they attended. However, only around 37% of those attending a training session indicated having received prior training in mental health in children and/or young people, and this was not always in the area being trained through PPEPCare. As can be seen from Table 2, the most frequent training (in terms of *numbers* of individuals trained) included supporting young people (and children) with anxiety, supporting children and young people with ASD and supporting young people who self-harm. Table 2 Delivery of training modules across 2018/19

Training module	Number of individuals trained (number of sessions in parentheses)				Total
	Q1	Q2	Q3	Q4	
Overview of mental health difficulties					
Supporting young people with depression and low mood	13 (1)	21 (1)	53 (2)	39 (4)	126 (8)
Supporting young people with anxiety	38 (1)	49 (3)	40 (2)	132 (4)	259 (10)
Supporting young people who self-harm	51 (2)	139 (4)	29 (1)	41 (4)	260 (11)
Supporting young people with eating disorders	48 (1)	20 (1)	43 (3)	24 (3)	135 (8)
Supporting children with anxiety	38 (1)		21 (2)	26 (2)	85 (5)

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

Impact of training (self-ratings)

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

Extent to which the session addressed current concerns or worries

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

Evaluation of training

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

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

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

Selection of qualitative comments:

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

	• *Seeing things so clearly from a young person's point of view was fantastic.* • *Useful in and out of school – both professionally and as a parent* • *A great combination of up to date research and clinical experience* • *Excellent delivery – trainer was a committed professional – well done* • *Really great training session* • *I didn't have a huge amount of confidence really – now I feel like I could initiate a conversation* • *It's made me think more about how I can put the child at the centre of everything that we do* • I've definitely got a better understanding and knowledge now
Where we are now	**Impact and Outcomes**
Supporting children, young people and families with neurodevelopmental needs- Autism Berkshire and Parenting Special Children These voluntary sector partners work together with specialist CAMHs and community partners to provide a range of help for families while they are waiting for assessment and/or with a diagnosis of autism and/or ADHD as part of the care pathway. Services include home visits, telephone helpline, family support groups, workshops for families and	**Parenting Special Children have delivered a number of workshops:** • 49 x 2 hour Pre and Post Assessment Workshops • 27 x ADHD pre and post assessment workshops, including: • Introduction to ADHD; ADHD & Anxiety and ADHD & Behaviour • 21 x Autism pre and post assessment workshops, including: • Introduction to Autism, Anxiety & Autism, Behaviour & Autism • 1 x Autism and ADHD Workshop 628 (includes repeat users) parent/carers attended workshops, 180 parent/carers attending two or three workshops. On average 75% of parent/carers access more than one service with the charity, which could include sleep interventions, conferences, family events. At least 25% of attendees are dads **Impact:** All parent/carers completed pre and post evaluation forms for all workshops measure the following: • Knowledge of Autism, ADHD • The links between diagnosis and behaviour • Strategies to help with behaviours Parent/carers indicated an average 4 point increase (one a scale of 1-10) when comparing their knowledge on the link between diagnosis and anxiety before and after the workshops. Feedback also showed that parent/carers gained more strategies to help with their child's anxiety. This was particularly relevant to parent/carers of children and young people pre and post ADHD diagnosis where anxiety wasn't always recognised. Parent/carers indicated an average 3 point increase (on a scale of 1-10) when comparing their understanding

young people, a sleep service, training and on-line support 59	of autism, how it affects their child's behaviour and strategies to help with behaviour. 99% of attendees would recommend Parenting Special Children to friends and family. **Feedback** • *"I have written 18 different and inspiring ideas from today's session. I feel fully motivated and* • *ready to improve many things, very empowering."(dad, Behaviour & Autism workshop)* • *"Very helpful in teaching me a new approach. The use of examples was so re-enforcing" (Dad, Behaviour & Autism workshop)* • *"I can be part of the anxiety and can help reduce it in my children by better managing my own" (Dad, Anxiety & Autism workshop)* • *"Fantastic information, feel much more confident" (mum, Introduction to Autism)* • *"Our family situation is so different now. I look at where we were before and I can't believe it is the same child. It is so positive, a complete turnaround"* • *"We understand our son better and we feel this has helped bring us all closer together and relate more to one another, making us a happier family"* • *"The workshops were massively helpful and helped me to cope. It set us on the right path to help our son"* • *"I have just finished 3 ADHD workshops and it has given me so much information and other sources of information. They were really informative and I now know that I have to parent totally differently and give him time to process things." (mum, ADHD workshops)*
	Autism Berkshire Autism Berkshire successfully delivered a number of group and individual sessions to parents and carers. We supported families that are waiting for or when they have a diagnosis by the services outlined below. We offer our highly valued **Home Visiting service** to families. We delivered 24 home visits, one less than target of 25. This outreach service targets hard to reach families, particularly those identified as of concern by BHFT. **Weekly drop in service** in Reading on a Tuesday from 10.30am to 1.30pm during term time. This enabled parents and carers to get face to face advice from one of our home visit workers, and to meet other families going through the same experience each week during term time. Our offices are based near Reading train station and Broad Street, so is easily accessible by train, bus, or car. We delivered 39 sessions with 123 attendances from 91 individuals. **NAS Seminars** are divided into 3 parts which can be delivered over a school day from 9.30 to 2.30, (5 hours). The seminars are delivered by the Home visit workers, so that there is continuity for families who have had a home visit or visited the Drop in sessions. • Understanding Autism, covers what Autism and Asperger's is, Strengths and Difficulties, Signposting to support.

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

We aimed to deliver 2 sets of the three seminars in Thatcham, Reading and Wokingham; 18 workshops in total. We aim to have 8 parents or carers per workshop.
Total attendance over 12 months 148 parents or carers, an average of 8.22 attendees per course.
Workshops are 5 hours long so this resulted in 740 hours of support for parents and carers.

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

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

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

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

Comments from the workshops included:

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

	• Very friendly + helpful, knowledgeable staff • Lots of information which was so valuable • Very useful information (sources) focused, lots of practical suggestions + solutions provided based on own life experiences! • This course has been really informative and enjoyable

Thriving - Getting help. Goals focussed, evidence informed and outcomes focussed intervention. Improved step up/ step down arrangements.

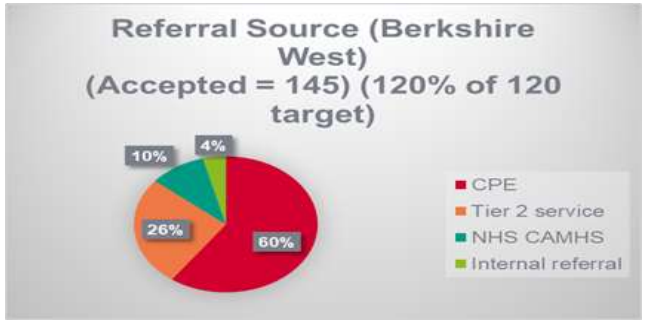
Where we are now	Impact and Outcomes
Youth Counselling : 3 Youth counselling organisations operating in the three Local Authority areas. 2 of the 3 are cofounded with our LA partners. They continue to provide a self-referral as well as professional referral service. Each report against the same outcomes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

63

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

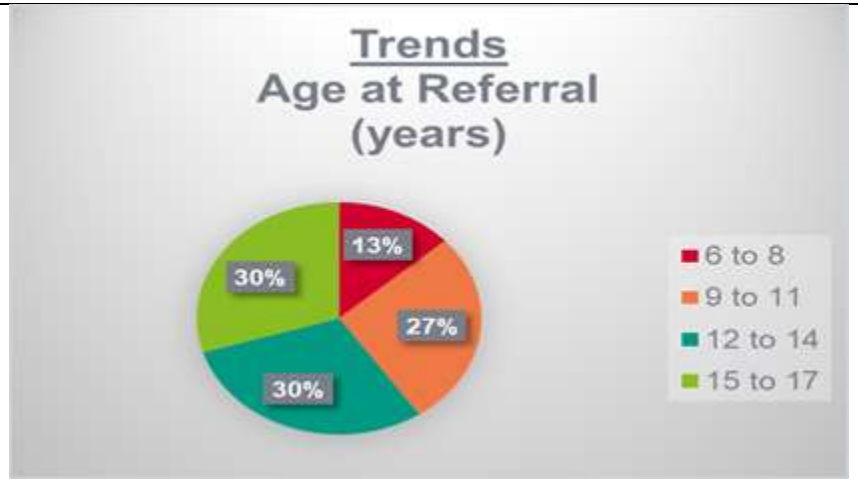
Service User Feedback:

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

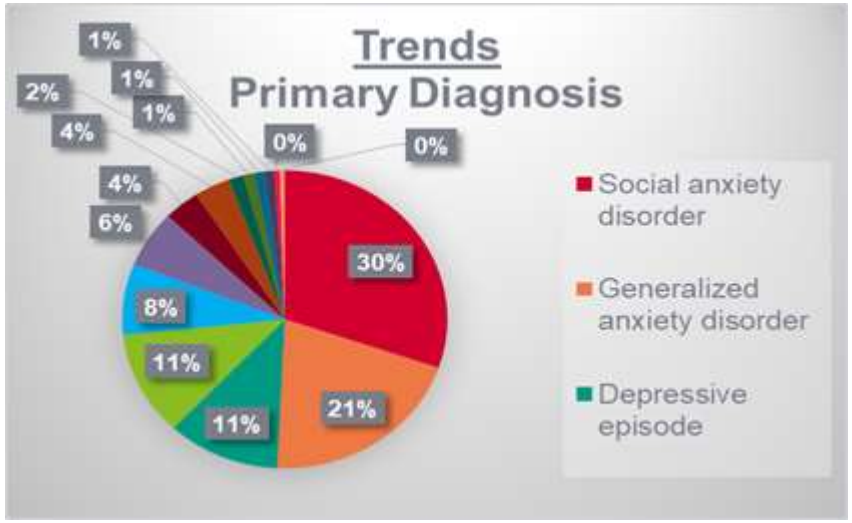
Where we are now	Impact and Outcomes
AnDY Clinic - The Anxiety and Depression in Young People (AnDY) Research Clinic at the University of Reading delivers brief, evidence-based psychological interventions, in line with NICE guidance and the THRIVE model. The clinic is led by experienced Clinical Psychologists whose posts are funded by the University (1.4 FTE). Most	The AnDY Clinic accepted a total of 231 referrals in 2018/19 (145 from West Berks). The outcomes of the referrals is illustrated below:  The majority of referrals came from Common Point of Entry (CPE) followed by the tier 2 service.

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

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

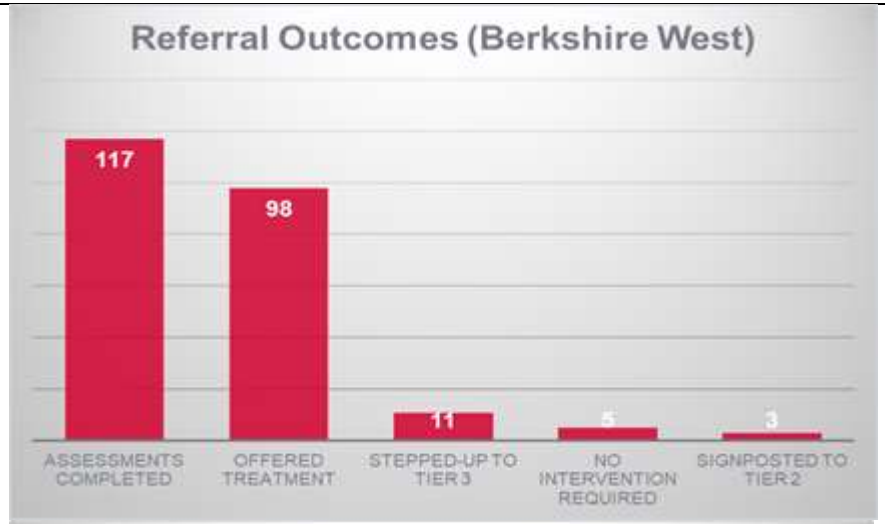


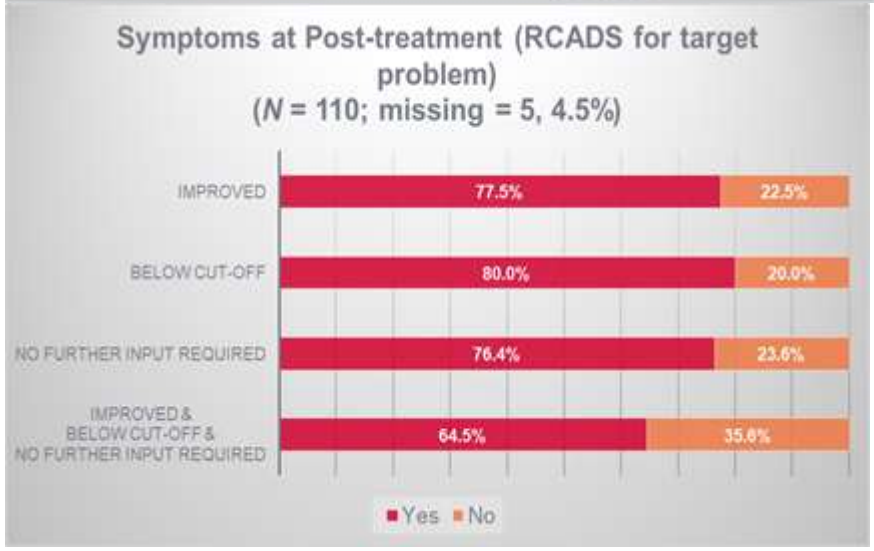
The referral age groups were split 60% secondary school age and 40% primary school age.



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

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



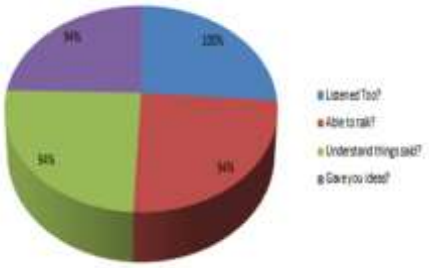


The majority of cases (84%) who completed an assessment were suitable for and received treatment at the AnDY clinic, with just a small number being stepped up or stepped down.
The majority of patients showed a marked improvement in symptoms related to their primary problem from pre- to post-treatment,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

99	majority of patients also showed marked improvement in functioning (measured using the Outcome Rating Scale) and significant progress towards goals (measured using the Goal Based Outcomes tool).
	
	Highlights and Achievements
	• Over 2018-19 (our first year of funding from West and East Berks CCGs), we conducted 117 initial assessments of C/YP and their parents (98% of target n=120) and offered/started treatment with 96 C/YP (88% of target n=108). Three quarters of C/YP were 'improved' at the end of treatment, only 15% required stepping up for further treatment and over 90% of C/YP and parents had high levels of satisfaction with the service. This was despite having around 75% of the clinician resource set out in the bid document (see later section on resource).
	• We successfully set up systems to report clinic data to NHS Digital via the MHSDS Cloud and will submit April (refresh) and May (primary) data on or before the June 20th Deadline. From this point forward, we will submit data on a monthly basis in accordance with guidance from NHS Digital received via the CCG.
	• We trained 6 CWPs in the clinic (and successfully recruited them all to work in the clinic following training) and are currently hosting 3 CWP trainees.
	• We continued to work with young people with lived experience of anxiety/depression and parents/carers of young people with anxiety/depression through our Friends of AnDY Group (previously AnDY RAG) in order to advise on research and service development.
	• We recruited 100% of C/YP into clinically relevant research (although research participation is optional) to allow us to improve the understanding and treatment of C/YP with anxiety disorders, with the aim of increasing access to evidence based treatments and improving outcomes.
	• Service Satisfaction Ratings (collected using the Experience of Service Questionnaire developed by the Health Care Commission):
	  ○ C/YP - 89% gave satisfaction ratings of 75% or above. (Mean = 90%)
	  ○ Parents - 97% gave satisfaction ratings of 75% or above. (Mean = 96%)

Where we are now	Impact and Outcomes
School Link Project Wokingham aims To train school staff in the PPEP care model. • To identify, train and support a key person per school to take a lead on emotional and mental health issues in school. • To hold regular joint consultation sessions on concerning children in identified schools. • To identify a clear model of school based stepped care interventions that School should be offering from their resources or in partnership with others. In addition Wokingham LA commission a Primary Mental Health service from Berkshire Healthcare Foundation Trust to provide a range of consultation, training, assessment and	**PPEP Care Training:** Approx. 20 schools applied to be part of the project following completion of an application form. 12 schools were successful. Training took place during school hours and within school "twilight sessions" A whole school approach was used and whole staff groups were trained in the following areas • Psychological Perspective in Education and Primary Care (PPEP Care) materials were used were possible and additional bespoke training packages were put together for school who wanted more specialist support. Areas of training have included: • Anxiety in Childhood • Anxiety in Adolescence • Overview of Common Mental Health Difficulties • Self Harm • Depression • Eating Disorders • ASD/ADHD • Resilience • Conflict and Behavioural Challenges  **Schools Link Wokingham Consultations** ▪ 84 young people were spoken about over the last 2years. (all CYP talked about anonymously)

interventions for referred CYP.	▪ Approx. 130 staff have attended consultation sessions. ▪ Approx. 80 hours of consultation have been delivered through the project To measure complexity and change the following questionnaires were used: o Teachers (self rated) Strengths and Difficulties Questionnaires (SDQ) o Session Rating Scale (SRS) o Staff confidence questionnaires were use. • SDQs were done at two time points; at the first consultation about the young person and then again at review following a period of time. • SRS and Staff confidence questionnaires were used with every staff member attending and for each young person discussed. The higher the score the more distress is reported.   Session Feedback Scales (CORC) used to gather consultation feedback from staff.



Wokingham Primary CAMHS

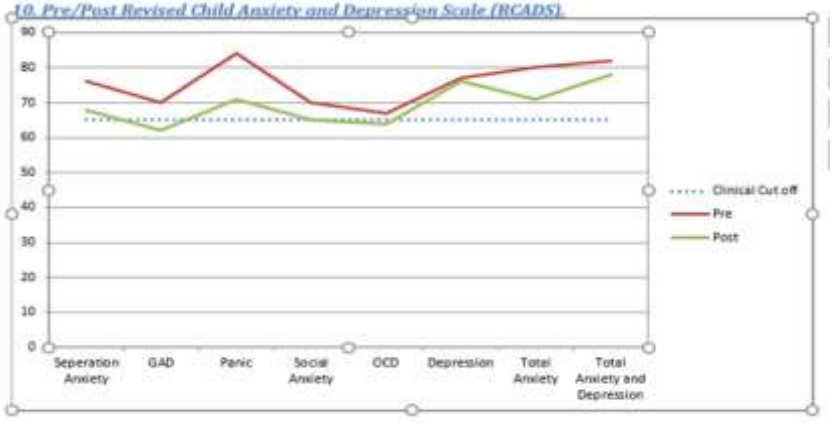
The Wokingham PCAMHs team received a total of 184 referrals for the financial year. All external waits remained under 0-6 weeks. Largest number of referrals were for: Anxiety inc. OCD, followed by issues relating to ASD/ADHD and Low Mood.

18/19 - 36% reduction in planned exit post treatment

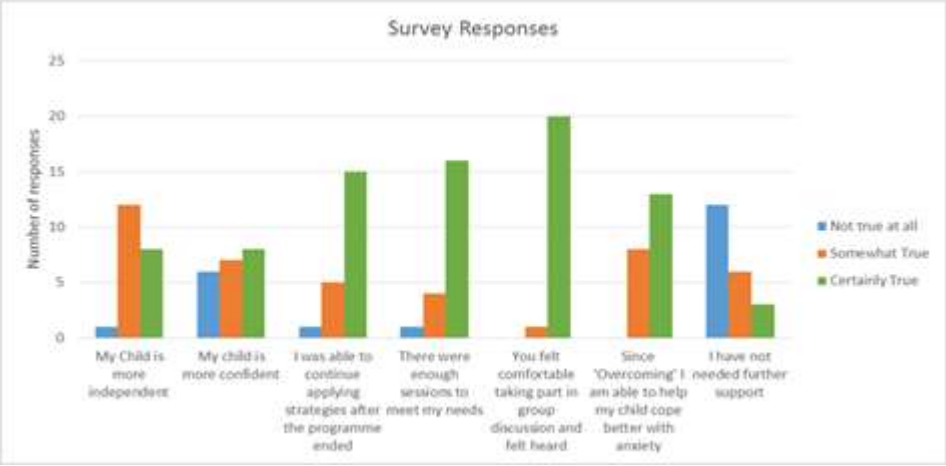
18/19 – 425% increase in discharge NFA from assessment inc. triage

18/19 – 70% decrease in unplanned exits from the service

Outcome Measures:



The RCADS this quarter are reflective of the complexity of presentation and referrals onto Tier 3

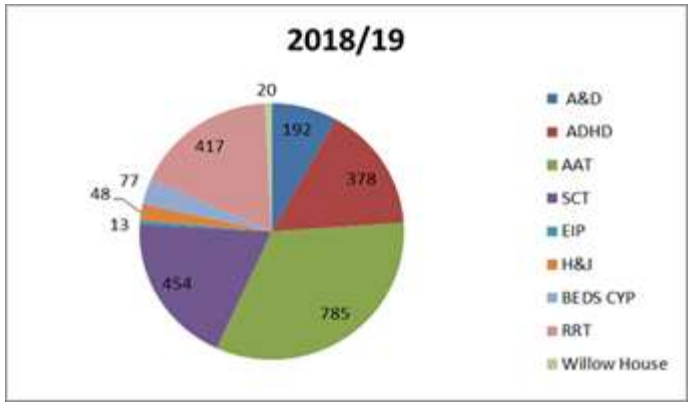
Where we are now	Impact and Outcomes
Emotional Health Academy (West Berkshire) The EHA was designed in restorative partnership with local children, police, health, schools, voluntary sector and social care partners. It reaches out into the community to local school, GP and community providers – where our children tell us they feel safe. Individual intervention is delivered according to NICE guidelines. The primary difficulties we provide support for include: ▪ Anxiety ▪ Mood ▪ Self-harm ▪ Attachment ▪ Emotional dysregulation/behaviour ▪ Friendship Problems ▪ Eating/Image Problems: ASD ▪ ADHD: ▪ Low level emotional health problems	The EHA has closed a total of 391 direct interventions this financial year (18/19), and reached a further 1,114 children and young people through large group or classroom based emotional health activities. <u>Six Month Follow-Up Evaluation of the Overcoming My Child's Fears and Worries programme</u> The EHA has conducted a 6 month follow-up of 21 families who completed this parenting programme for primary school age children with anxiety difficulties. This involved contacting randomly selected parents from the cohort of 39 who completed the programme greater than six months prior to December 2018. Parents completed an over the phone survey during which they were asked to comment on the progress of their child in the following domains: ▪ Coping with anxiety ▪ Independence ▪ Confidence ▪ Ongoing use of strategies Parents were also asked about the length of the programme, the facilitation and whether further support has been required. The findings of the survey are presented in the figure below: 

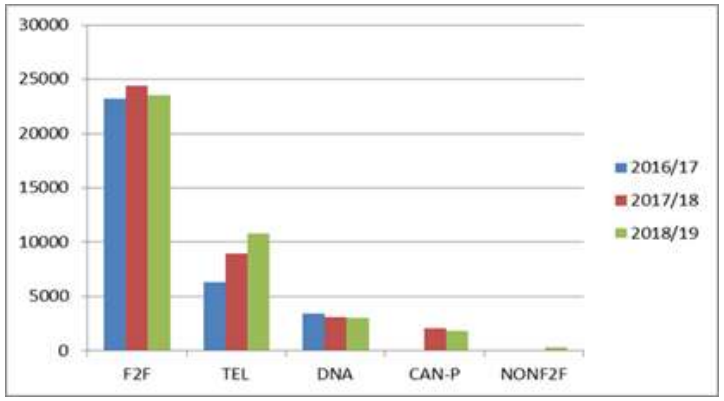
The EHA delivers a suite of evidenced based group programs: i. Overcoming your Child's Fears and Worries Programme ii. Choices, Chances Changes iii. Cool Kids ASD The EHA is also piloting Emotional Wellbeing Groups for vulnerable young people including those with emerging mood problems and parent attachment programmes. The EHA continue to deliver classroom wellbeing lessons, and mental health training for secondary school peer support workers as negotiated via a traded services model with individual schools. Looked After Children – Providing advice and support to SW, as well delivering	The responses indicated parents were comfortable working in the group setting and had seen improvements in mental health well-being overall. In regards to confidence, while the majority of parents did highlight they felt comfortable continuing applying strategies after the group ended, the request for further support and follow up sessions suggests that some individuals may not have been confident in continuing to support their child independently. In many cases children often had wider needs (e.g. SEN/Learning) of which the programme is not able to suggest. Programme facilitators support parents with further signposting or referral in such circumstances. Themes were also extracted from the survey relating to changes in the parents' response to their child's anxiety: <u>Parent's impact on child's anxiety</u> The responses indicated parents were comfortable working in the group setting and had seen improvements in mental health well-being overall. In regards to confidence, while the majority of parents did highlight they felt comfortable continuing applying strategies after the group ended, the request for further support and follow up sessions suggests that some individuals may not have been confident in continuing to support their child independently. In many cases children often had wider needs (e.g. SEN/Learning) of which the programme is not able to suggest. Programme facilitators support parents with further signposting or referral in such circumstances. Some parents became more aware of their own behaviour and how this impacted their child's anxiety, 'believing the anxiety and not saying *'you'll be okay'* or '*don't worry about it''* and described the need to use empathy *'I acknowledge that he's having a bad time and what he's going through. I'm more empathetic and try to draw out what he is feeling when he finds it difficult.'* Some parents described supporting their child through asking questions and working out options around the anxiety, *'We break it down, I ask why he feels the way he does. We work out options around the anxiety and ask questions like 'has it happened before?'* and *'what do you think might happen?'* Many parents responded that when approaching the situation, they are calmer, *'I approach more calmly, rationalising…revisit when he talk about it.'* <u>Encouraging independence</u> Other approaches taken by some parents/caregivers involved allowing their child take control over the anxiety and supporting them in independently coping with anxiety; *'He's capable of solving problems himself, he thinks it through and we pick the most suitable option.', '[Overcoming] gave her the tools to give to her child to guide them., 'We talk through and work out what aspect of anxiety is the problem and he comes up with the solution himself. So I just remind him of his own solutions.'* The main message collected from these responses seemed to be *'let [them] take control of the situation.'*

interventions for local CiC within the EHA remit.	<u>Utilising resources/techniques from course</u> Finally, parents/caregivers stated that using the resources and information they received from the course as valuable. Some described the methods they now incorporate when dealing with anxieties *'…rewards, small ones and a big one at the end, the snowball strategy, and the book is a helpful reference to have.', 'use the ladder to manage anxiety; break it down into manageable steps', 'using visual aids and breaking it down.'* The evaluation also highlighted areas for improvement, with parents suggesting that smaller group sizes would facilitate a great focus on individual plans or needs, and that some form of follow-up sessions to support ongoing progress would be of benefit. The findings also highlighted the limitations in group programmes to fully address all individual need and that attention should be given to ensuring parents completing the programme are offered time to consider next steps and to be given advice on signposting and referral for support with other non-anxiety related needs. <u>Stronger You Pilot</u> The EHA has completed its pilot of the Stronger You programme. Stronger You is an evidence informed resilience programme for young people developed by the EHA Primary Prevention Worker. This project was funded through a time-limited Public Health grant. The outcomes of the pilot suggest this is a universal programme with some potential. Both young people and school staff reported the programme to have a positive impact. There were a total of 51 participants in the pilot over 5 secondary schools. After the group, each student completed a review form expressing their views of the program: • 80% of the young people gave the Stronger You group a 6/10 or more for having a significant and positive impact (45% rated 8/10 or more) • 84% of the young people gave the Stronger You group a 6/10 or more for understanding their concerns (58% rated 8/10 or more) • 80% gave a 6/10 or more for whether they would seek help from the Emotional Health Academy in the future (58% rated 8/10 or more) Using the feedback given by the young people and also the reflections and notes gathered by the facilitator throughout the group, the session plans have been reviewed and amended accordingly ready to be rolled out to more young people in the West Berkshire area and further afield.

72

73

Thriving - Getting more help - providing extensive treatment	
Where we are now	**Impact and Outcomes**
Berkshire Healthcare Foundation Trust (BHFT) Specialist Child and Adolescent Mental Health Services (CAMHs) – overview BHFT services are part of the relevant national training schemes such as the national quality improvement programme for eating disorders, CYP IAPT and outcome research consortia such as CORC.	**Waiting Times** Waiting times for Berkshire Healthcare CAMHS (excluding the Autism assessment team) are broadly in line with national averages and, also in line with the national picture, are unfortunately increasing. 2343 young people from Berkshire West 'accessed' treatment from Berkshire Healthcare CAMHS in 2018/19. The graph blow gives a breakdown of the referrals accepted.  Just fewer than 50% of referrals require input from the neurodevelopmental teams. Referrals to the Berkshire CAMHS AAT were 37.5% higher than the national mean in 2017/18 at 532 per 100,000 population compared to a mean of 387. However according to the national benchmarking survey, only a minority of CAMH services provide specialist ASC services with provision sitting in Community Paediatric or Learning Disability Services in other counties. Many of these young people then go on to require input from other teams, with approximately 50% of the locality Specialist Community team caseload having a co-morbid neurodevelopmental diagnosis and/or learning difficulty.

75	**Activity for All CAMHS Teams** Face to face to face activity has remained fairly stable over the past 3 years but there has been a reduction in the number of DNA appointments and appointments cancelled at short notice, which reduces waste and improves service efficiency. Issues related to data quality and recording of activity have been identified and action put in place to address these over the past year. Monitoring has shown that although progress has been made, for example with increased recording of telephone activity and some recording of non-face to face clinical activity, this is limited and there is further work to do. 
Common Point of Entry for BHFT CAMHs that receives all referrals for CYP**.**	**CPE Referrals** Referrals to the service for Berkshire West have increased year on year over the last 5 years, with the service seeing an increase of 8% last year and 43% since 2014/15. Graph 1 shows the trend in terms of all external referrals to CAMHS through the CYPF Health Hub for the Berkshire West CCG year to date with data reported from 2014/15 onwards for comparison purposes.

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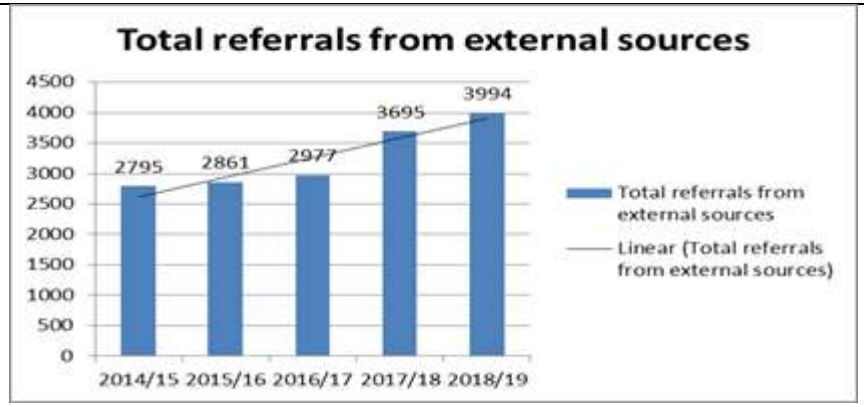


Figure 2 shows the national trend in referrals to NHS CAMH services, with the numbers given relating to referrals per 100,000 of the population. Referrals to Berkshire Healthcare CAMHS in 2017/18 were 5% above the mean at 3288 per 100,000 registered population (Berkshire-wide data)

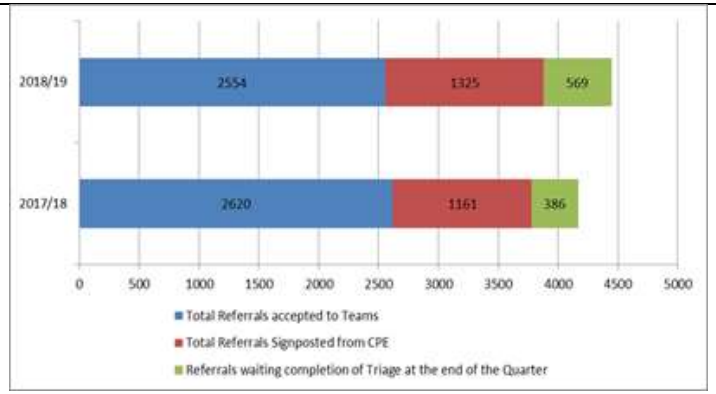
Figure 2

	2012/13	2013/14	2014/15	2015/16	2016/17	2017/18	National trend
Mean	1857	2748	3051	2666	2730	3126	

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

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

Graph 3 Total Referrals to CPE - Destination

77	 Graph 3 gives the breakdown of destination for referrals accepted to the service. Benchmarking data shows that on average 76% of referrals to CAMHS are accepted and 69% of those go on to receive treatment (excluding referrals for Autism Assessment). Numbers for Berkshire CAMHS are lower, with 66% accepted and 62% going on to receive treatment. The most likely explanation for this difference is the variation in commissioning and delivery of CAMH services with a high proportion of other areas delivering early intervention (Tier 2) services. However some young people may be appropriately referred to CAMHS and receive an intervention in CPE. We will be developing the EPR system in the coming months to enable us to more accurately record where referrals receive and intervention in CPE versus those who are not appropriate for the service and are sign-posted following triage.
Anxiety & Depression Pathway The Berkshire CAMHS Anxiety & Depression (A&D) Pathway provides specialist assessment and treatment of children and young people under 18 years of age who have a diagnosable moderate to severe anxiety	**Anxiety & Depression Pathway** Most of our young people have complex presentations; neurodevelopmental difficulties, comorbidities, family relationships difficulties, parental mental illness, learning and educational needs and risk of self-harm. On assessment, the two most common diagnoses given to young people are moderate depressive episode and obsessive compulsive disorder with social phobia and generalised anxiety the second most common diagnosis. The majority of young people (75% of those assessed last year) have more than one diagnosis and just over 30% have a diagnosis of autism spectrum condition or are waiting an assessment. We are forward thinking services, which look to innovate to constantly improve the quality of provision we provide for our patients. Our developments over the years have included: a high quality comprehensive assessment model, adolescent anxiety groups, parent led CBT group, pre assessment workshops, intensive home based treatment for OCD, parent led

disorder, depression, obsessive compulsive disorder (OCD) or single event post-traumatic stress disorder (PTSD). We deliver interventions for young people who due to the complexity of their difficulties require specialist and substantial support.	intervention for OCD, parent workshops, cognitive therapy for social anxiety, brief intervention for insomnia (CBTi) and parent led CBT for anxiety and ASC. Our future developments include training and skills development for the wider CAMHS workforce, treatment for body dysmorphic disorder and pre menstrual disorder. Referral, assessment and treatment Data for 2018/2019 Last year (2018/19) the anxiety & depression team accepted 385 referrals. All these Young People and their parents were offered our introductory workshop which explains in detail the treatments we offer, provides high quality information on the mental disorders we treat and what they can do to help their young person/themselves and explains how they can access other resources that they may find helpful. Following the workshops, young people and families can opt into an assessment appointment. Specialist assessment and formulation are a key component of treatment. All of our assessments are carried out over 2-3 appointments and include psychoeducation, advice and care coordination. Last year we carried out 260 assessments, an increase of nearly 50% from the year before. 127 young people started treatment and 90 young people successfully completed treatment packages. The standard package of care, for most young people is individual CBT. Enhanced care packages for those who do not improve quickly or for whom their clinical presentation indicates they would benefit include intensive home based CBT, adjunction psychopharmacology and/or systemic therapy and attachment based family therapy for depression. Experience of the service The A&D pathway have been heavily involved in the CYP IAPT programme, and led the way in CAMHS in developing a culture of session by session outcome measurement. We have high rates of routine outcome measurement for our patients e.g. 91.4% for the Experience of Service Questionnaire (ESQ), 94.3% paired goal based outcomes and 77.1% paired symptom trackers (RCADs). Our ESQ feedback is consistently excellent. Between April and June 2018, 98% of parents and 95.1% of young people reported the statement: • *'I feel the people who saw me listened to me/my child' was 'certainly true'.* • *98% of parents and 78% of children reported 'It was easy to talk to the people who saw me/my child' was 'certainly true'.* • *100% of parents and 97.6% of young people reported that 'I was treated well by the people who saw me/my child' was 'certainly true.'* • *100% parents and 98.6% young people reported that the statement 'My views and worries were taken seriously' was 'certainly true'.*

<table>
<tr><td>79</td><td>The main negative comments received concerned the waiting times for appointments, with also some mention of the location and timing of appointments being inconvenient.

New developments made between April 2018 and March 2019
We piloted a new system for young people who were referred to psychiatry at assessment, where the psychiatrist joined the assessing clinician for the follow up assessment appointment where possible. This reduced waiting time to see a psychiatrist for a first appointment, allowed for more joined up care planning, and enabled clinicians to seek consultation from the psychiatrist about formulation and care planning.
We improved our support to parents so that they can support their children in treatment and piloted three new sets of workshops (4 sessions each): 1. For parents of children and adolescents with OCD; 2. For parents of young people with depression; and 3. For parents of children with anxiety and autism &/or ADHD.
We developed and extended the clinic offering Attachment Based Therapy for Depression and offered this to young people who were deemed at risk of hurting themselves as well as suffering from depression.</td></tr>
<tr><td>Autism Assessment Team and ADHD Pathway

Berkshire Healthcare CYPF Neurodevelopmental Teams include the Autism Assessment team and the ADHD Pathway.

The Autism assessment team assess children and young people of all ages up to the age of 18. The Assessment team are commissioned as an assessment only service</td><td>Autism
Current figures show an overall increase of 7.9% in referrals accepted by the Autism Assessment Team in 2017-2018 compared to 2018-2019.

<table>
<tr><td>Referral Year</td><td>Q1</td><td>Q2</td><td>Q3</td><td>Q4</td><td>Total</td></tr>
<tr><td>2017-2018</td><td>217</td><td>208</td><td>202</td><td>227</td><td>854</td></tr>
<tr><td>2018-2019</td><td>269</td><td>196</td><td>262</td><td>200</td><td>927</td></tr>
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ADHD
Current figures show a minor decrease of 0.9% the number of referrals for the ADHD Team.

<table>
<tr><td>Referral Year</td><td>Q1</td><td>Q2</td><td>Q3</td><td>Q4</td><td>Total</td></tr>
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and work closely with local providers and charity organisations to provide informed signposting and advice both pre and post assessment. Due to the increase in demand and waiting times the team has also worked on a number of projects to support children, young people, parents, carers and their families whilst they are waiting for an assessment. The ADHD team sees and assesses children and young people from 6 up to their 18th birthday. Children and Young people who are given a diagnosis of ADHD and who require medication to access education are prescribed both stimulant or non-stimulant medication to help manage their symptoms. Medication is prescribed and reviewed as part of a shared	2017-2018 92 87 115 122 416 2018-2019 118 100 107 87 412 Average waiting times for the Autism Assessment Team from acceptance into the team to first face to face appointment is: **79 weeks** (end of financial year figure) Average waiting times for the ADHD Team from acceptance into the team to first face to face appointment is: **51 weeks**(end of financial year figure) **Total number of CYP in contact with the ADHD and/or Autism Team (June 2018-July 2019)** A total number of 833 children and young people or parent/carers have had contact with Autism Assessment Team clinicians either in a face to face appointment or through telephone contact and support via the helpline in the past 12 months. (This number does not include numbers supported via SHaRON-Jupiter our online support and resource service.) A total number of 885 children and young people or parent/carers have had contact with ADHD Team clinicians either in a face to face appointment or through telephone contact and support via the helpline in the past 12 months. **Autism Diagnostic Rates** 73.11% of the Children and Young people in Berkshire West whose assessments were concluded in the past 12 months received a diagnosis of Autism **Children and Young People waiting for both an Autism and an ADHD Assessment** There are currently 74 children waiting for both an Autism and an ADHD assessment in Berkshire West (July 2019) **Digital Solutions** The Autism Team have recently piloted the provision of Autism Assessments via live video-link through a digital provider. This Pilot included 30 assessments for Children and Young people from Berkshire West. Assessments, which are completed by an external provider, are informed by NICE Guidelines and are completed in collaboration with the Autism

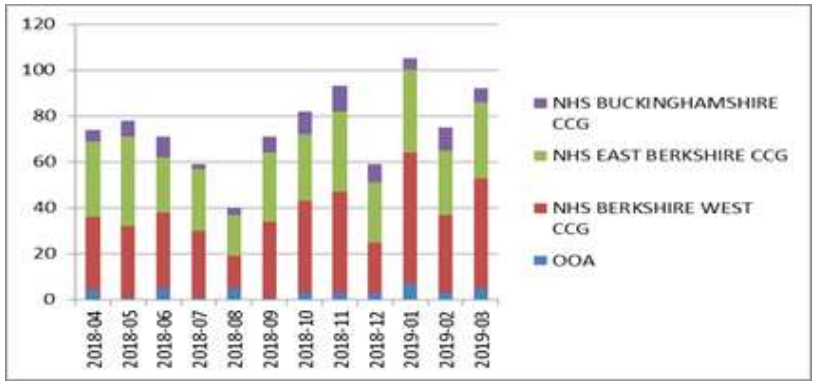
care arrangement with local GP's. **<u>SHaRON – Jupiter</u>** The autism assessment team provide support to parents and carers whose child is on the waiting list or who has received a diagnosis of autism via SHaRON – Jupiter our on-line information and support service.	Assessment Team who maintain clinical responsibility throughout the process. The pilot was successful and we are actively working to incorporate the provision of further assessments of this type as part of our on-going offer. Additional Services and Provision for Children, Young People and their families provided by the Neurodevelopmental teams. Whilst the Autism Assessment Team is an assessment only pathway and the ADHD Team are assessment and medication review we acknowledge that waiting for/or receiving an assessment of Autism and/or ADHD can be a very emotional time for families. In order to provide additional information, training and support we have worked with a number of different charities and collaborated with other CAMHS pathways to provide the following: **SHaRON – Jupiter** In the last 12 months (June 2018-July 2019) 215 Parents and Carers have opted into ShaRON-Jupiter with a total of 680 opting in since the service was first provided. Support on Sharon is provided by members of the Autism Assessment Clinical Team and in collaboration with Autism Advisors and Charity Organisations such as Autism Berkshire and Parenting Special Children. We recently presented SHaRON-Jupiter at the Autistica Research conference and asked for some feedback from some of its users for the presentation. They gave the following feedback: '*SHaRON is a fantastic resource that allows users to connect with staff from CAMHs whilst waiting for their appointment. It's an opportunity to learn about options for support and to check in with others to discuss approaches to situations that occur. For us it has been an invaluable tool. One situation that I posted about led to telephone contact with a SLT which was a game changer in progressing the conversation with my daughter's school*' '*SHaRON was invaluable for me when we were waiting for our diagnosis. Being able to access people who could actually answer our questions made so much difference to our lives and stress levels. Every NHS Trust needs a SHaRON!*' **Autism and ADHD Team Helplines**

	Both the Autism Team and the ADHD Team provide a helpline for parents and carers whose children are on the waiting list in order to provide support and advice, respond to any queries, to provide signposting and to assess for risk and change in circumstances. The helpline is not an emergency service and is provided 3 afternoons a week for the Autism Assessment Team and two afternoons for ADHD. If there are concerns about immediate risk and harm, due to an escalation in mental health concerns, calls are passed to the Specialist CAMHS duty worker.
Eating Disorders pathway	Referrals to BEDS CYP reduced in 2018/19 but remain higher than the commissioned capacity of the service. The team received 134 referrals in 2018/19, 58% of which were for Berkshire West young people. 78% of referrals had been accepted by year end (national capacity modelling was based on an expectation of 50% acceptance rates) with 9% still waiting assessment. There were 22 young people at the end of the year that had been assessed and accepted for treatment and were being supported by the team but have not yet started evidence-based treatment due to team capacity. Acuity and risk in this patient group remains high and the team have continued to work closely with acute unit colleagues and Willow House to prevent, where possible, and support young people needing admission.

82

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

	Training is delivered for staff, not only as a group and in structured ways but through demonstration and case discussion. The Speech and Language Therapist delivered some training to the Reading YOT on identifying communication problems in YP. The feedback she received indicated that everyone felt they had learnt and benefited from the training and would be more confident in the future in identifying that there could be an underlying communication problem and knowing what they could do to help YP understand them. The Speech and Language Therapist has also delivered training to staff in Wokingham YOT on how to interpret the speech and language parts of the Asset Plus to aid colleagues. She received feedback that this had been helpful. The Psychologist delivered training to Reading YOT Panel Members on attachment trauma and the link to offending behaviour. These panel members are trained volunteers who manage the YPs Referral Orders. The feedback was very positive.
Early Intervention Psychosis service	Established in 2016 as a 14 plus service, there is joint working with the local CAMHs service to ensure that CYP with psychosis receive the NICE approved evidence package of care. Service was recently awarded level 3 status that confirms it provides the suite of interventions to the appropriate quality standards. The service continues to meet its timeliness target that includes response to under 18's.
Response Team The CAMHS Rapid response team was developed in 2017/18 following successful The aims of the CAMHS RRT are: • To deliver initial assessment of a young person presenting to A+E in crisis – within 4 hours of referral (provided the young person is fit for assessment) • To deliver comprehensive mental	**CAMHS Rapid Response Team** The team received a total of 899 referrals last year of which 46% were from Berkshire West. The trend and split of referrals is shown in shown in Graph 7. The majority of referrals to the team are for young people who have presented to emergency services in crisis and come from the Hospital A+E departments or Hospital Paediatricians. With the short-term project to move 'getting risk support' activity from community teams to RRT, we had hoped to be able to provide more support in the community with an expectation that this would divert young people away from A&E where safe to do so. Despite recruitment difficulties, the team have worked to develop a model of community-based support. Last year approximately 80% of referrals were from A+E or Paediatric colleagues. We started to see a change in this pattern towards the latter part of last year and data from quarter 1 this year indicates that 33% of referrals have come directly from GP's and other external colleagues, specialist community CAMHS and Tier 4. The proportion of first contacts in the acute units has also shifted from 41% last year to 37% I Q1. 55% of referrals from A&E were recorded as having been seen within the 4 hour target. Reasons why 45% were not recorded as having been seen within this time frame are as follows:

<table>
<tr>
<td>health and risk assessments
• appropriate community settings until the risks are contained or alternative care provision is put in place (admission to Tier 4; community interventions).</td>
<td>• Referrals were made out of hours and initial contact delivered by the out of hours service and on-call CAMHS Consultant. We do not yet have systems in place to align this activity with the CAMHS RRT referral.
• Young person not medically fit for assessment.
• Assessment delayed due to unavailability of family/carer/social care.
 

We do not yet have the ability to report reasons for breach from our EPR without manual audit of clinical records but are working to develop that capability within the system this year.
Review of clinical records and liaison with RBH shows that numbers who were able to be seen within the 4 hour target but were not seen due to service capacity, were low.</td>
</tr>
<tr>
<td>Tier 4 New Models of Care
Berkshire Healthcare NHS Foundation Trust has been working in close collaboration with Oxford Healthcare NHS Foundation Trust (OHFT) and other partners on the development of a New Model of Care for Tier 4 CAMHS. This work is being led by Oxford Health, who are the lead provider in</td>
<td>BHFT continue to provide an 8 bedded unit, called Willow House in Wokingham. Information for last financial year on CYP flow into Tier 4, including Willow House is shown below.

<table>
<tr><th>Admission to:</th><th>Willow House</th><th>To out of Area Tier 4 Unit</th></tr>
<tr><td>Admitted</td><td>16</td><td>16</td></tr>
<tr><td>Clinical reason for admission</td><td>Eating Disorder x 1
Depression & unspecified behavioural & emotional disorder x 1
Psychosis x 1
Anxiety Disorder x 5
Major Depressive Disorder x 3
Emotional regulation difficulties x 1</td><td>11 - Eating Disorder
3 - Psychosis
1 - Self Harm + Eating Disorder
1 - Depression</td></tr>
</table>
</td>
</tr>
</table>

the new Tier 4 network that is being developed to enable improved flow and access to Tier 4 beds within the geographical patch.		Psychosis x 1 Self-Harm x 1 Eating Disorder + moderate to severe depressive episode x 1 Complex PTSD + Eating Disorder x 1	
	Average Length of stay	52.8 Days	120 Days (Does not include a YP who has not been discharged as at 21.10.19)
	A central bed finding process accessed via OHFT to enable improved access to local care for young people, greater integration across the geographical patch stated in April 2019. In the longer term it is hoped that there will be financial savings that can be invested to improve access to community crisis and admission avoidance services across the patch. Berkshire Healthcare continue to work closely with NHS England to relocate Willow House adolescent mental health inpatient unit, from its current site at Wokingham Hospital to a new location at Prospect Park Hospital. The move will enable improvements to the quality of service, including the provision of inpatient care closer to home for some young people for whom the current unit environment is not suitable. It is anticipated that this move will take place in early 2021. There is a dedicated Place of Safety suite for under 18s at Prospect Park Hospital. Local data for 18/19 indicates that 34 CYP went through to the place of safety under a section 136 • 9 of these CYP went on to a section 2 • 3 of these CYP were transferred out • 22 of these CYP were allowed to leave	

Chapter 10 - Mental Health Services dataset submissions

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

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

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

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

Chapter 11 – Workforce

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

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

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

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

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

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

West Berks

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

Reading

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

AnDY clinic (UoR)

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

Wokingham

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

Time to Talk (Youth Counselling)

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

ARC (Youth Counselling)

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

Number 5 (Youth Counselling)

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

BHFT Specialist CAMHs service and CPE

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

BHFT Willows House (Inpatient unit)

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

Chapter 12 – An overview of our financial investment

The CCG continues to meet its financial investment targets within the NHS guidance for Children and Young People. Investing a further £157k this financial year (19.20) in a range of early intervention and waiting time initiatives. In addition to this the CCG has committed a further £150k (recurring) funding to the BHFT Eating Disorder service to support delivery of meeting the waiting time and access targets for 20/21.
This year and going forward Berks West have secured transformation money for the establishment of our first 3 mental Health Support Teams.

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

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

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

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

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

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

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

Links to the original Transformation Plans can be found here

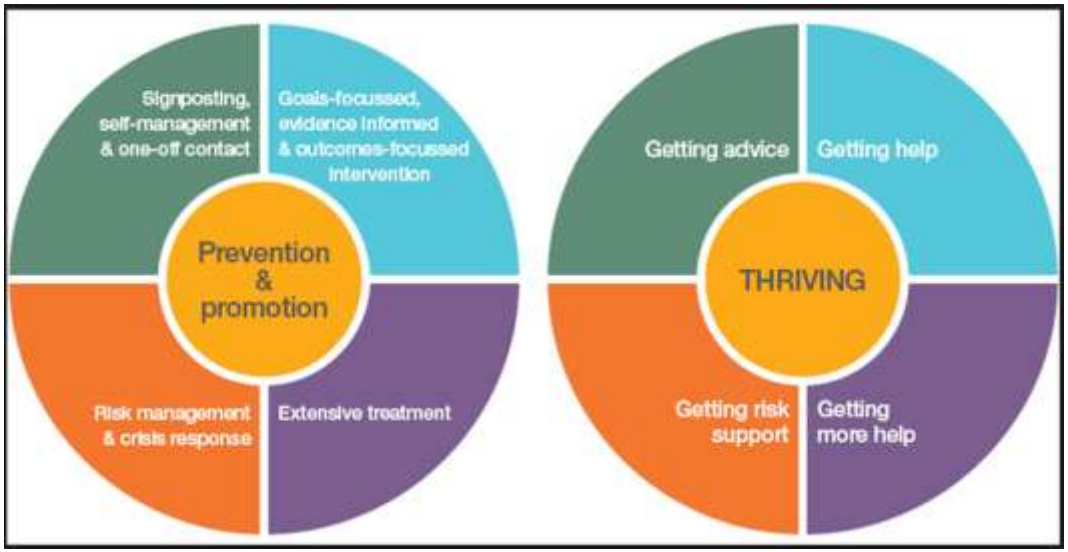
http://www.berkshirewestccg.nhs.uk/media/1738/westberks-transformation-plan-2015.pdf

The October 2017 refreshed plan can be found here

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

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

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



95

The October 2018 refreshed plan can be found here:

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

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

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

Appendix 2 – Needs Assessment

Summary

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

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

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

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

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

7. All 3 LA areas have a similar rate of child inpatient admissions for mental health conditions compared to the England average (Public Health profiles 2019)
    - Wokingham - The rate of child inpatient admissions for mental health conditions at 90.4 per 100,000 is similar to England.
    - West Berks - The rate of child inpatient admissions for mental health conditions at 89.4 per 100,000 is similar to England.
    - Reading - The rate of child inpatient admissions for mental health conditions at 83.6 per 100,000 is similar to England.

8. Our Hospital admissions for self-harm Self Harm rates have been above the SE and England region figures for last 2 reported years. With significant concern about the 15 to 19 year old age group. This is further supplemented by the recent High impact User work completed by the CCG that identified the high risk and impact of these CYP in the acute, secondary and community care arrangements. (Public Health profiles 2019)

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

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

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

10. School identified need by exclusion is telling us that 64 (2 more than last year) pupils were permanently excluded in the last Academic Year (18/19) across the 3 LAs (88% in secondary school).
    And there were over 2000 pupils that received a fixed term exclusion (ranging from 1 to 10 days dependent) in the same Academic Year.

The majority reasons were consistently Persistent Disruptive Behaviour, Physical abuse against adult or pupil or Verbal abuse/threat on adult.
It is safe to assume that all of these pupils will need support from a mental health service to prevent further escalation into higher risk behaviours. (Sfeguarding reports MASA Q1 – 18/19)

Basic School Information

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

Ethnic Diversity

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

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

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

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

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

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

Prevalence of diagnosed mental health disorders

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

Children and Young People (CHYP) aged 5 to 19

All mental health disorders

- **12.8%** of CHYP have at least one mental disorder
- **5.0%** of CHYP meet criteria for 2 or more disorders
- Trend indicates that prevalence has risen over time for 5 to 15 year olds (9.7% in 1999 to 11.2% in 2017)

Emotional disorders

- *Includes anxiety, depressive, mania and bipolar affective disorders*
- **8.1%** of CHYP have emotional disorder
- Rates are higher in girls (10.0%) than boys (6.2%)
- Anxiety disorders (7.2%) are more common than depressive disorders (2.1%)

Behavioural or conduct disorders

- *Characterised by repetitive and persistent patterns of disruptive and violent behaviour*
- **4.6%** of CHYP have behavioural disorder
- Rates are higher in boys (5.8%) than girls (3.4%)

Hyperactivity disorder

- *Includes disorders characterised by inattention, impulsivity and hyperactivity*
- **1.6%** of CHYP have hyperactivity disorder
- Rates are higher in boys (2.6%) than girls (0.6%)

Other less common disorders

- *Includes autism spectrum disorders (ASD), eating disorders, tics and other low prevalence conditions*
- **2.1%** of CHYP have one or more of these disorders
- **1.2%** of CHYP have ASD
- **0.4%** have an eating disorder
- **0.8%** have tics or other less common disorders

Key findings by age group

Pre school children (aged 2 to 4 years)

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

Primary school (aged 5 to 10 years)

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

Secondary school (aged 11 to 16 years)

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

Transitioning to adulthood (aged 17 to 19 years)

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