Mental Health Services for Children & Young People

Transformation Plan

December 2015

Bracknell & Ascot CCG, Slough CCG and Windsor & Maidenhead CCG, with Bracknell Forest Council, Slough Borough Council and Royal Borough of Windsor & Maidenhead Council

1.0 Introduction

Bracknell and Ascot CCG, Slough CCG and Windsor, Ascot and Maidenhead CCG work collaboratively with the unitary authorities of Bracknell Forest Council, Slough Borough Council and the Royal Borough of Windsor and Maidenhead.

The Clinical Commissioning Groups and the Health and Wellbeing Boards welcome the opportunity provided by the requirement to produce Local Transformation Plans to work together collaboratively to implement real improvements through the development of local plans for children and young people, living and developing in Ascot, Bracknell, Maidenhead, Slough and Windsor.

Our Vision

- No child or young person will have a preventable mental health issue
- If they do, they will not wait to get the effective help they need

2.0 Case for Change for Ascot, Bracknell, Maidenhead, Slough and Windsor

By working in partnership across Ascot, Bracknell, Maidenhead, Slough and Windsor, our main objective for the future of Children and Young People's Mental Health services is a whole system approach, removing the tiers and barriers between services and ensuring a focus on the needs of children, young people and their families.

There are an estimated 5,612 children and young people aged 5-16 requiring mental health support in Ascot, Bracknell, Maidenhead, Slough and Windsor. Berkshire Healthcare NHS Foundation Trust, our local mental health services provider, is facing a number of challenges including a year on year increase in the numbers of referrals, difficulty in recruiting appropriately qualified staff and increasing waiting times. Whilst children are placed on waiting lists, there is a risk that their mental health could also deteriorate. We recognise pressure is on all of the children's services across all tiers in Ascot, Bracknell, Maidenhead, Slough and Windsor.

We have identified a clear, overarching priority with stakeholders who provide services that support children and young people's mental health and wellbeing that will support greater transparency and accountability going forward.

3.0 Strategic Context

3.1 National Guidance and Policy

The *Five Year Forward View* detailed the Governments' ambition in respect of mental health, with a continued drive towards equality in how we think about mental and physical healthcare to 'close the gap' with physical health services, ensuring any gaps in access and quality issues are addressed. The main aim is to deliver parity of esteem between physical and mental health by 2020.

The publication of *Future in Mind* by the Children and Young People's Mental Health and Wellbeing Taskforce provides Bracknell and Ascot CCG, Slough CCG and Windsor, Ascot and Maidenhead CCG with a launch pad for transformation and clear priorities to support new ways of working in order to improve children and young people's emotional wellbeing and mental health. At the same time, ensuring children and young people receive the help and support they need, when they need it, delivered in a way that suits them. By advocating a whole system approach with the child and family at its centre, promoting good mental health and resilience, improving access to interventions and support when it is needed in a variety of settings, in simple, easy to access services.

Failure to treat mental health disorders in children can have a devastating impact on their future, resulting in reduced job and life expectations.

- **Integrated whole system approach to drive further improvements in outcomes**
  Our ultimate aim is to improve the mental health and wellbeing of our children and young people together with our partners from Bracknell Forest Council, the Royal Borough of Windsor& Maidenhead and Slough Borough Council

- **Emphasis on building resilience, promoting good mental health, wellbeing, prevention and early intervention**
  By supporting our children and young people to remain resilient to be able to cope when things go wrong, or to deal with life's ups and downs, as we know that mental health problems can significantly impact in other aspects of life and affect life chances.

- **Services designed around the needs of children, young people and families**
  We will work together to design and deliver our services taking into account the views of children, young people, their carers and families.

- **Improve access with the right support from the right service at the right time, close to home**
  We will ensure that our children and young people get the help and support they need quickly in a manner easy to access, provided as far as possible within the local community

- **Joined up services that are easy to navigate for children and young people, including those most vulnerable**
  Services are easy to access, with a variety of contact methods including online, face-to-face and in a range of venues including schools. Our children and young people get the support they need quickly particularly when in crisis, including those who are most vulnerable.

- **Continuous evidence-based service improvement delivered by a workforce with the right skill mix, competencies and experience**
  We will work together with our partners to develop the most appropriate workforce now and in the future. By engaging academia we will ensure all pilots and services are robustly evaluated to guarantee consistency, improvements are substantiated and services are outcomes focused.

- **Improve transparency and accountability across the whole system – clear about resource usage, evidence-based collaborative decision making**
  Across Ascot, Bracknell, Maidenhead, Slough and Windsor, we are committed to working collaboratively and will publish an annual declaration on spend and activity across the whole system of delivery. Through the Transforming Children's Health Board and the Health and Wellbeing Boards we will demonstrate accountability to the wider community and service users.

3.2 Local Context in Ascot, Bracknell, Maidenhead, Slough and Windsor

Our vision is to have children and young people with good mental health, who are able to grow up being resilient but who are able to access the support they need if and when their situation changes. Our local vision together with the national ambition outlined in the *Future in Mind* principles will support the three CCGs and the local unitary authority partners to deliver a whole system approach to transform the current children and young people's mental health and wellbeing services across Ascot, Bracknell, Maidenhead, Slough and Windsor. This requires a collaborative approach to joining up services locally and partnership working to ensure we can deliver the collective vision.

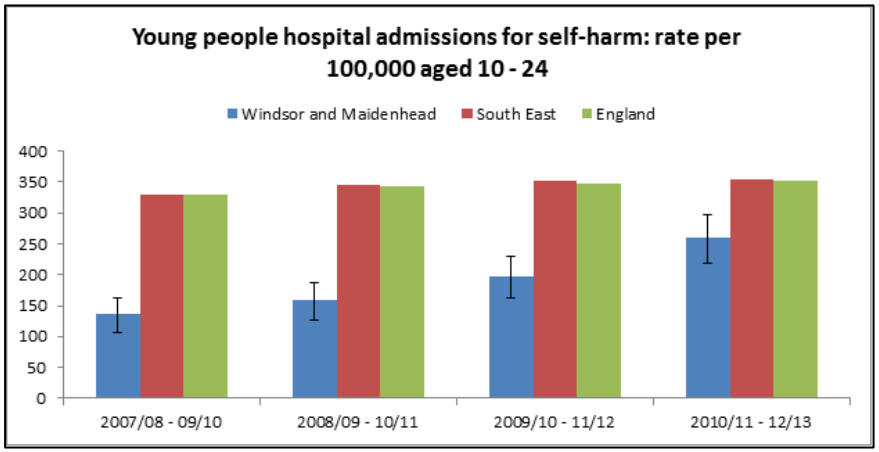
The three Clinical Commissioning Groups in the collaborative commissioning partnership:

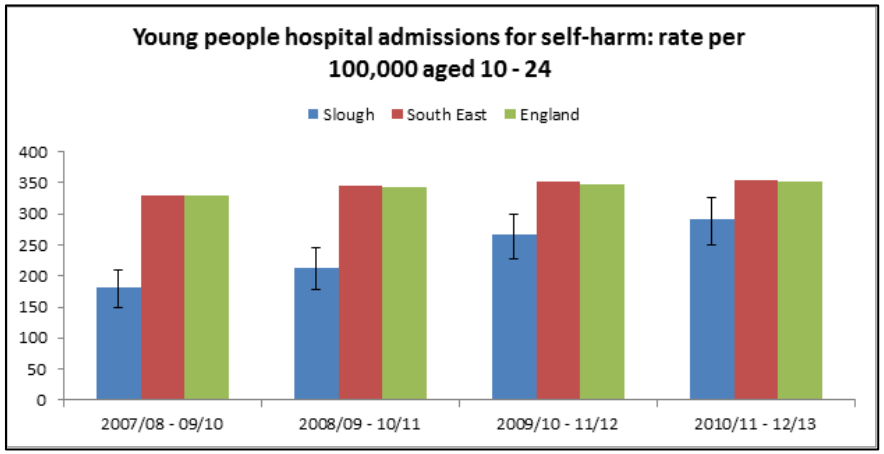
- **Bracknell & Ascot** has a registered practice population of 139,799 – 34,946 are aged 0-19, which is 25% of the practice population.
  81% of the CCGs population reside in Bracknell Forest Council area and the remainder in Ascot within the Royal Borough of Windsor and Maidenhead
- **Slough** has a registered practice population of 151,204 – 42,972 are aged 0-19, which is 28% of the practice population.
  The CCG boundaries are coterminous with Slough Borough Council
- **Windsor, Ascot & Maidenhead** has a registered practice population of 151,899 – 35,227 are aged 0-19, which is 23% of the practice population.
  The CCG covers the majority of the Royal Borough of Windsor and Maidenhead (RBWM)

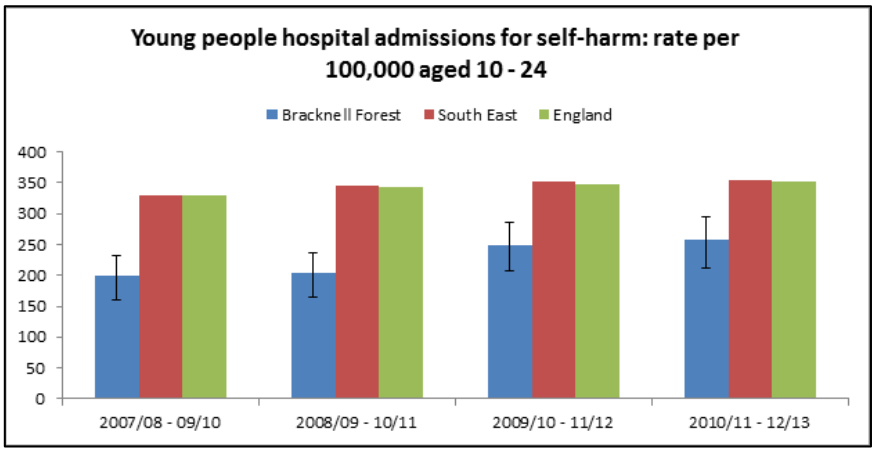
3.3 Needs assessment

Within the geographic areas of Bracknell, Windsor, Ascot, Maidenhead and Slough there has been substantial work to identify the issues and concerns of children, young people and their families in relation to their experience of mental health services. In 2013/14 the CCGs alongside the Thames Valley Strategic Clinical Network, commissioned a review of children and young people's mental health services. This review and its findings were shared widely across the local system; this and the knowledge of increasing waiting lists helped to create an emotional and financial case for change within the system. The results of the review alongside Future in Mind and the local JSNAs have informed the basis of the priorities determined in this plan.

There are some interesting trends in admissions for self-harm in Berkshire. For example, there has been a statistically significant rise in RBWM and Slough between 2010 and 2013 and this shows increasing pressure in our children.







4.0 Promoting resilience, prevention and early intervention

Objectives:

- Parents, carers and mentors are able to support their children or those they care for
- Children and young people are aware of how they feel and, when that changes, can tell us what they need and know how to get it
- Children and young people providing support and help for each other (peer support)

4.1 Current provision

Bracknell Forest Council	Slough Borough Council	RBWM
Promoting Resilience and Prevention • Have started to develop inclusive schools communities through supporting positive relationships and behaviour management. • Review of healthy schools programme to include new modules on promoting EHWB. Publicising new modules to schools. Schools to pilot in PSHE lessons (from Sept 2015). • Introduced new EH&WB programme in schools, recently to include preventative work provided to support the 'Kooth' online counselling services. • Communications campaign with regular mailings to schools to develop a consistent level of awareness of how to promote an emotionally healthy school. Half termly focus events. • Engagement with the youth council on EHWB (April 2015 and ongoing) -Young people to be trained as 'peer listeners' - Campaign to raise awareness of EHWB and mental health mirrors that in schools	• Have co-created of a range of resources for parents, carers and mentors which are now available through the Slough Services Guide. These resources have been shared with schools. • Young people in schools, in the youth parliament and in various vulnerable groups have been involved in developing the THRIVE website which includes self-assessment, goal tracking and signposting to information on: bullying, self-harm, anger management, anxiety and depression and domestic abuse. • Promotion of MHFA (Mental Health First Aid) training for all various youth groups across Slough to create supportive peer networks and tackle the stigma of mental illness. Staff in 3 secondary schools trained in pilot phase and 50 young people trained in youth charity. • Promotion of MHFA training for staff; also Mindfulness has been promoted and shown to be effective in target schools. Five schools have set up their own programme as result of pilot.	• 3 IAPT trainees from 3 different services- behavioural support, troubled family project and social care. • Annual training on children who need support with emotional wellbeing for a new cohort of Emotional Literacy Support Assistants (ELSAs) in schools. • Regular group supervision (6 times a year) for all ELSAs across all schools from the EPS. • Attachment and trauma training for senior staff in all schools, with a roll out programme planned for 'Ambassadors'- a named person in school who has done the attachment and trauma training. • Preventing suicide training offered to all schools/social care staff • ADHD training for primary schools presented jointly with CAMHS RBWM Educational Psychology Service (EPS). • Nurture group training offered to schools and RBWM staff • 2x2 days MHFA training completed with a range of school based and front line staff.

• Training for school staff. MindEd resources have been sent to school staff. **Early intervention services** • The KOOTH online counselling commissioned service provides young people with professional accredited counselling that can be accessed either on an occasional "drop-in" basis or via a longer period of contracted counselling.		• Early Year's training for Emotional wellbeing Practitioners (following ELSA approach) • Thames Valley network for all Educational Psychology services to share good practice around ELSA, Nurture and Early Years training for building resilience and improving emotional wellbeing.

4.2 Identified gaps

Bracknell Forest Council	Slough Borough Council	RBWM
• Support at an early intervention level. There is very little in between preventative services and Tier 3 CAMHS, meaning that CAMHS services are overwhelmed, with unacceptably long waiting lists populated in part by many young people who don't actually need that specialist level of treatment. The aim is to add an accessible second level of support to the CAMHS support. It will involve some element of triage / assessment but it is a level of support in its own right. Young people will only progress to secondary care CAMHS if they are deemed to have that level of need. • We need to extend the online counselling to also include a blended face to face element, as has been developed elsewhere to offer support to children and young people not	• Early years and voluntary sector settings need to provide further support (a blend of training and behavioural support) for parents and carers in regard to recognising and responding appropriately to a range of mental health problems which, if not addressed early, can develop into disorders e.g. anxiety and depression and eating disorders. • An audit is needed of local schools to investigate the range of the use of evidence-based resources in PSHE, and within school support services to build children's and young people's resilience	• Early years settings and parents need support following diagnosis particularly of ASD or closure of case from Development Centre or CAMHS • An audit is needed of local schools to investigate the range of the use of evidence-based resources in PSHE, and within school support services to build children's and young people's resilience. • Clear process and understanding of different services – what they can and cannot offer. • Currently a number of services offer different levels and types of support, but it is not co-ordinated and service users (families, young people, schools, GPs) do not regularly know where to go to get the right support at the right time.

needing onward referral. • This service could also address another key gap, which is the current lack of any central point or service to help parents/ carers/GPs etc. navigate all service provision for emotional health and wellbeing, at an appropriate level in the system, and to help them understand different referrals processes and thresholds The common point of entry, as it stands, is within the specialist service level of CAMHS and as such does not provide an effective or accessible means of navigation to support at all levels of need.		

4.3 Plans for improvement

Bracknell Forest Council	Slough Borough Council	RBWM
• A priority is to extend early interventions services to include a blended online and face-to-face counselling service that can be a first point of call for any young person experiencing poor mental well-being (and anyone wishing to refer them for support). The online and face-to-face support are provided as one coherent service offer. Young people will access one or both support formats depending on preference and need. • This service that can act as a central point/service for referrals from where young people can access a comprehensive range of support and only progress on to specialist CAMHS services if absolutely needed. The service would need to establish an agreed	• Early years settings to host IAPT services which would enable mothers diagnosed with depression and who do not attend appointments (DNA) to access support. • The THRIVE website is under development and will enable young people to carry out a self-assessment. Additional resources are required to launch the site via the young people's website and to potentially expand across the Thames Valley. • Expansion of the Five Ways to Wellbeing hub, which provides the vehicle for training to be coordinated and evaluated across Slough. Increased capacity is required to include ASD and challenging behaviours. • The Slough Youth Parliament has made awareness of mental ill health their main	• The THRIVE model to be promoted and understood by all users. • RBWM Early Help Hub to be developed, to cover social, mental health and emotional wellbeing concerns for those CYP who are unlikely to meet Social Care or CAMHS current thresholds. This should be a multi-agency hub able to offer advice, signposting or further assessments and interventions when appropriate. • Following review of the Early Years pilot programmes, roll out programme to all early years settings. • Direct link with new Early Help in Schools project and CAMHS. • Research good evidence-based workshops to promote resilience and reduce mental health

system of follow-up of appointments. • This will also result in more timely support at every level of need and greatly reduced waiting lists at the specialist level. This blended early intervention service will be fully integrated into the local landscape and actively work with all key stakeholders (notably young people, parents, GPs, teachers, specialist CAMHS, local targeted services and commissioners). • Vulnerable young people need to be prioritised for help to address their emotional health and wellbeing concerns at the appropriate level. The new central point/service proposed for Bracknell Forest will pay particular attention to helping vulnerable children and young people and their parents/carers to navigate emotional health and wellbeing service provision and to provide prompt access to early help through the new blended online and face-to-face counselling service • We also need to ensure there is better, co-ordinated post-diagnosis support, particularly for children with ASD and ADHD.	priority so they will play an important role in scrutinising the anti-stigma campaign and services. • The Mindfulness pilot has demonstrated an effective model of delivery that enables children and young people to reflect on their feelings and signposts help when they need it. Plan to extend this to more schools and long term follow up of outcomes.	stigma in schools. • Set up a data base to ensure referrals across schools is representative of expected numbers based on statistical evidence. • Link with Slough to look at their Mindfulness pilot which has demonstrated an effective model of delivery to explore using it in some of RBWM schools.

Where work differs across the three councils, the results will be shared as part of ongoing quality improvement.

There were common agreed gaps across Ascot, Bracknell, Maidenhead, Slough and Windsor, identified at the Provider Forum and by the Working Group, these are:

1. Lack of support - parenting, behavioural and psychological - for children and young people after ASD/ADHD diagnosis and also after discharge from MH services where no diagnosis is made
2. Skills workshops in schools for children and young people who self-harm
3. Peer support & links to volunteering

4. A web page for children and young people listing what services/help are available & how to access them in each locality
5. Locality access points appropriate to local communities
6. Tools to improve emotional regulation for children and young people including games and biofeedback
7. Awareness /anti-stigma campaign
8. Joined-up training – Berkshire Healthcare NHS Foundation Trust, local authority and voluntary sector all providing PPEPcare* etc.
9. An improved resource for partnership working, advice, consultation, education and training to support skills development and improve the interface between prevention & early intervention services (universal & targeted) and specialist services. Capacity to undertake this work has been squeezed with the increase in referrals and complexity.
10. Specialist CAMHS input to local authority early intervention services and link between these and CPE.

*[*PPEPcare is a modular training course designed to help staff in primary care and education to recognise and understand mental health difficulties in children and young people and offer appropriate support and guidance to children, young people and their families using psycho-education and relevant psychological techniques (e.g. using a cognitive behavioural framework)]*

5.0 Improving access to effective support - a system without tiers

Objectives:

- Children, young people and carers know what is available and have easy access via a range of methods (face-to-face, online, telephone), particularly when in crisis
- Young people transition smoothly to adult services as required
- Children and young people telling their story only once (one assessment) which is shared with other professionals when required

5.1 Current provision

Early intervention and targeted support

Bracknell Forest Council	Slough Borough Council	RBWM
Promoting Resilience and Prevention • Building inclusive schools communities through supporting positive relationships and behaviour management. • Re-launch of the Healthy Schools Programme, with a particular focus on EH&WB. • EH&WB programme in schools, recently come to include preventative work provided to	• Information is available online through the Slough Services guide which has dealt with over 500,000 calls from children, young people and their families in 2014-15. When people complete the web-based 'request for further information' forms telephone follow-up is then carried out the next day • All agencies listed in the Five Ways hub	• Information is available online through the Local Offer, but is not always easy to find • New THRIVE model and complete range of services currently offered is being launched at School Leadership forum in October 2015 and shared as widely as possible. The document has been approved by CAMHS and the RBWM Leadership team

support the 'Kooth' online counselling services. **Early intervention services** • The KOOTH online counselling commissioned service provides professional accredited counselling to young people that can be accessed either on an occasional "drop-in" basis or via a longer period of contracted counselling.	provide face to face and telephone consultations as shown in the attached spreadsheet • The youth services and the specialist CAMHS service websites can be accessed online and through telephone follow-up from requests to the Health and Wellbeing section of the Slough Services guide • All services involved in the Five Ways to Wellbeing hub use the early help assessment process to enable young people to tell their story once • Patients are referred to specialist in-patient services from specialist CAMHS • Acute services follow a liaison protocol and call specialist CAMHS if an urgent case presents	• The Counselling Service is available to all young people in RBWM and can be accessed via a referral or a direct self-referral by the young person • See THRIVE model document to show all support currently available in each quadrant. • All schools can access ELSA training and supervision (a small charge is required) • All primary schools have access to some nurture group support • Patients are referred to specialist in-patient services from specialist CAMHS • Acute services follow a liaison protocol and call specialist CAMHS if an urgent case presents

Specialist services

CAMHS services provided by Berkshire Healthcare NHS Foundation Trust are accessed via a Common Point of Entry (CPE) with one telephone number for referrals or to get support/advice. The effectiveness of CPE will be evaluated during 2016/17 to assess if CPE works effectively with the right level of referrals and case mix.

There are a number of treatment paths:

- ADHD – assessment and treatment
- ASD – diagnosis only
- Anxiety and depression – moderate to severe cases
- Eating Disorders – see section 6.4 for proposals to expand
- Early Intervention in Psychosis (EIP) for 14+ years

Berkshire Adolescent Unit in Wokingham

Berkshire Adolescent Unit provides Tier 4 in-patient care, consisting of 7 beds (increasing to 9 from autumn 2015) and includes the day care of those in-patients. Additionally Tier 4 'Day Care' represents 9 day care places, 4 days a week. Outpatient activities consist of Eating Disorders (ED) and Early Intervention in Psychosis (EIP) activities provided on an outpatient basis.

There are specialist community teams in each locality across Berkshire where multi-disciplinary teams see complex cases if children and young people do not meet other pathway criteria. These teams include CAMHS Consultant Psychiatrists, psychologists, family and systemic psychotherapists and CAMHS nurses.

Entry criteria

- **Multiple co-morbidities**
  A young person presenting with multiple complex difficulties where each difficulty requires an active, individual treatment plan within the single care plan. The complexity would usually require multiagency working. Those young people presenting with for example ADHD and ASD would fit here.
- **Significant family issues affecting engagement**
- **High intensity of interventions required**
  The young person has a mental health disorder which requires intensive interventions on a more than weekly basis as a result of their presentation. However, if the crisis is primarily of a social origin the young person should preferentially be managed within the social care team with SCT providing consultation.
- **Extensive multi agency involvement**
  The young person has involvement with 2 or more external agencies (such as YOT, LDD, social services) and a complex mental health disorder requiring regular multiagency /professional meetings.
  This would include providing consultation to social services when the primary difficulty is not the mental health disorder.

The gaps in provision currently primarily relate to dedicated services for children and young people with learning disabilities, pathways for conduct disorder and attachment difficulties where there needs to be close inter-agency collaboration and joint commissioning. The THRIVE model provides some useful description under the section around 'getting risk support':

This grouping comprises those children, young people and families who are currently unable to benefit from evidence-based treatment but remain a significant concern and risk. This group might include children, young people who routinely go into crisis but are not able to make use of help offered, or where help offered has not been able to make a difference, who self-harm or who have emerging personality disorders or ongoing issues that have not yet responded to treatment.

The THRIVE model of provision would suggest that, for this group, there needs to be close interagency collaboration (using approaches such as those recommended by AMBIT to allow common language and approaches between agencies) and clarity as to who is leading. Social care may often be the lead agency and the language of social care (risk and support) is likely to be dominant. Health input should be from staff trained to work with this group and skilled in shared thinking with colleagues in social care, but with explicit understanding that it is not a health treatment that is being offered.

(THRIVE The AFC–Tavistock Model for CAMHS by Miranda Wolpert, Rita Harris, Melanie Jones, Sally Hodges, Peter Fuggle, Rachel James, Andy Wiener, Caroline McKenna, Duncan Law, Peter Fonagy, November 2014)

5.2 Identified gaps

Early intervention and targeted support

Bracknell Forest Council	Slough Borough Council	RBWM
• Support at an early intervention level. There is very little in between preventative services and Tier 3 CAMHS, meaning that CAMHS services are overwhelmed, with unacceptably long waiting lists populated in part by many young people who don't actually need that specialist level of treatment. We need to extend the online counselling to also include a blended face-to-face element, as has been implemented in other areas of the country. • This service could also address another key gap, which is the current lack of any coordinating centre for referrals at an appropriate level in the system. The common point of entry, as it stands, is within the specialist service level of CAMHS and as such does not provide an effective or accessible means of coordination of support at all levels of need. • A locality access points appropriate to local communities is required, that sits outside of specialist services, from where young people can access a comprehensive range of support and progress on to specialist CAMHS services if absolutely needed. The blended service mentioned above could provide this function. • This describes the priority to extend	• The protocol for transition developed through the Five Ways hub needs to be embedded in commissioned service changes • Supervision from specialist CAMHS is required for all referring GPs to help them understand their role in information provision and using the locally agreed pathways • Shared data entry systems are required to ensure smooth transitions between agencies • The THRIVE website will monitor the results of the young person's self-assessment and if anxiety or depression or self-harm scores remain high then they will be directed to local services • A common set of KPIs is required for all school-commissioned counselling services • The primary mental health service which responds to the CPE and social care is not visible to young people and needs a dedicated page describing its coordination role in the Slough Services guide • The online counselling services supported by schools do not feed into a central reporting system • Whilst SENCO forums address a large number of staff the pilot has demonstrated the need to embed early detection skills in schools	• Develop systems and protocols for Early Help Hub and CAMHS CPE. • Ensure there is a clear step up and step down protocol for support to access higher levels of intervention if necessary and transition down to community-based support. • Supervision from specialist CAMHS is required for all referring GPs to help them understand their role in information provision and using the locally agreed pathways • The new Support Service to Schools, THRIVE model and Early Help Hub needs to be launched to all schools and easily found on the RBWM website, Local Offer and linked to CAMHS. • Services such as EPS to work together across the Thames Valley to share good practice and support developments across all LAs, such as ELSA and Nurture training. • Set up a rolling programme jointly with CAMHS and LAs on awareness raising for schools and GPs around the different pathways. The pilot on ADHD in RBWM had very positive feedback. • Capacity within specialist CAMHS to support case-based discussions with the primary mental health teams about young people who

preventative and targeted support to include a blended online and face-to-face counselling service that can be a first point of call for any young person experiencing poor mental well-being (and anyone wishing to refer them for support). The new service could also act as a central point to help parents/ carers/ GPs/ teachers etc. navigate preventative and targeted support services.	requires an in-reach team and capacity at targeted level is limited to three a term • Capacity within specialist CAMHS to support case-based discussions with the primary mental health team about young people who are complex cases managed in school settings • The lack of an agreed trauma pathway	are complex cases managed in school settings

Specialist services

Gaps identified in this area (but requiring a multi-agency approach) are:

- Attachment and conduct disorder pathway
- Lack of co-ordinated support for parents/carers post-diagnosis for ASD
- Learning disabilities
- 24hr crisis response/home treatment - intensive support team to work with children at home to prevent step up to Tier 4 service and enable earlier step down from these

5.3 Plans for improvement

Early intervention and targeted support

Bracknell Forest Council	Slough Borough Council	RBWM
• A priority is to extend early interventions services to include a blended online and face-to-face service that can be a first point of call for young people experiencing poor mental well-being (and anyone wishing to refer them for support). This service can act as a central access point for referrals form where young people can access a comprehensive range of support and progress on to specialist CAMHS services if	• The THRIVE website when launched will be based in the existing youth services guide. This will allow for the self-assessment and tracking results to be shared with the local CAMHS services when severe needs are identified and for self-help to be offered for lower levels of need • The hub has designed operating procedures that include transition guidance which needs to be extended to specialist CAMHS and	• Establish group supervision for LA 'Tier 2' and CAMHS staff. • Build in an agreed trauma and attachment pathway • Link the new school based service with CAMHS, providing supervision • Extend the Early Years Pilot programme to build workforce capacity and awareness raising in preschool settings

absolutely needed. This will result in more timely support at every level of need and greatly reduced waiting lists at the specialist level. This central point and blended early intervention service will be fully integrated into the local landscape and actively working with all key stakeholders (notably young people, parents, GPs, teachers, specialist CAMHS, local targeted services and commissioners).	publicised within the pathways • Perinatal mental health pathways are being developed	

In the development of services to meet 16/17 priorities, it will be essential for the system to work with specialist commissioning around crisis in services that support repatriation from specialist admission and prevent deterioration to specialist admission.

6. Care for the most vulnerable

Objectives:

- Prioritising the needs of vulnerable children and young people
- Professionals know how to recognise and direct vulnerable children and young people
- The community knows how to recognise and direct vulnerable children and young people

6.1 Definition of a vulnerable child

There are some groups of children and young people who have greater vulnerability to mental health problems but who find it more difficult to access help.

These groups include children and young people:

- With Autistic Spectrum Disorder (ASD)
- In the criminal justice system
- Transitioning either to adult services or stepping down from in-patient services
- With life-limiting or terminal illness
- With chronic physical health problems, including eating disorders
- With learning difficulties and disabilities
- Who are lesbian, gay, bisexual or transgender (LGBT)

- Who are in care and/or 'in need' or with a child protection plan
- Who are victims of Child Sexual Exploitation (CSE)
- Who are young carers
- Who are living with domestic abuse, adult mental health issues and substance abuse
- In families who move into and out of the area relatively quickly (transient families), such as asylum seekers, armed forces personnel and those who move into the area seeking employment or taking up seasonal work
- With protected characteristics (those for whom English is an additional language; those from minority ethnic groups; those from Gypsy, Roma and Traveller families; those from lesbian, gay and transgender families), as defined by the Equality Act 2010

This list is not exhaustive but each child must be assessed on an individual basis with regards to mental health issues as some children are more resilient than others.

6.2 Targeting of vulnerable groups to improve access

There is an urgent need to ensure there is better, coordinated post- diagnosis support, particularly for children with Autistic Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD). Other vulnerable children and young people e.g. looked after children and care leavers, those with a learning disability and victims of Child Sexual Exploitation and FGM, also need to be prioritised for help to address their emotional health & wellbeing concerns at an appropriate level.

A whole system health and social care pathway that incorporates those most at risk, for example the priority groups above, and children in need, children supported through troubled families and youth offending services, would pay particular attention early identification, the ease of access and the importance of young people, parents and carers being able to navigate services. We need to understand who these vulnerable children are, and engage them to assist us in addressing the concerns they have about access and develop services that are understood, and have a workforce with the required skills and approach to meet their individual and specific needs.

We will also ensure that all services meet the requirements placed upon them as statutory sector bodies, by the Health and Social Care Act 2012, and other leading statute, and utilise powers effectively in order to achieve desired outcomes for children and young people. This would include powers contained in Section 3A of the NHS Act 2006 by which the CCGs can secure improvement on

a) The physical and mental health of persons for whom it has responsibility; or
b) The prevention, diagnosis and treatment of illness in those persons.

6.3 Eating Disorders

Current model

There is presently a service running as an outpatient service which supports and treats young people with a severe Eating Disorder who may otherwise end up being admitted to an adolescent unit. This service is known as 'Alternative to Admission' and receives approximately 25 referrals a year with a present case load of 40 young people and has very high criteria for acceptance. The service responds urgently and will review young people admitted to an acute hospital within 2 working days. Individuals are supported through physical health monitoring, dietetic support, individual psychological support, family therapy including multi-family therapy and psychiatry reviews and prescription of medication. Those not accepted in to the services are seen by the specialist CAMHs team; some of these children and young people may then wait for a significant period of time.

Overview of proposed new model

The new Berkshire model will use the well-established CAMHS common point of entry (CPE) to receive referrals and undertake an initial triage. Referrals will be accepted from a range of professionals and we will introduce the ability to self-refer. Consultation and advice to schools will be available through the CPE and will also include education and consultation to other agencies, providing support and liaison to young people admitted as a result of an Eating Disorder.

Severely unwell young people will continue to be seen within the outpatient setting of the Berkshire Adolescent Unit under the Alternative to Admission Eating Disorder service. Where appropriate, treatment will be provided closer to the young person's home.
Young people who do not meet the criteria for the Alternative to Admission service will be seen where it is most appropriate - within their locality clinic, at school, within the GP practice or at home. The majority of the service will be clinic-based; however there will be an additional outreach service to support the most unwell young people.

Physical health monitoring will be provided with shared care agreements with primary care. Outreach services will be developed to provide meal support to families at home where required. Urgent response and paediatric ward liaison service will also be available providing same day (Monday to Friday, 9am – 5pm) assessments and support to young people admitted to a medical ward.

It is expected that the service will be aligned with the Alternative to Admission and highly integrated with the adult Eating Disorder services.

The model developed for Berkshire builds on the existing alternative to admission service providing a hub & spoke service with care delivered to young people where it is most appropriate (within their locality clinic, at school, within the GP practice or at home). The majority of the service will be clinic based however there will be an additional outreach service to support the most unwell young people. Best practice suggest intensive home treatment teams should be a key feature and this will be explored as an enhancement for the future development of the service.

6.4 Perinatal

Bracknell & Ascot, Slough and Windsor, Ascot & Maidenhead CCGs recognise the importance of timely and evidence-based interventions around the perinatal period. Depression is the most common major complication of pregnancy and suicide is a leading cause of maternal death. In addition, depression and anxiety in the perinatal period increase the risk of emotional and behavioural problems in children and all children with depression at 16 years had mothers who were depressed (mainly in pregnancy). In Berkshire East we have already trained all midwives in detection of common Mental Health problems, our IAPT service prioritises mothers in the perinatal period and we have an active service user group which provides consultation on service, development, information provision and training.

We plan to expand training in Perinatal Mental Health across the whole of Primary Care, including GPs, Practice Nurses and Health Visitors. Training will also cover Children's Social Care, Home Start and Children's Centre staff.

We will expand our Mental Health services to improve provision within Secondary Care Mental Health teams, including improved access to psychological treatment and medication management.

6.5 Learning Disabilities (LD)

LD Transformation Plans are currently being developed but the main principles are:

- Working to the positive living model
- Repatriation of patients where right to do so
- Provision of intensive support service to manage crisis escalation and avoid admission as well as manage discharge back to the community
- Development of 'at risk of admission' registers
- Care and treatment reviews for those in an in-patient setting to ensure that is the right place for them

6.6 Health & Justice

After collaboration and consultation with Health & Justice commissioning the following areas have been identified as priorities. This will be delivered through the project resource identified.

Liaison and Diversion

This is an all-age service for people who have come to the attention of the police for an arrestable offence. The service will screen triage and assess children and young people for a range of vulnerabilities and broker access to services in the local area. There is an expectation of Memorandums of Understanding between this service and CAMHS for continuity of care. The service offers opportunity for early identification of need from typically hard to reach populations although numbers coming into the service not known to CAMHS (and other wellbeing services) are quite low.

Paediatric Sexual Assault and Referral Centres (SARC) - this service provides a place for the children and young people to talk about their experiences. There are a low number of referrals but high levels of need. Rapid access to community-led services needs to be available at point of referral. Research shows that rapid access will mitigate (to some degree) longer term mental and psychological ill-health.

Youth Offending Teams

- Multi-agency teams working in partnership to support children and young people who are young offenders
- Issues to address include improved waiting times for referrals to CAMHS when an assessment is required to support a child or young person prior to sentencing and improving links to physical health assessments or signposting to contraception, eating disorders, smoking cessation, sexual health and substance misuse. The aim will be to fast track these assessments to be completed within three weeks.

6.7 Crisis Intervention

Within the east of Berkshire the provision of A&E Liaison for children and young people was insufficient . Recent changes now mean that a CAMHS on-call consultant provides support to the team in managing complex CAMHS cases. There are plans to enhance the service so there is CAMHs expertise available at weekends. The Enhanced Liaison Service will aim to improve the current response time for assessing adolescents presenting in A&E and on the wards as well as upskilling existing liaison staff in the assessment of adolescents.

Links to Crisis Care Concordat

The Mental Health Crisis Care Concordat is a national agreement between local services and agencies involved in the care and support of people in mental health crisis. It sets out how organisations will work together better to make sure people get the help they need when they need it.

The Concordat focuses on four main areas:

1. Access to support before crisis point – making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously.
2. Urgent and emergency access to crisis care – making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
3. Quality of treatment and care when in crisis – making sure that people are treated with dignity and respect, in a therapeutic environment.
4. Recovery and staying well – preventing future crises by making sure people are referred to the appropriate services.

Across Berkshire, 24 organisations have committed to delivering the Crisis Care Concordat, including all six Local Authorities, seven Clinical Commissioning Groups (CCGs), Thames Valley Police, the Ambulance Trust, local hospitals, the Mental Health Trust, the Drug Alcohol Action Teams, NHS England and Berkshire Mind.

In order to deliver this Concordat an action plan has been developed across all partner agencies and includes specific focus on children and young people as well as ensuring generic services cater for the needs of children and young people. This includes:

- improving CAMHs alternatives to admission
- access to Tier 4 Beds
- more timely crisis response both in community and/or a hospital settings
- improved crisis provision in hospital setting in the way of liaison
- improved support from primary care

Place of safety

Across Berkshire there is a specific adolescent place of safety based at Prospect Park hospital which supports young people and the avoidance of the use of police cells as a place of safety. The Berkshire wide Crisis Care Concordat action plan references the use of police cells as places of safety falling to below 5% of Section 136 detainees ensuring patients are accommodated in an appropriate health facility. The Thames Valley Police will work with partners to ensure that custody is only used as a place of safety on an exceptional basis (below 5%) which includes children and young people.

6.8 Transition/Stepdown

Those children and young people who are receiving support in a Tier 4 setting would be stepped down to a supported community environment to ensure they are always in the least restrictive environment and that they are able to access education and engage within society whilst keeping them safe and meeting their needs.

Transition has been identified as an area for improvement in the stakeholder engagement feedback and this year transition is a CQUIN. Through the transition CQUIN, BHFT are working to embed minimum standards of care across all their children's services, to achieve smooth transition and to improve young people and families experiences of transition.

This will be achieved slightly differently in each of the specific pathways within CAMHS and the other specialist children's services but there will be core common standards that are embedded in the transition policy with the service specifics detained in the appendices.

The core standards are:

All young people who will transition will:

1. Have an allocated transition coordinator. In the majority of cases this will be the care coordinator.
2. Have an individualised transition plan that identifies who their transition coordinator is, the aims of transition, what their goals are, describe what will happen through the transition process and what will be provided once the transition is complete.
3. Be provided with written information about the service they are transitioning too
4. Have a comprehensive discharge letter that is copied into their GP and any other relevant professionals involved in their care.

There will be an audit of the transition experiences of young people as part of this CQUIN.

There is a need to review the workforce training and support needs for children and young people who transition from specialist CAMHS and Adult Mental Health Services to enable an improved transition to be undertaken (see 7.2).

6.9 Autism

A diagnosis only service is available through the current Tier 3 CAMHS service. Those children and young people with a single diagnosis will be signposted on to support services including Berkshire Autistic Society and other Local Authority funded services. In the future there will be a range of support services available including specialist parenting programmes, which will be tailored to meet the needs of the child/young person and their family.

Estimated number of children with autistic spectrum disorders

2014 data	Autism in children 9-10 yrs	Other ASDs in children 9-10 yrs	Total all ASDs in children 9-10 yrs	ASDs in children 5-9 yrs
NHS Bracknell and Ascot	15	30	45	145
NHS Slough	20	40	60	205
NHS Windsor, Ascot and Maidenhead	15	30	45	155

CCG population estimates aggregated from GP registered populations (Oct 2014). The numbers of children with autistic spectrum disorders shown relate to the prevalence rates found by Baird et al (2006) and by Baron-Cohen et al (2009) applied to the CCG population.

7.0 Developing the workforce

Objectives:

- Professionals are able to identify and assess child distress and ask the right questions
- Everyone who comes into contact with children and young people is appropriately skilled and trained
- One professional taking holistic responsibility for each child or young person

7.1 Current baseline

The baseline for current staff can be seen in section 3.5. A full mapping of workforce information including skills and capabilities will be undertaken in 2015/16 (year one of this plan). The Thames Valley Strategic Clinical Network has agreed to develop a workforce tracker to evidence the increase in the number of staff by 2020 and to work with us on workforce development.

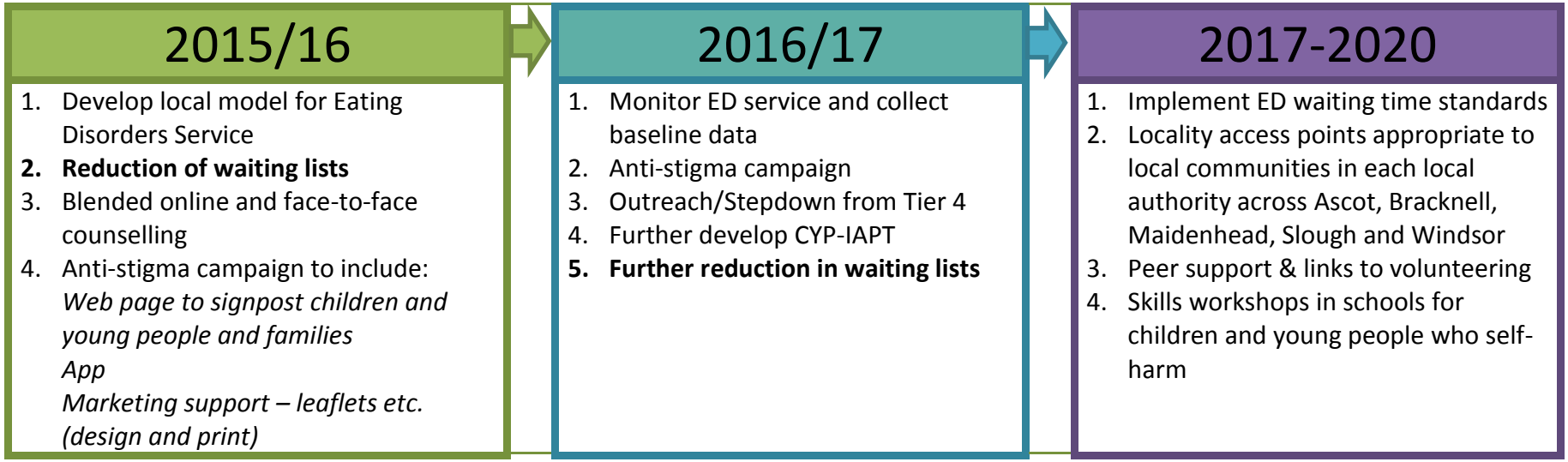
7.2 Plans to address gaps

- CYP-IAPT
- Workforce planning
- Recruitment and retention
- **Training**
  There is a need to review the workforce training and support needs for children and young people who transition from specialist CAMHS and Adult Mental Health Services to enable an improved transition. In addition, there is an urgent need to identify and commission key training for the workforce and to promote training around emotional health and wellbeing. The workforce includes GPs, Early Years Practitioners, Schools, Children's Centre Staff, School Nurses and Youth Workers.

- **Sharing skills/staff**
  In particular the links between children's mental health and wellbeing and learning disabilities services and services for children and young people with special educational needs and disabilities (SEND) need to be strengthened.

8.0 Making change happen

8.1 Priorities and plans



Design of user-friendly plan
Branding
Education and engagement programme
Research and evaluation
Animation

5. Development and co-ordination of services to support children and families post diagnosis for ASD
6. Training for frontline staff/primary care workers
7. Advocacy for children and young people in transition
8. Mapping and base-lining current services and staffing to ensure transparency, maintenance of existing services and to highlight inequalities
9. Professional evaluation of 15/16 projects and services with agreed standards for measuring performance including counselling services
10. **Rapid access to community services from SARC**
11. **Fast track assessments for referrals from YOTs**
12. **Psychiatry liaison**

Please note:
- the priorities listed above are in no particular order but they reflect the local priority streams in the financial tracker to assist the reader
- priorities marked in **bold** will be delivered through other plans or using other money

8.2 Outline financial proposals for 2015/16 Transformation Funds

Our outline financial proposal for the 2015/16 transformation fund is to promote prevention, resilience and early intervention, this will sit alongside existing plans to reduce local waiting lists and transform services. Our plan includes online counselling, with targeting of vulnerable children and young people and additional support to those identified as being vulnerable. Also an anti-stigma campaign that raises awareness and promotes improved attitudes to children, young people and their families affected by mental health difficulties that incorporates resources that empower children, young people and their families to know how to recognise when they need help, supports them to self-care and guides them through increased availability of resources. In addition we will be positively targeting ASD as this has been a group that has been identified as needing additional short term support and specialist coping skills due to historic backlogs, which are currently being tackled through additional funding from the CCGs. The purpose of the funding in 2015/16 is to build greater capacity at the preventative and early help stages, whilst addressing existing issues, in order to transform care going forwards.

Our model for 2016/17 will be to collaboratively commission those schemes proven to be successful in the pilots/projects detailed above after full evaluation. Consideration of any procurement processes will need to be factored into the implementation plans which will be developed during quarter three of 2015/16.

The fund will be allocated to each individual CCG as per the published allocation formula. Discussions with the Director of Finance to finalise the 2015/16 spend, how the funds will be pooled and apportioned to the individual project areas outlined in the plan. This is to ensure we comply with standing financial instructions and requirements placed on CCGs.

A number of projects outlined for implementation in 2015/16, will be run on a short term, fixed project basis, and evaluated to ensure that they provide value for money and to deliver outcomes as outlined. Procurement for services for 2016/17 onwards would be agreed once the evaluation is complete. The Director of Finance will advise best route for procurement and duration of contracts.

2017 – 2020

Given the need to front load the transition process in the first 18 months, there will be a need for consolidation across the partners and to review the effectiveness of the changes. Evaluation needs to take place to ensure the right plans and services are developed for 2017 onwards can be agreed.

8.3 Implementation

The implementation of the CAMHS Local Transformation Plan will be driven by the Transforming Children's Health Board, and delivery will be further supported by a Project Manager until the end of March 2016.

A phased approach will be adopted based on the priorities identified in 8.1 and these will be detailed in an implementation plan which will be developed during quarter three of 2015/16.

8.4 Monitoring and review

The implementation of the Local Transformation Plan will be monitored and reviewed by the Transforming Children's Health Board.

9.0 Accountability and Transparency

9.1 Engagement and Partnership

Bracknell & Ascot, Slough and Windsor, Ascot & Maidenhead CCGs have used a partnership approach in the development of the CAMHS Local Transformation Plans and the following stakeholders have been actively engaged:

- Children and Young People
- NHSE specialist commissioners
- Berkshire Health NHS Foundation Trust
- Bracknell Forest Council
- Slough Borough Council
- Royal Borough of Windsor & Maidenhead
- Public Health Teams in Bracknell, Slough and Windsor
- Adult mental health commissioners
- GPs and Primary Care
- Health and Justice Commissioning
- Parents and carers
- Private sector providers
- Schools and colleges
- Third sector representatives
- University of Reading
- Youth Offending Teams
- Health and Wellbeing Boards

Engagement

Our plans are designed around the needs of children and young people and their families, using evidence from JSNAs and feedback from the Berkshire Engagement Project for Child and Adolescent Mental Health Services in 2014. We will continue to develop our approach to ongoing engagement with children, young people and their families through appropriate forums and mechanisms to ensure that our plans remain patient centred and the plan can be

refined to respond to any changes in need. These forums will provide an opportunity to share new ideas, involve children and young people in the design of communication materials/websites etc.

Due to the tight timescales for the production of this plan it has not been possible to actively engage directly with Head teachers across Ascot, Bracknell, Maidenhead, Slough and Windsor; however we have engaged with the local authorities to gain insight into local issues faced by education. During this process, engagement has commenced with key stakeholders and we intend to develop a co-ordinated approach to engagement with schools and colleges, via Head teachers and governing body networks. We will also address, as part of our ongoing engagement, developing direct links with Healthwatch rather than through the Health and Wellbeing Boards.

A number of forums will be established to enable proactive and regular engagement with providers, children & young people, and schools & colleges.

It is envisaged that there will be more robust engagement and collaborative working between specialised NHS England mental health commissioners and CCG commissioners to ensure that there is commissioning across the whole system, with pathways of care, in CAMHS and adult services.

Communication
A communications plan is being developed to co-ordinate the resources, methods and activities to establish two-way systems of communications between all stakeholders.

Our Local Transformation Plan and declaration will be published on the website of the CCGs, Unitary authorities and local partners by December 2015. We will prepare and consult on the format of the final published plan to ensure that it is user-friendly for children and young people.

Once our plans are assured, we will need to undertake an equality impact assessment on this plan before publication.

9.2 KPIs
Data recording for all services will include the new Mental Health and Learning Disabilities Data Set (MHLDDS) standard, which supersedes and replaces ISB 1072 Child and Adolescent Mental Health Services (CAMHS) data set from January 2016.

In year one, a number of KPIs will be developed to support the monitoring of performance of services for both accessibility and quality outcomes, alongside qualitative feedback from CYP and families/carers. These KPIs will include quantitative and qualitative measures.

Draft KPIs:

- Routine Outcome Measures for interventions show positive outcomes - for all localities
- Change in standardised measures of psychological well-being and social functioning
- Interventions are regularly monitored and if there is no improvement, they are re-evaluated and a new plan is put in place

- KPIs established for all counselling services agreed across Ascot, Bracknell, Maidenhead, Slough and Windsor
- Number of children & young people receiving support across the range of services – counselling, PWPs, IAPT, etc.
- Number of peer support groups for women suffering from severe antenatal depression in whom the depression scores is reduced to moderate levels
- Number of users referred into CAMHS by source of referral
- Number of young people and staff trained in MHFA, Emotional First Aid, Nurture groups, Attachment and trauma training, Emotional Literacy Teaching Assistants (ELSAs) in schools and Emotional wellbeing Practitioners (EWP) in Early Years settings
- Number of young people and staff trained in MHFA, self-harm, anxiety and depression
- Number using the maternity app by postcode (when launched)
- Number using the THRIVE website by postcode (when launched) by level of risk
- Questionnaire in schools shows greater awareness, understanding and ownership of mental health & wellbeing issues
- Results of audit in schools - Number of schools using evidence-based resources and commissioning own counselling services
- Routine Outcome Measures for interventions show positive outcomes
- Satisfaction with support ratings from young people, parents/carers and professionals
- Self-defined goals reached
- Time from assessment to start of support or treatment (broken down by type, e.g. face-to-face counselling, CAMHS treatment etc.)
- Time from original referral to assessment
- User feedback shows increased numbers of young people feeling that they have been listened to
- A range of data on those accessing the service will also be collected to inform future planning (e.g. demographics, presenting issues, source of referral etc.

9.3 Governance

This is a shared plan between Bracknell & Ascot CCG, Slough CCG, Windsor, Ascot & Maidenhead CCG, Bracknell Forest Council, Slough Council and the Royal Borough of Windsor & Maidenhead. The Health and Wellbeing Boards will be responsible for the sign off of the Local Transformation Plans. The Chairs of each of the three Health and Wellbeing Boards are also members of the Transforming Children's Health Board which will act as the steering group for the delivery of the plan.

Governance structure and stakeholder map

<table>
<tr><td rowspan="2">BOARD/ STEERING GROUP</td><td colspan="6">Transforming Children's Health Board</td></tr>
<tr><td colspan="6">Representatives:
Health & Wellbeing Board Chairs and Directors of Children's Service from Bracknell Forest Council, Slough Borough Council and the Royal Borough of Windsor & Maidenhead. Chair and Heads of Operations from Bracknell & Ascot CCG, Slough CCG and Windsor, Ascot & Maidenhead CCG. Head of Strategy and Commissioning and Director of Nursing from Bracknell & Ascot, Slough and Windsor, Ascot & Maidenhead CCGs. Young Person. Strategic Director of Public Health Berkshire.</td></tr>
<tr><td>SRO</td><td colspan="6">Interim Director of Commissioning & Strategy, Bracknell & Ascot CCG, Slough CCG and Windsor, Ascot & Maidenhead CCG</td></tr>
<tr><td rowspan="2">WORKING GROUP</td><td colspan="6">CAMHS Transformation Plan Working Group</td></tr>
<tr><td colspan="6">Representatives: Children's Services, Education and Public Health representatives from Bracknell Forest Council, Slough Borough Council and the Royal Borough of Windsor & Maidenhead. GP MH Clinical Lead and Deputy Director of Nursing from Bracknell & Ascot, Slough and Windsor, Ascot & Maidenhead CCGs.</td></tr>
<tr><td>DELIVERY</td><td colspan="6">Programme delivery/Project Manager</td></tr>
<tr><td rowspan="2">STAKEHOLDERS</td><td colspan="6">Stakeholders</td></tr>
<tr><td>NHS England Specialised Commissioning local team/Health & Justice Commissioning</td><td>Schools and Colleges</td><td>Voluntary & Community sector
- Involve Bracknell
- Slough CVS
- WAM Get Involved</td><td>Providers
- Berkshire Healthcare
- Kooth
- Number 22
- Youth Talk</td><td>Youth Offending Teams</td><td>CYP and family engagement</td></tr>
</table>

The working group has senior representation from each of the 3 local authorities, the CCGs and includes a range of expertise medical, nursing, Public Health, Educational Psychology. The delivery of the plan is the responsibility of the Interim Director of Commissioning & Strategy for the CCGs. The Interim Director of Commissioning & Strategy is supported by the interim Accountable Officer and the 3 CCG Chairs.

9.4 Annual Declaration

The Transforming Children's Health Board will review and sign off the annual declaration prior to publication.

9.5 Pledge to Transform

Bracknell & Ascot CCG, Slough CCG and Windsor, Ascot & Maidenhead CCG and Bracknell Forest Council, Slough Borough Council and the Royal Borough of Windsor & Maidenhead Health & Wellbeing Boards will commit to transforming children and young people's mental health and wellbeing across Ascot, Bracknell, Maidenhead, Slough and Windsor from 2015/16 onwards to close the gap by 2020; this will be included within the annual declaration.