

**Agenda Item:**

<b>Meeting:</b> Health and Wellbeing Boards (Reading and Wokingham)	
<b>Date</b>	September 2021
<b>Title of Paper</b>	Refresh of the Berkshire West Local Transformation Plan, improving the response to Children and Young Peoples Emotional Wellbeing and Mental Health
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<b>Paper Type</b>	To update for information
<b>Action Required</b>	None

**Executive Summary**

This report provides an overview of the refreshed Future in Mind Local Transformation Plan (LTP), the sixth such publication of our planning locally since 2015.

The LTP provides an update on how as a local system we are improving the emotional wellbeing and mental health of all Children and Young People (CYP) 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.

It has been a very busy time since the 2019 publication, delivering our transformation plan as well as responding to the COVID-19 pandemic. 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 are headline messages for this year.

- We are proud about the choice of provision we commission and provide. That includes the establishment of 3 Mental health Support teams in our 3 Local Authority settings who have worked with 872 CYP since starting, mainly for help with anxiety.
- We continue to increase the access and use of mental health services against a backdrop of increasing demand and complexity. All our providers are now flowing data onto the national dataset, and we consistently meet the national target.
- Our range of strong outcomes reporting are evidencing that many children and young people have positive outcomes across providers.
- We can evidence the impact of large-scale training across partners. A highlight is the successful implementation of the Trauma Informed/ adverse childhood

experiences training, at School and a community level that has expanded rapidly, and in Reading this has impact significantly on reducing exclusion from school.

- A significant system review of the emotional wellbeing and mental health offer has been completed that significantly impacting on the forming of the 9 transformation priorities. Key headline from that review are:
  - We can evidence that most children and young people feel listened to across providers.
  - We need to coordinate information about our offer for help and simply the access points
  - CYP and families do get the help they need when they navigate the offer and receive a set of interventions.
  - Need to tackle waiting times and provide more bridging support whilst waiting
- BHFT and Berks West CCG have completed a review of Neurodiversity needs that identified trends of demand and necessary capacity to meet that demand. We continue to need to manage significant number of children and young people seeking autism and ADHD assessments in Berkshire West that in turn is affecting waiting times, and consequently remains a high priority. Significant investment has been agreed over the next 2 financial years enabling BHFT to recruit new staff and broker a longer-term deal with national digital providers of assessments that will support the ambition of bringing wait times for all CYP to be below 12 months, as a maximum wait time.
- 2 significant system joint transformation programmes have been brought to conclusion:
  - Children in Care service offer has been co-produced with CYP, Local Authorities and BHFT, the offer is agreed and jointly funded by CCG and LAs. This progress is signalling a strategic shift for our partnership that will form a strong basis of work into the future.
  - An intensive community and home treatment offer that will build off and integrate with the existing Rapid Response offer.
- BHFT have transformed their tier 4 offer, taking the existing 9 bed Willow house inpatient offer and re-created a hospital at home offer for 16 CYP, taking best practise from intensive community models that are demonstrating success elsewhere in the country. CYP will continue to be able to access inpatient units in the Thames Valley region, and this will be an alternative that will provide 7-day specialist support, whilst still being at home, remaining in their community and with peers.

The partnership between the NHS, Local Authorities and voluntary sector providers remains as strong as ever. However there does remain challenges in this area that COVID-19 has impacted:

There continues to be increased demand which in turn is having an impact on waiting times, across providers. The impact of COVID-19 has increased demand across all emotional health and wellbeing services, as an example the highest rate of referral to our specialist CAMHs provider was seen in the March 202, as school lockdown were easing.

In addition to increased demand within the demand there is increased complexity of presentations. Notable is the increased in risk management for LD&A CYP and

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disorder eating/ eating disorder presentations that is impacting the time on RBFT wards as well as need for inpatient admissions.

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. Difficulty in recruitment and retention of clinical workforce within our main provider fuelled by:

- High system and regional competition for same pool of workforce
- Lack of national planning and investment in training next workforce – not matching the LTP investment programme
- Cost of living in SE (and London weighing salary offer)

Over the last 18 months there is a consolidation of the joint governance arrangement across the health, social care, and education system, with the formation of the Integrated Care Partnership (ICP) CYP board. This has strengthened the resolve to improve the offer and outcomes of local CYP's mental health. This sponsorship and leadership have created a single focus against 9 transformational priorities underpinned by financial investment from across the system. The detail is on page 4 -6 of this report.

A programme architecture has been set up to govern and drive our progress going forward, led by the CCG and overseen by the ICP CYP board – the detail is on page Y. This will enable regular updates as needed.

## Summary of Transformation Priorities

### 1 Building a formal delivery partnership arrangement

This partnership will deliver:

- A single access and decision-making point that all delivery aligns too (see point 2 below)
- A joint communication approach and set of tools that explains to CYP, parent and carers, schools, and primary care colleagues how to access support and the type of response and offer they can expect
- A joint workforce development programme that creates both a confident and knowledgeable wider CYP workforce in mental health as well as a robust and sustainable mental health workforce to deliver the services CYP needs.

Evidence from other alliances across the county they are seeing:

- Improved use of resources, avoiding duplication of offer
- Greater communication and clarity of offer to CYP, families and professionals that are asking for help
- Greater use of the Voluntary sector and third sector partners that become even more integral to the offer
- Satisfaction rates of access to and use of services from CYP and families increase

### 2 Create a single access and decision-making partnership arrangement

This seeks to align and integrate the variety of access points for CYP, families and professionals to improve first and earlier response and manage risk better. By achieving this we are expecting this to have a 3-FOLD impact:

- An improved experience of key stakeholders in knowing where and how to access help and support. This will lead to coordinated communication and ensuring an appropriate set of offers within a Thrive approach is made, enabling choice.
- The potential for a more efficient system across two domains:
  - reducing the individual organisation capacity currently being used to manage the range of access points,
  - improving the response time through a coordinated decision-making offer should lead ultimately to shortened waiting time to access an intervention to have an impact.
- Greater opportunities for an earlier and more coordinated response across the range of partners to presenting CYP needs, preventing escalation of risk or being able to recognise risk earlier and providing the necessary specialist support.

<b>3 Tackling the waiting times in both specialist/ Core CAMHs</b>	<p>The NHS has agreed an investment programme for 20/21 of over £2million to Improvement in waiting times from referral to intervention; improvement in recovery rates, decrease in overall crisis presentations. Increased confidence with early identification and risk management and confidence on the ward.</p>
<b>4 Meeting the Eating Disorder waiting times for response to referrals</b>	<p>Although there continues to be slow progress towards meet the waiting time standard for both urgent and routine referrals this has been hampered by the increase again in volume and complexity of eating disorder cases.</p> <p>Further work on the liaison and support work inside RBFT wards for specific CYP with ED whilst they stabilise ready for discharge or wait for an inpatient bed elsewhere</p> <p>The building of the hospital at home offer (the reshaping of the Willow House service) in Berkshire will support main escalating and higher need CYP.</p> <p>In addition to our recovery work, it is intended to invest more capacity into early identification work, that seeks to reduce the number of 'urgent' cases being referred. (Balance of urgent to routine). The key strands of this work are:</p> <ul style="list-style-type: none"> <li>• To deliver the range of BEAT training to primary care and acute settings in Berkshire.</li> <li>• To enable our MHST, School nurses and other early intervention services to work with schools and families to seek help appropriately as possible.</li> </ul>
<b>5 Mobilising a Community Home treatment offer 24/7 access standard for Crisis cases</b>	<p>By March 2023 there will be a new and integrated home and community treatment offer that will be offering the brief 6 to 10-week service to stabilise CYP post crisis and prevent further crisis presentations. The offer will be multi-professional including the ability to offer low, medium and high levels support that will at its maximum will be offering daily (inc weekend) support to families. Importantly we will offering a range of interventions from clinical and medical through to peer and family support.</p> <p>We are seeking support from our LA partners to contribute to this investment.</p>
<b>6 Mobilising 2 further Mental Health Support Teams</b>	<p>Building from the successfully implementation of 3 MHSTs (one in each Local Authority) BW CCG has secured the resource to establish 2 more teams. Using the same model of delivery and provider, the Local Authorities, a team will be set up in Reading (in the South and East school cluster) and West Berkshire (in the Newbury area). Work has started to mobilise the service already and it will be fully available by Sept 2023.</p>
<b>7 Meeting the COVID-19 surge demand as it arises</b>	<p>Following the learning of the initial lockdown period There will be an operational group set up to create space for sharing and response within a 'BW Partnership Operational Meeting' to meet emerging operational pressures. This will be seeking to</p>

heightened collaboration, sharing of resources as necessary and agreeing on where short term investment could be placed if a surge is being experienced.

**8 Addressing gaps in access and service offer due to inequalities**

Three inequality areas have been identified and separate but aligned work needs to be initiated in each area. It is:

- Ethnic minority groups - With the high proportion of ethnic minority CYP in our schools we need to review the current access of these CYP. Then working with relevant organisations and leaders co-produce an action plan to raise the profile and access arrangements for these CYP and their families to help and support.
- Learning Disability - We need to scope the level of need not be met through our existing service arrangements, review other examples of targeted support to this cohort of CYP and working with the LDA initiatives (e.g. key workers and a intensive support service) propose the service offers we need to augment or set up fresh to meet this need
- LGBTQ+ - With growing numbers of CYP in the LGBTQ+ community we need to work with the relevant organisations and leaders co-produce an action plan to raise the profile and access arrangements for these CYP and their families to help and support.

**9 Strengthening our adolescent to young adulthood offer (16 – 25)**

Using the investment money available focus on 2 initiatives to support transformation in this area:

- Pilot a ‘Managing Emotions Programme’ that is a programme of psychoeducational courses designed to support people who experience intense emotions that they find difficult to manage and which can have a negative impact on their quality of life. This will be delivered in partnership with a local VCS aiming to offer as response to the volume of referrals noted in the CPE from young adults seeking support to manage emotions related to life changes and uncertainty.
- Working through the community mental health framework implementation model test how to target and meet mental health needs of care leavers.

**Governance to drive forward our transformation plan– both Berkshire West and BOB**

Fundamental to the success of our transformation programme is robust local, Berkshire West, and BOB (ICS) governance arrangements.

Berkshire West has an Integrated Care Partnership well established now that covers the NHS and Local Authority network of key partners. Within the last 18 months a specific Children and Young People’s programme board has been created and currently lead by a local Director of Children’s Services providing a focused time 8 times a year for support and challenge to this LTP implementation. This programme

board will be the key location of accountability for the 9 transformation priorities ensuring they are making the impact needed. Further to this specific CYP board accountability our BW ICP unified exec has selected CYP MH as a flagship priority increasing both the transparency and accountability of this programme to the highest corporate officer level within the key delivery agents of improvement.

As our Integrated Care System matures there is connectivity and governance arrangements being created for CYP Mental Health. Currently a Mental Health and Learning Disability Oversight group has been established in the last 18 months that includes the CYP mental health agenda. There are 3 key areas of work for this board:

- To scrutinise and assure the Long-Term Plan metrics as well as receive narrative update from our ICS Snr Responsible Officer (SRO) for CYP mental health
- Issues are flagged by exception and very snr leaders in our ICS are available to support mitigating actions.
- Key decisions are filtered to be taken at the BOB ICS level regarding allocation of resources

**The appendix provides a range of additional/ supportive information:**

Appendix A – the governance arrangements for this transformation plan (page 8)

Appendix B – the key metrics that the NHS is tracking linked to CYP from its long-term plan (page 9)

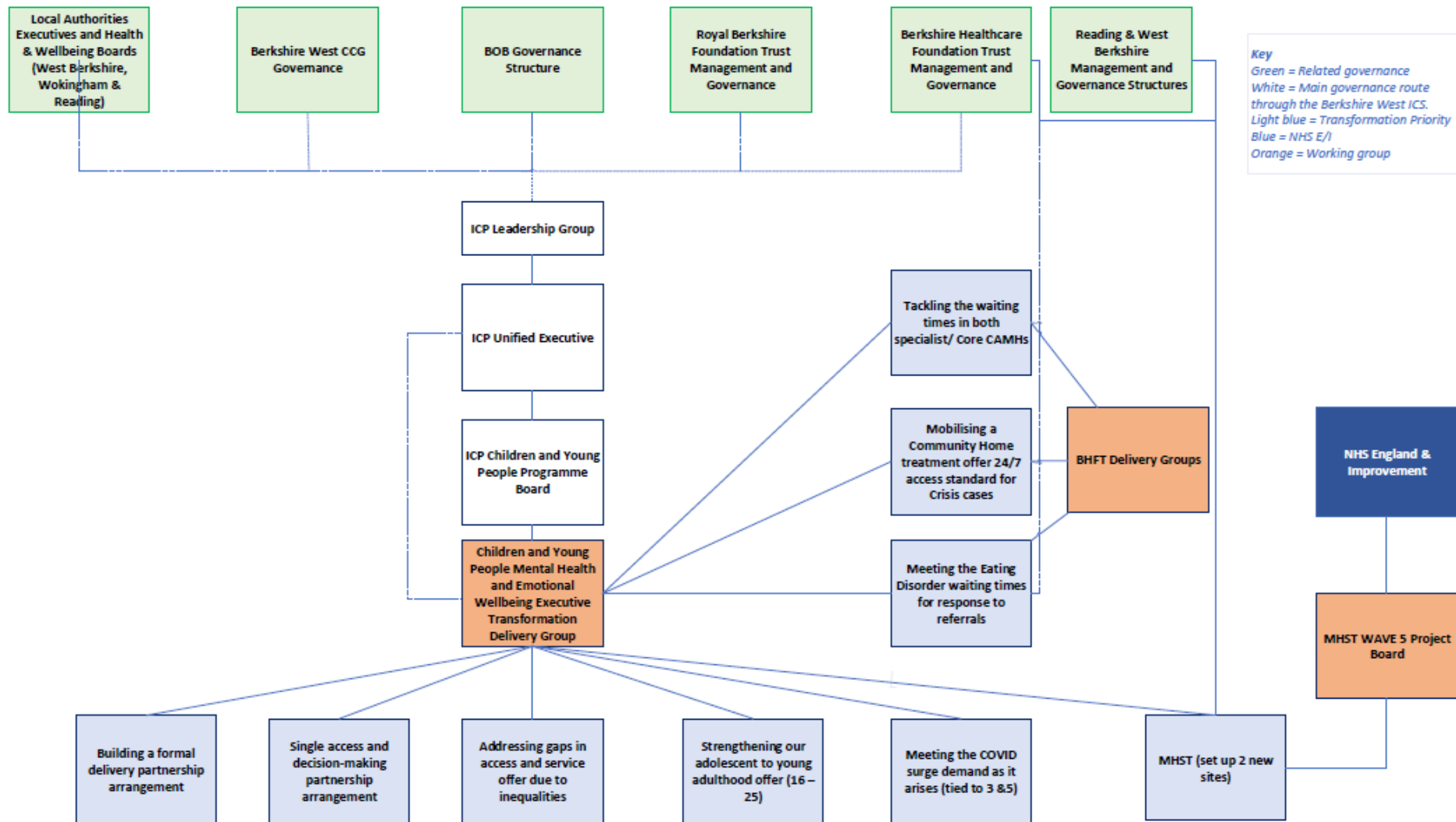
Appendix C – an outline of the headlines from our Key community mental health provider (BHFT) annual report 2020/21 providing information on:

- Referrals and waiting lists, including focus on urgent referrals
- Focus on two areas of support providing ‘getting help’ and ‘risk support’
- Outcomes of the offer

(Pages 10 – 14)

Appendix D – Showcasing the success of our Mental Health Support Team in Berkshire West with evidence of their access, outcome as well as the building of the confidence and capacity inside targeted schools. (Pages 15 & 16)

## Appendix A - CYP MH & EWB Transformation Executive Delivery Group Governance Structure



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## Appendix B - Performance Dashboard Local Transformation Plan (Sept 21)

MH LTP Metric	Standard	Latest Published Date	BOB This month (Last Month)		Berks West This month (Last Month)	
CYP Access Rate % (2+ contacts)	NA	<b>May-21</b>	56.3% (53.2%)	↑	47.1% (43.5%)	↑
CYP Access (2+ contacts)	NA	<b>May-21</b>	15380 (14525)	↑	4240 (3920)	↑
CYP Access rate (1+ contacts)	NA	<b>May-21</b>	19985 (19485)	↑	6110 (5835)	↑
CYP ED Waits urgent (quarterly)	>95%	<b>Jun-21</b>	78.2 (84.0%)	↓	68.8% (80%)	↓
CYP ED Waits routine (quarterly)	>95%	<b>Jun-21</b>	59.3% (65.5%)	↓	88.1% (93.9%)	↓
Mental Health Support Teams	25% coverage minimum	<b>Aug-21</b>	NA		32% from 3 teams	
24/7 Crisis support on offer includes assessment, brief response & home treatment. Linked to NHS 111	NA	<b>Aug 21</b>	Berkshire west has: Access to crisis help via NHS 111 established with CYP practitioners available 8am to 10pm every day for CYP and families. Initial assessment and brief response is available 7 days a week via the Rapid Response Service. Home treatment service will be available by March 2022.			

## Appendix C - Berkshire Healthcare CAMHS Year end report West CCG, FY 2020/2021

### Our Service

In FY 2020-2021, CAMHS Berkshire West Service:

Received 4,090 new referrals

Offered over 21,229 contacts

Delivered 1,726 mental health assessments

Signposted 1,756 referrals

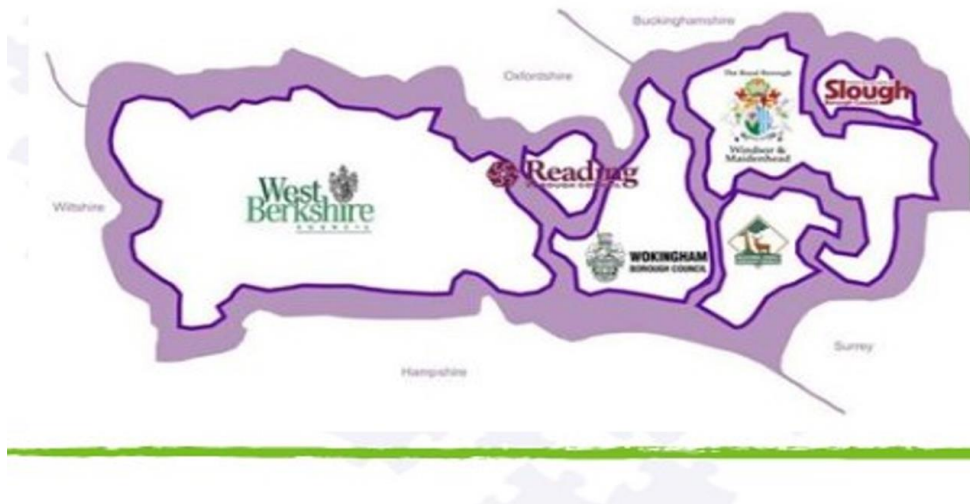
Monthly average of 1,598 young people on caseloads

- Berkshire Healthcare NHS Foundation Trust CAMH Services in Berkshire West:

- Locality-based Specialist Community Teams
- Anxiety and Depression Team (county -wide)
- Primary CAMHS Service Wokingham LA
- All-age Eating Disorder Service (county -wide)
- Rapid Response service (county -wide)
- Health & Justice Service & Children in Care worker
- Tier 4 service (TV Provider Collaborative)
- And our Common Point of Entry service

The Trust also deliver Neurodiversity Services however these are not included in this report.

Source: Population Statistics Division, Office for National Statistics, 2018

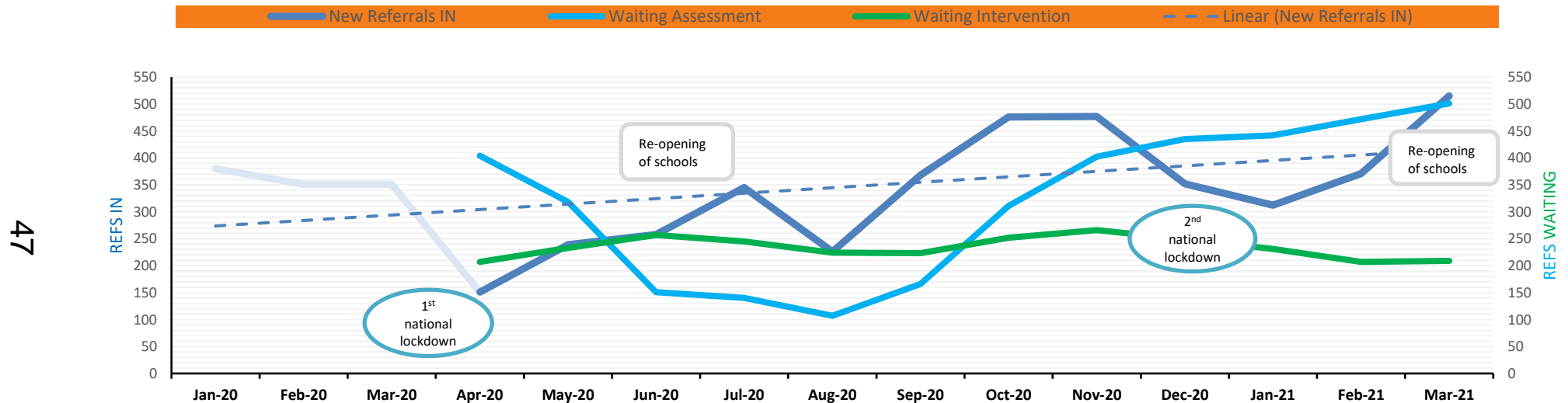


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## Referrals and Waiting Lists

Following an initial reduction in referrals as the country went into the first national lockdown, total referrals increased by 6% in 2020/21 compared to 2019/20. This is in line with the national benchmarking data and follows a trend of increased demand totalling 40% since 2014/15.

### CAMHS Berkshire West FY2020-2021



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## Urgent referrals

There has been a significant increase in the number of referrals coded as URGENT by the referrer, up to 15% in 2020/21 compared to only 1.7% in 2019/20. Note that this data is for mental health referrals to CAMHS CPE and does not include crisis referrals to the CAMHS Rapid Response team or referrals to the Neurodiversity teams.

# Getting More Help



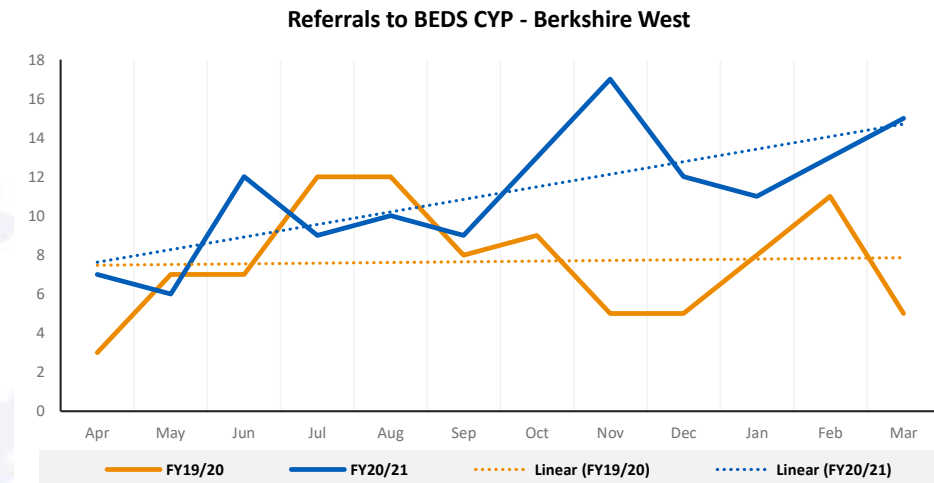
All the CAMHS services providing more help have seen an increase in both the numbers and complexity of referrals over the last year.

An area of particular concern is that of eating disorders. A surge in the numbers of young people developing an eating disorder or complex disordered eating difficulties was seen nationally over the last year and the situation in Berkshire was no different.

Total referrals to BEDS CYP increased by 34.5% on the previous year with the number of referrals from Berkshire West rising by 31%.

This trend has continued with BEDS CYP referrals up by a further 40.4% YTD in CAMHS Berkshire West on the same period last year.

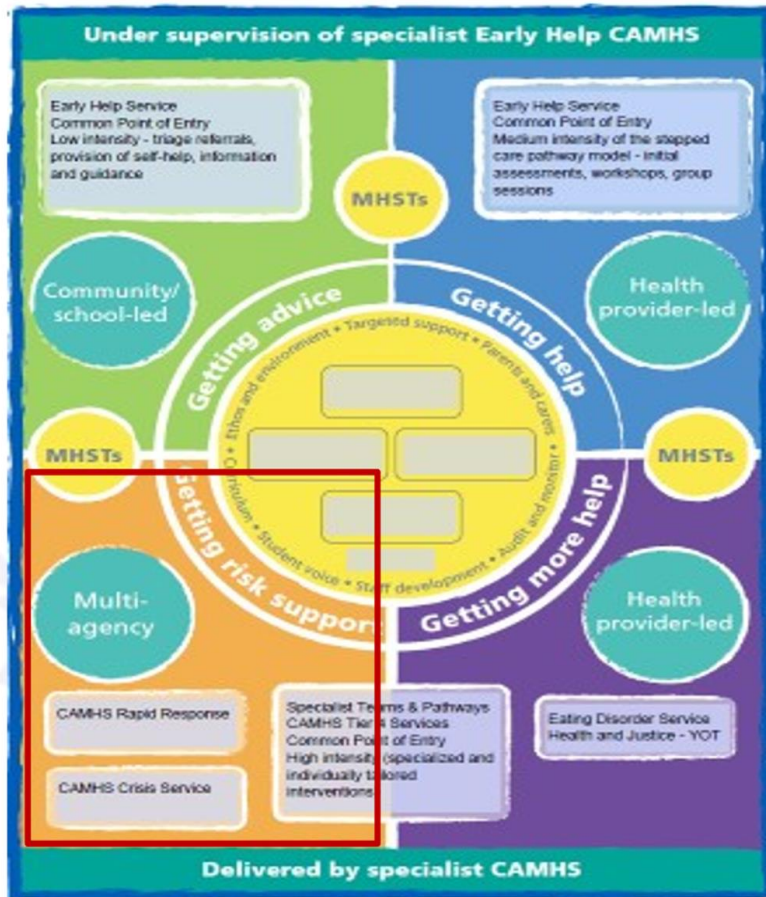
In addition to the increase in number of referrals, we have seen a rise in the number of urgent referrals, with significant numbers identified as at immediate physical risk and needing acute refeeding at the point of referral.



Adapted from THRIVE elaborated framework (Wolpert, M., Harris, R., Hodges, S., Fuggle, P., James, R., Wiener, A., McKenna, C., Law, D., York, A., Jones, M. and Fonagy, P. (2015) THRIVE elaborated) & Charlie Waller Memorial Trust ([www.cwmt.org.uk](http://www.cwmt.org.uk))

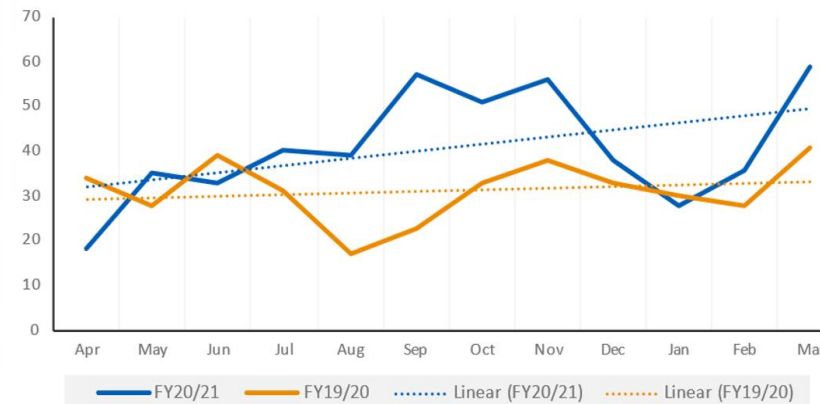
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## Getting Risk Support



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Referrals to CAMHS Rapid Response - Berkshire West



Providing robust support for children and young people in crisis has been critical over the last year.

Referrals to the CAMHS Rapid Response team dropped at the beginning of the first lock down but have been higher than usual most months since then and for Berkshire West, up by 23.5% on 2019/20. This trend looks set to continue with referrals up a further 21.3% YTD.

All CAMHS teams have continued to provide face to face care throughout the last year but this has been particularly important for the CAMHS RRT.

A key priority was also to minimise demand on and 'footfall' through the emergency department and acute paediatrics.

At the beginning of the first lockdown, the team implemented new systems to enable digital triage and diversion of patients to community sites for assessment where safe to do so.

A CAMHS service was also put in place under NHS111 and the service operating hours extended to cover Sundays and up to 10pm every evening.

Adapted from THRIVE elaborated framework (Walpert, M., Harris, R., Hodges, S., Fuggle, P., James, R., Wiener, A., McKenna, C., Law, D., York, A., Jones, M. and Fonagy, P. (2015) THRIVE elaborated) & Charlie Waller Memorial Trust ([www.cwmt.org.uk](http://www.cwmt.org.uk))

## Outcomes

The service uses a wide range of measures covering symptoms, functioning, bespoke goals, and service/session feedback, collecting information from different perspectives, i.e. children and their parents or carers.

Our outcome data shows that:

- ❑ 67% of young people made reliable improvement on the Revised Children's Anxiety & Depression Scale (RCADS) ReliableChange Index compared to 52% for the rest of CORC.
- ❑ 88% of children and young people felt they moved closer to their goals (Goal Based Outcomes) compared to 86% in the rest of CORC dataset.
- ❑ 71% of scores using the Child Outcome Rating Scale (CORS) improved, compared to 66% (268/408) in the rest of CORC sample.
- ❑ Child & Parent Experience of Service Questionnaire responses were broadly in line with those for the rest of CORC.

### Improving outcome measures recording is a priority for the service in 2021/22.

Teams with clearly defined clinical care pathways (Anxiety & Depression, Eating Disorders) have high levels of ROMS use, with paired data scores higher than the rest of CORC.

There is room for improvement in other areas of service and overall, the service is recording lower numbers of paired data than the rest of CORC.

Outcome measures are included within all clinical pathways and have now been built into the RiO electronic record system to enable data to flow to the MHSDS.

New ePathways will provide tools to support clinicians to use ROMS in individual clinical care.

A Clinical Lead with responsibility ROMS is using QI methodology to monitor use and identify areas and action for improvement.

## Appendix D - Mental Health Support Team in Berkshire West – showcasing our success

With 3 operational MHSTs, one based in each local authority area serving a cluster school, there are initial signs of success that are worth acknowledging. The headlines across the 3 teams are:

Currently we are working with 49 school, a cross section of Primary and Secondary setting.

MHST staff organise and run Mental health surgeries for MHST schools. For example, West Berkshire held 134 such meetings that spoke about 512 pupils, giving advice on how to support their mental health or agreeing actions to provide interventions to meet their needs.

Example feedback from schools regarding MH Surgeries:

- “It was extremely useful to meet to discuss individual students and the best way they should be supported.”
- “It has been extremely useful to discuss children we are concerned about with professionals with wider experience and knowledge than we have. Sometimes just the explanation of what we observe highlights the next steps for us.
- “Professional advice for children we feel we’ve exhausted all avenues gives us confidence that we are doing the right things a lot of the time. Good to regularly touch base about cases making sure no one drops off the radar (even if things are going well). Nice that the EP is in contact with other schools- good to hear what they are doing and if any room for collaboration”

872 CYP have been referred to the MHST over the last 18 months. the significant majority, over 60% are referred primarily for concerns over their anxiety levels.

90%+ of these CYP are offered an intervention, all are evidenced based, and interventions include group work (e.g. friends for life, Overcoming) as well 1:1 work (e.g. behaviour activation, CBT)

Not all complete the interventions but all MHSTs in the last 6 months now have developed strong outcomes data on the CYP that do complete their intervention. For example, Reading in Q1 this year can report per CYP the pre and post scores on RCAD improvements as well as pre and post. Producing results such as:

- Separation Anxiety Score decreased on average by 4.9%
- Social Phobia Score decreased on average by 4.4%
- Panic Score decreased on average by 7.8%
- Major Depression Score decreased on average by 4.7%
- Generalised Anxiety Score decreased on average by 6.3%
- Obsessive Compulsive Score decreased on average by 7.2%

West Berks have a range of case narratives, some examples below that outline the outcomes they are achieving.

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- 16yo boy presenting with anxiety around vomiting and low mood also evident. Health related worries were identified and CBT (particularly cognitive restructuring) and some ACT based strategies were utilised. Parent sessions supported work around reassurance giving and also scaffolding outside of sessions. ESQ and RCADS highlight improvements in symptoms but also quality of life.
- 9yo – CYP presented with difficulties around separating from parent, interpersonal challenges and emotions dysregulation, (namely following father's death by suicide). Attachment based intervention was offered – intervention with parent (mother) and child initially, but also offering consultations to school and setting up TAC with other organisations involved in the families care to ensure needs are being met appropriately. Continued sessions over lockdown via Zoom. Mother is feeling more confident in her skills to implement strategies, improve communication and explore changes in her relationship with her daughter given the loss. In turn CYP is also better able to manage emotions and relational challenges. The intervention also encouraged Relationship building with school and parent.
- 17 year old female referred via CAMHS due to low mood which she says was as a result of anxiety which she was unable to get help with. Counselling over 12 weeks worked successfully using a variety of integrative approaches. Given the strained relationship with her mother, it seemed that the reparative part of the therapy worked successfully with this client and her mood lifted by the end of our sessions. RCADS and core form showed this impact.

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All 3 MHSTs are now regularly collating and using service user feedback. This is supported by annual peer audits to give qualitative information on performance and impact. 2 examples of feedback below:

- *“I find it very easy to talk to [the EMHP], she has a lovely manner about her, she listens really well, and never gives the impression she’s judging.... I found everything useful. It’s great that she [the EMHP] reminds [the YP] that he can talk to me about anything and should never feel alone, or afraid to tell me anything that’s going on in his head...I am finding the sessions very helpful”*
- *“It was really difficult for me to talk about the things/issues I have been and still am going through with my child as I have been keeping it bottled up for a long time, but [the EMHP] made me feel relaxed and once I started talking, I didn’t stop*

Finally, MHST’s have been providing a range of training into schools and across clusters of schools. 3 examples are outlined below.

- Online training for ELSAs on supporting c/yp’s return to school. 10 delegates attended and rated this training as useful (mean: 9/10, where 10 indicated highly useful) and informative (mean: 9/10, where 10 indicated highly informative)
- Online training to support c/yp with worries and anxiety to MHST school staff. 4 delegates attended the first session and rated that: they felt heard, understood and accepted during the training (mean: 9.75/10, where 10 indicated highly heard, understood and

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accepted); the training discussed what the delegates wanted (mean: 9, where 10 indicates that the training covered what the delegates wanted); the training was a good fit for them (mean: 9, where 10 indicates that the training was a good fit).

- Online training for MHST school staff about how to support c/yp's transition to secondary school.

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