

Local Transformation Plan for Children and Young People's Mental Health, Emotional Wellbeing and Celebrating Neurodiversity

October 2021–October 2024



**Mental health is
everyone's responsibility**

ThiNking dIfferentLy aBOut
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Document Control Sheet

Key information	
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Frimley CCG and its partners, including children, young people and their parents/carers, Slough Borough Council, Bracknell Forest Council, Royal Borough of Windsor and Maidenhead Council, schools and the third sector, are committed to promoting the mental health and emotional wellbeing of the children and young people who live in our area and celebrating neurodiversity. At the centre of this partnership are the young people themselves who have been – and will continue to be – a vibrant driving force in informing and improving the way services work for them.

This Children and Young People's Mental Health and Wellbeing and Neurodiversity Local Transformation Plan (LTP) for East Berkshire sets out our further ambitions and includes in detail the actions we will be taking together over the next three years to continue to engage with our children and young people and communities in developing truly collaborative and integrated models of high-quality care. Our key areas of focus include:

- delivery of our nine local priorities
- implementing system reform
- building a formal partnership delivery arrangement
- responding to the impact of COVID-19 and the resulting potential surge in demand for services

Guided in everything we do by our overarching principles (see section 1.2.1 for details), we will ensure that the key enablers shown in Table 1 below run as a golden thread through our work, enabling us to meet our nine local priorities.

Table 1: Local priorities and enablers

Local priorities	Enablers
1. Strengthening crisis support	✓ Improving timely and quality communications
2. Supporting children with complex needs	✓ Improving the 'front door' to current emotional health and wellbeing services
3. Transition arrangements	✓ Supporting the workforce
4. Addressing eating disorders and disordered eating	✓ Understanding and demonstrating what is working well – Routine Outcome Measures
5. Embedding MHST principles across all schools	
6. Enhanced parenting support	
7. Addressing gaps in provision	
8. Developing formal partnership arrangements as a new model of working	
9. Responding to the impact of COVID-19	

The [NHS Long Term Plan](#), published in January 2019, set out the priorities for expanding children and young people's mental health services over the next ten years. Despite the challenging context of the last two years, our efforts to transform our services have continued. Significant additional work has recently been undertaken to respond to the government's COVID-19 mental health and wellbeing recovery action plan. This LTP includes our strategies to prevent, mitigate and respond to the mental health impacts of the coronavirus pandemic and our plans to cope with the surge in demand for services.



In August 2021, a [report](#) from the NHS Confederation entitled *Reaching the tipping point: Children and young people's mental health* highlighted the following key points:

- There is mounting concern that the mental health system for children and young people in England is reaching tipping point, with the COVID-19 pandemic having exacerbated existing challenges, including mental health inequalities.
- There are significant increases in demand for mental health support for children and young people across all services – from primary care to NHS specialist mental health services, voluntary sector, independent sector, and digital providers – but also pressures on acute trusts and local authorities. As many as 1.5 million children and young people may need new or additional mental health support as a result of the pandemic. This figure could be even higher when considering unmet need.
- In particular, demand for support for eating disorders has risen dramatically over the course of the last year. The number of young people completing an urgent or routine pathway for eating disorders has increased by 104 per cent between quarter four in 2019/20 and quarter four in 2020/21.
- Further funding is required to address the increase in demand and to continue the transformation of services and support for children and young people, especially support in schools and other educational settings.
- This needs to include a greater focus on early intervention and addressing the social determinants of mental health. While there is intense pressure on beds now, priority must be given to preventative and early intervention services over the medium-to-long term.
- However, funding alone will not address the problems. It is essential that we address chronic staffing shortages and challenges, including by investing in more children and young people's mental health specialists and in training and education of the wider workforce.
- Children and young people's mental health must be a priority for integrated care systems (ICS). They need to focus on addressing the fragmentation of children and young people's mental health services that many people experience and improve access to both early intervention and specialist mental health services¹.

We therefore recognise that the health crisis has had and continues to have very damaging consequences for our children, young people and families, our workforce, and our system as a whole. Unwelcome as it has been, however, COVID-19 has been a key driver of change, obliging services to review their traditional delivery methods and adopt the widespread use of modern technology to offer a blend of virtual and face-to-face provision.

In addition to dealing with the complexities of the pandemic, Slough Borough Council has issued a Section 114 notice recognising the significant financial challenges the authority faces. We will work in a constructive way with our partners in Slough wherever possible to help the council overcome their present challenges and to minimise any disruption to services.

This plan also reviews the way in which services have been commissioned previously and presents learning from best practice elsewhere across the country in developing a formal partnership arrangement as a new model of working in response to the workforce challenges. This will allow the right person, at the right place and the right time to offer a child, young person, or family the most relevant support. In addition, by promoting partnership working, this approach will help to ensure that there are no gaps in the layers of intervention and support available and will reinforce 'whole system' collaboration.

The Frimley Health and Care Integrated Care System (ICS), of which we are a part (see section 8), will become a statutory organisation from April 2022 and will continue to develop along its existing boundaries. This development will include the delivery, in collaboration with neighbouring ICSs and local authorities, of the five-year 'Creating Healthier Communities' strategy. The aim of this strategy is to work together with the population and partners to create inclusive and

¹ From: NHS Confederation (2021), *Reaching the tipping point: Children and young people's mental health*.



compassionate health and care services. Along with the delivery of the Frimley ICS's [Starting Well](#) ambitions, this will create more opportunities to share good practice and resources that target meeting the needs of the population at a local level.

The need to embrace a place-based approach can be evidenced through early discussions across the local authorities in terms of estate management, making the best use of physical resources and creating Integrated Care Hubs, thereby ensuring that there is a whole-family approach to the timely access of health and social care resources.

The decision to move to a formal partnership arrangement and confirmation that East Berkshire will remain within Frimley ICS are both very recent. As a result, this LTP represents the best information we have at the moment about the future context in which we will be working, which may be subject to change. Furthermore, references are made in this LTP to both NHS East Berkshire CCG and NHS Frimley CCG – this reflects the fact that some decisions on funding were made before NHS East Berkshire CCG became NHS Frimley CCG in April 2021.

Our overarching ambition is to create an integrated physical and mental health system for East Berkshire's children, young people, and families. We intend to achieve this by focusing on improving outcomes for children across our system and reducing variation and health inequalities. By supporting the physical and mental wellbeing of children and young people, from pre-conception to adulthood, we aim to promote caring, productive, and healthy families and communities. We will target those with the highest need and/or vulnerability and those who traditionally have been hardest to reach ensuring a positive approach to inclusivity and diversity (including neurodiversity) while maintaining our focus on early intervention and prevention. Co-produced with children, young people and their parents/carers, our offer will join up and coordinate the many models of care that support children. The adoption of an asset-based approach will enable us to maximise the many opportunities that health, education and care professionals and volunteers have to interact with families, building on the work of existing programmes.

1. Introduction

Against the backdrop of the coronavirus pandemic and the resulting short- and long-term increase in demand on children and young people's mental health services, we have updated our strategy in order to drive forward change. In our previous LTP (published in December 2019) we set out our ambition to transform services across the whole system. Over the last two years the themes of collaboration, integration and co-production have underpinned our work and remain crucial; here our vision and the principles that will guide our efforts going forward are described. This section also includes a summary of our key achievements in 2020 and 2021 and details the main ways in which our services have responded and are continuing to respond to the demands and restrictions of the COVID-19 crisis.





1.1 What is this plan about?

Our Local Transformation Plan (LTP) describes how as a local system we are working to improve the emotional wellbeing and mental health of all children and young people (CYP) across East Berkshire and celebrate neurodiversity. These efforts are in line with the national ambition and principles set out in the government document *Future in Mind – promoting, protecting and improving our children and young people's mental health and wellbeing* (2015).

This edition of our LTP will be published on both the CCG and local authority (LA) websites. The plan makes reference to the populations of both the CCG localities (Bracknell and Ascot, Slough and Windsor, Ascot and Maidenhead) and the local authorities (Bracknell Forest, RBWM and Slough), as the boundaries of these are not quite coterminous. Whilst Frimley CCG (East Berkshire) is the lead for the coordination of this plan, the word 'we' is referenced in the context of the wider system working collaboratively and the evolving place-based arrangements in East Berkshire.

We are now into the fifth year of publishing and reviewing our CAMHS LTP (the first edition was written in October 2016), although due to coronavirus (COVID-19) the LTP was not refreshed in 2020.

Updated in line with a number of new key lines of enquiry (KLOEs) set by NHS England, this refreshed plan contains details of our progress over the last two years and sets out our goals for 2021–2022.

This year's LTP also reviews the short-term and potential long-term response to and impact of COVID-19. The pandemic has meant that we have had to come together across our local system to find ways to deliver services differently. We explore how we can continue to take innovative new approaches to delivery without compromising the outcomes that we want to achieve for the emotional and mental health and wellbeing of East Berkshire's children and young people, including those who are neurodiverse. This involves professionals working together and with children, young people and their families/carers to design and provide the best possible services.

Whilst many people's lives have been adversely affected by coronavirus and the measures taken to combat it, the impact on children and young people has been particularly profound. We know that, as a result, some have encountered new emotional difficulties or have experienced a deterioration in pre-existing mental health issues. For many children and young people their emotional health will improve as society emerges from COVID-19 and they are able to return to their normal routines. However, for some young people the negative impact of the coronavirus crisis on their wellbeing will be more severe and long lasting.

Even before the coronavirus pandemic, mental health services for children and young people were already seeing an increase in demand. All our current planning must take into account the additional short- and long-term demand generated by the pandemic, and the extra pressure it is placing on services and on our CAMHS workforce. This LTP sets out how we intend to ensure that every young person receives the mental health and neurodiversity support they need. The plan also explores how we can best recognise and value the contribution that all those working in emotional and wellbeing services bring.

The government have produced a '[COVID-19 mental health and wellbeing recovery action plan](#)', which includes a section on children and young people and sets out "... an ambitious cross-government, whole-person approach to promoting good mental health" As a system within East Berkshire, we are committed to the principles set out in the action plan (see section 6 for more details).

In our previous LTP we stated our intention to not simply redesign existing services, but to transform them across the whole system. The strengthened governance arrangements and multiagency, partnership-group working that we have put in place over the last two years have allowed us to progress our work at pace (see section 8). We are an ambitious partnership with integration, collaboration and co-production at the heart of our transformation agenda. Although COVID-19 has inevitably had an impact on our system-change programme, the additional spending being



put into CAMHS and the dedicated CAMHS transformation support within our main provider, Berkshire Healthcare NHS Foundation Trust (Berkshire Healthcare), are enabling transformation to progress (see section 7).

Our CAMHS transformation has been and will continue to be shaped by direct user engagement from children and young people (CYP) and their families and parents/carers, together with feedback from CYP and professionals/volunteers received as part of our widespread engagement work (see section 5). There is also a system-wide determination to understand the nuances of the learned experiences of CAMHS users in a world in which technology and the use of social media are constantly advancing. During the engagement sessions we held with children and young people during the preparation of this LTP, they talked to us in detail about the positive and negative ways in which digital technology impacts their lives and their mental health.

In addition to the impact of the coronavirus crisis, we face a number of other ongoing challenges as we work to realise our ambitions. This plan also sets out how we intend to overcome those challenges and mitigate the potential risks associated with the implementation of our wide-reaching transformation programme. See section 8.5 for details.

It should be noted that in April 2021 East Berkshire CCG became Frimley CCG. Any reference to East Berkshire CCG in this LTP, which covers the transitional period, relates to the time before the name change.

1.2 East Berkshire's vision and the THRIVE Framework principles

Our vision is that by 2024 or before we will have transformed into a formal partnership arrangement model for mental health services. These services will be fully integrated, inclusive, accessible, timely, and responsive and will be informed by the needs expressed by children, young people, parents and carers.

East Berkshire local area partners believe that all children and young people should:

- enjoy a happy and fulfilling childhood
- be resilient and able to manage their emotional health and wellbeing within their family, school and community environments
- have rapid access to the most appropriate range of mental health services when they need them ('right care, right time, right place')

Our vision is fully inclusive of services as described within the THRIVE framework and principles (see figure 1).



The I-Thrive Framework and its Principles that we will embed are outlined below.

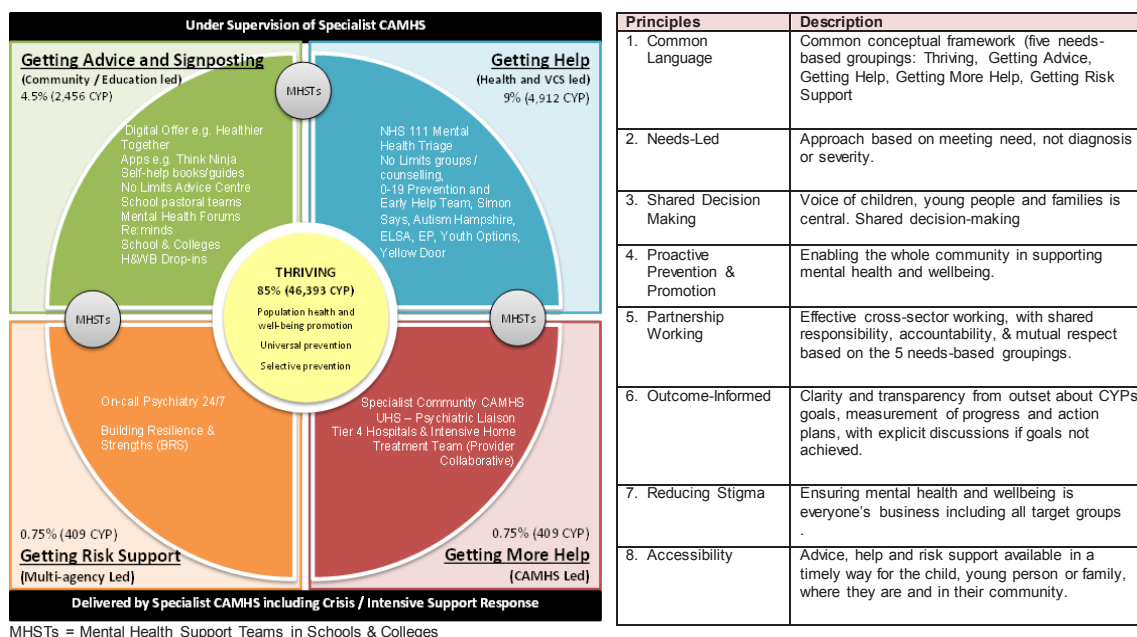


Figure 1: The THRIVE framework and principles²

1.2.1 Building on the THRIVE Framework: additional overarching principles

East Berkshire understands that the mental health and emotional wellbeing needs of children and young people are ongoing and change. Our approach to recognising, monitoring and responding to these needs will reflect this understanding. As we continue to work to achieve our vision, we will supplement the THRIVE Framework model with the following overarching principles:

- Everyone's responsibility
- Integration and joint working
- 'Doing with', not 'doing to'
- No 'one size fits all'
- Acceptance, curiosity and empathy
- Timely identification and support
- Inclusion
- Building supportive adults around children and young people
- Look beyond behaviour

1.3 Summary of our key achievements in 2020 and 2021 by Priority Outcome

In the 2019 refresh of our LTP, we set out four Priority Outcomes (see figure 2 below) which ran as a golden thread through our transformation work. These continue to form a key part of our vision and are embedded within all the principles described above.

2 Adapted from and in line with THRIVE Framework principles as set out in: Wolpert, M., Harris, R., Hodges, S., Fuggle, P., James, R., Wiener, A., ...Munk, S. (2019). THRIVE Framework for system change. London: CAMHS Press. See: [THRIVE-Framework-for-system-change-2019.pdf \(implementingthrive.org\)](#)



Figure 2: The four Priority Outcomes from our 2019 Local Transformation Plan

The progress we have made over the last two years and how it aligns with these four Priority Outcomes is documented below.

Table 2: Summary of our key achievements and impact in 2020 and 2021 by Priority Outcome

Priority Outcome
Outcome 1: Communities, schools, families and young people will work together to build resilience, learning from young people themselves how best to help them to cope with life's ups and downs
Key achievements and impact in 2020 and 2021
<ol style="list-style-type: none"> Expanded the Young Health Champions (YHC) co-production network and peer education programme to more secondary schools in Bracknell Forest and Slough and set up a community-based model in RBWM. We also worked with YoungMinds to develop an evaluation framework and theory of change. Our YHC programme was shortlisted for a national award in 2020 (CYP Now). On 1 July 2021, YHCs from Slough joined others from Bracknell Forest and RBWM along with representatives from other youth-participation groups at a virtual consultation event arranged by NHS Frimley CCG and partners in order to feed youth priorities into this LTP (see section 5.10). Worked with CYP and system partners to promote the importance of good emotional health and wellbeing through virtual campaigns and resources. This included: <ul style="list-style-type: none"> promoting MindEd for professionals and families publishing four #Coping guides, one for families, one for young people and two on Five Ways to Wellbeing adapted for lockdown with a version for primary age and secondary age children refreshing the Little Blue Book of Sunshine as an e-book to explain some of the things CYP can do right now to feel better, or who to turn to if things feel too much



- developing two social media campaigns, the #5ways5daysNHS Challenge to promote the Five Ways to Wellbeing during lockdown and the #PoemToAParentOrCarer campaign to encourage time to talk and publicise the support services available for parent and carers
- 4. Worked with Public Health colleagues and CYP to recommission Kooth.com to provide a digital offer. Kooth provide online counselling, information and peer support.
- 5. Collaborated with the University of Oxford to bring the OxWell student survey to Berkshire schools/FE in both 2020 and 2021. Participation in the survey provides local data to allow for services and resources to be tailored according to any identified needs.
- 6. Supported education to further develop their 'whole-school approach' to mental health and wellbeing. Also supported with the rollout of the DofE's Wellbeing for Education Return training programme, including the development and launch in March 2021 of the SHaRON Venus platform as an online peer support network for our local community of practice.
- 7. Published a workforce training offer in February 2020 to increase workforce capacity, including free Mental Health First Aid courses (see below) and LGBTQ+ awareness and mental health training. An update was published in November 2020 to bring the offer up to date for the pandemic. This included training commissioned by the CCG, as well as the best free sources of training available nationally, pulled together into one document for ease to help the workforce increase their confidence about the help they can give and to support staff wellbeing.
- 8. From January 2020 to July 2021, our locally commissioned Youth MHFA instructors trained 123 youth mental health first aiders.
- 9. Continued to fund and offer PPEP Care training to the CYP workforce, reaching 1,094 delegates over 40 sessions in 2020–21. PPEP Care also developed new modules on ADHD and attachment. New staff in the MHST and Getting Help teams have also trained as trainers to support the delivery of training in each locality.
- 10. The MHST/Getting Help team (CAMHS) and partners developed an emotional health and wellbeing virtual support offer for education settings and wider partners across East Berkshire. Three virtual webinar series took place in spring/summer 2020 and spring/summer 2021 (see section 4.3).

Priority Outcome

Outcome 2: Children and young people will have access to early help to meet any emerging emotional and mental health needs

Key achievements and impact in 2020 and 2021

1. Worked with Frimley ICS and LA partners to launch a universal online parenting offer: Solihull Approach.
2. Continued with the development of our early intervention offer through the MHST in Slough and new Getting Help teams across East Berkshire, all of which became fully operational in September 2020. Three virtual support offers for education were also put in place from April 2020 to July 2021 (see section 4.3). Also expanded MHST offer with implementation in place for RBWM, Bracknell Forest and second team for Slough.
3. Local implementation groups (LIGs) in all three boroughs have moved beyond implementing Getting Help/MHSTs to also running Mental Health Network meetings for local professionals contributing to wellbeing and CYP mental health.
4. Following the CCG-commissioned Attain review of autism and ADHD services for children and adults, we recommissioned pre- and post-diagnosis autism/ADHD support for parents/carers/CYP to offer families help in line with identified gaps from



the review. This new GEMS service launched in October 2020 provided by Solutions for Health in partnership with the voluntary sector.

5. Continued to allocate funding to community-based youth counselling organisations Number 22 and Youthline, including additional funding for COVID-19 demand, restoration and recovery (see section 1.4). Moved to a jointly commissioned approach and performance monitoring with LAs.
6. Reviewed and recommissioned support from the AnDY research clinic (University of Reading) to provide brief psychological interventions to CYP with anxiety disorders and depression, occupying the gap between interventions for emerging mental health difficulties and specialist NHS CAMHS teams. Allocated additional funding for COVID-19 demand, restoration and recovery (see section 1.4).
7. Kooth saw a reduction of 14% in new CYP registrations in 2020/21 compared to 2019/20. Of the 1,615 new registrations in the last academic year, 688 were in Bracknell Forest, 524 in Slough and in 403 in RBWM. There were over 14,000 logins, with 75% of users returning to Kooth more than once; 69% of logins were outside office hours.
8. Despite increasing demand, as well as an increase in clients presenting with more complex issues at both services, Number 22 has provided over 11,000 hours of counselling support and Youthline over 4,000 hours during 2020/2021. During the lockdown periods, both services adapted to offer telephone and online counselling and have used this learning to continue offering a blended model of remote support alongside face-to-face support. This has reduced waiting lists and has given service users more choice.
9. The three Getting Help teams and the existing MHST in Slough have seen a significant increase over the past year in referrals for anxiety, which has been the primary reason for referral. In the main, Guided Self Help is the support most commonly offered to CYP presenting with anxiety, followed by Behavioural Activation (BA) for those experiencing low mood. The Getting Help teams saw a total number of CYP being supported (2020/21) of 134 in RBWM, 167 in Bracknell and 110 in Slough.
10. The Slough MHST received 101 referrals and supported a total of 65 young people.
11. GEMS phone lines received 30 calls in the first month of operation. This rose to 149 calls a month in June 2021 (a 397% increase since launch). A total of 690 contacts were recorded on the GEMS system from October 2020 to July 2021. The service delivered a total of 20 workshops/courses from January to June 2021.
12. In 2020/21, the AnDY clinic has continued to build on the close, collaborative working relationship with the 'Getting Help' teams in East Berkshire and the BHFT CAMHS Anxiety and Depression pathway. This has included establishing a weekly, three-way referrals meeting to ensure that young people with anxiety and depression find their way to the right place at the right time and experience smooth transitions between these services. Over the 2020/21 reporting period the clinic completed 70 assessments with East Berkshire CYP and their parents/carers. Of those CYP offered routine treatment (n = 55), over 98% accepted the offer. On average, CYP had attended 11 sessions by the time they were discharged from treatment – this increase of 37.5% compared to 2019/20 is largely accounted for by additional appointments required to keep people safe at the height of the COVID-19 pandemic.
13. During the period 2020/21 the Symbol speech and language therapy and training service for YOTs received a total of 51 CYP referrals. (This was fewer than in previous years due to the COVID-19 pandemic, which resulted in fewer young people being referred to the YOT.) 176 intervention sessions were delivered and 13 training sessions were delivered with 100 people trained, including YOT staff, education staff, social workers and volunteers.



Priority Outcome

Outcome 3: Better communication – we will provide improved and coordinated information about the mental health and wellbeing support available and we will communicate this information effectively to children, young people and families, communities and professionals

Key achievements and impact in 2020 and 2021

1. Continued to deliver our communication and engagement plan for the new MHST and Getting Help teams to ensure awareness of the new services/support. This included newsletters, adding information online in all three boroughs, creating videos (co-produced with CYP – see [CAMHS East Berkshire 2021 - YouTube](#)), Mental Health Network meetings for professionals and sharing the offer with primary care during their protected learning time.
2. Worked with Young Health Champions to review services through an annual mystery shop and provide feedback, including on how user-friendly websites are and processes such as referral forms.
3. Ran virtual campaigns launched during Mental Health Awareness Week in 2020 and 2021: #5ways5daysNHS social media challenge to promote the Five Ways to Wellbeing adapted for lockdown and #PoemToAParentOrCarer competition and 'Time to Talk' campaign to encourage more open communication and publicise the support available for parent and carers of a young person struggling with mental health issues.

Priority Outcome

Outcome 4: Improved coordinated care for children and young people with more complex mental health needs and vulnerable children and young people – ensuring the right support, at the right time, in the right place

Key achievements and impact in 2020 and 2021

1. Reviewed and recommissioned Symbol to provide speech and language therapy, training and support for all three East Berkshire YOTs.
2. Reviewed our mental health crisis offer for CYP and started development of intensive home treatment functions. We also made additional investment into the rapid response team to increase their hours of operation, add a family support worker to the team and support additional COVID-19 demand.
3. Supported demand-and-capacity modelling and continued with additional investment into our eating disorders service in collaboration with BEAT.
4. Provided additional investment for waiting time initiatives for neurodiversity services within Berkshire Healthcare. This included digital assessments for autism and a pilot of digital ADHD assessments. Also supported demand-and-capacity modelling and secured further additional investment.
5. Explored a transformed approach to understanding and supporting neurodiversity, with a pilot being developed in Bracknell Forest. Worked with LA partners and Berkshire Healthcare neurodiversity services to launch the East Berkshire Neurodiversity Network in May 2021 to help bring about a change in thinking to promote a strength-based approach and champion collaborative working.
6. Offered an adapted model of PPEP Care training to foster carers.
7. Focused on protected vulnerable groups, starting with LGBTQ+ CYP. We piloted LGBTQ+ awareness and LGBTQ+ mental health training for the CYP workforce, with 73 professionals trained between September 2020 and July 2021.
8. Created the new post of Children in Care (CiC) CAMHS worker, recruited in December 2020.



9. Offered training in Restorative Practice with Youth in Mind (funded by HEE and delivered by Thames Valley Restorative Justice Service) to middle managers and frontline staff across Slough and RBWM through seven sessions in 2020/21.
10. All the BHFT 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 has been seen nationally over the last year and the situation in Berkshire has been no different. Total referrals to BEDS CYP increased by 52% on the previous year with the number of referrals from Berkshire East rising by 65%. This trend has continued with referrals up by a further 33% YTD on the same period last year. In addition to the increase in the number of referrals, there has been 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. More details on the Berkshire Healthcare CAMHS data is contained within Appendix 1.

1.4 Response to the COVID-19 crisis at CCG level

As soon as the COVID-19 crisis began, at an East Berkshire CCG level, restoration and recovery meetings were convened weekly. This evolved into a fortnightly system of calls during the first lockdown to ensure regular communication with commissioned providers and local authorities. These calls initially involved service provision updates while everyone was adapting to new ways of working and exploring how best to deliver interventions virtually. The scope of the calls then expanded to include identifying key areas of focus, system risks and mitigation. Output was a weekly business continuity grid which shared service availability and updates with stakeholders. Feedback about family pressures also led to the quick publication of a set of [#Coping guides](#) in April 2020 (later refreshed in January 2021) providing information on services and resources to promote self help and support family life during the pandemic.

During the period summer 2020 to spring 2021 monthly and then bimonthly calls were made with commissioned providers and local authorities. These were less about service updates and more about system-wide recovery and restoration planning. This was in line with the themes included in a letter from NHSE (phase 2) covering the following:

- Ensuring that children and young people continue to have access to mental health services.
- Close working with local partners to ensure that referral routes are easily understood.
- Preparing for a possible longer-term increase in demand on children and young people's mental health services because of the pandemic.

The main actions undertaken during this time included predictive and demand modelling and surge planning, which were carried out with providers with support via NHSE and Herridge Health Information Solutions Ltd. This led to additional funding being allocated to the CAMHS rapid response team and eating disorders service to support the COVID-19-related surge in demand. Increased funding in addition to baseline to boost capacity was also allocated to:

- the AnDY clinic (for one fixed-term post for 12 months)
- the community-based youth counselling service Youthline (for two fixed-term posts for 12 months, starting in January and March 2021)
- the Number 22 counselling service (to increase capacity from February 2021 to June 2022)

Recurrent funding was also increased to the autism pathway to increase capacity and to the rapid response team to allow them to maintain extended hours of operation and employ a family support worker.



Other actions taken during this period included the following:

- ran the #5ways5days NHS online challenge to promote the Five Ways to Wellbeing during lockdown
- MHST/GH service created their first virtual offer of a webinar series, which was then extended East Berkshire wide and has continued since
- T/F group looked at emerging areas of need, such as staff wellbeing and emotionally based school avoidance
- supported LAs and Education on the roll out of the DfE's national Wellbeing for Education Return training programme for school staff; provided access to the SHaRON platform (online network) to continue support
- in response to feedback, organised a webinar for children's services staff about adult mental health services, mainly focusing on services that are open access (i.e. adults can self-refer)
- published an addendum to the workforce training offer; all the training was virtual
- rolled out OxWell 2020 health and wellbeing school survey
- refreshed the *Little Blue Book of Sunshine*
- launched #PoemToParent/Carer poetry and film competition and online campaign

1.5 Response to COVID-19 by our main provider, Berkshire Healthcare

1.5.1 CAMHS Common Point of Entry

Berkshire Healthcare's CAMHS Common Point of Entry hub plays an important role in providing information and advice to both professionals and young people, parents and carers. When the coronavirus crisis started the team had to master the technology required to undertake assessments virtually, learning new skills to maximise engagement digitally and adapting to the challenges of working from home. Staff used their quality improvement training and the quality management improvement system to ensure that they were able to maintain accessible, safe and effective provision of advice, triage and assessment during the pandemic. Daily status exchanges were put in place to connect teams, allowing them to agree the day's priorities. New processes were also set up to support effective patient flow. Referral rates have been impacted by lockdowns, with significant drops followed by unpredictable surges. One of the greatest challenges has been to manage the significant surge in referrals labelled as urgent. In addition, the following actions have also been undertaken:

- communication with families has been improved – a new response letter for all routine referrals contains information on self-help and details of who to contact if a child or young person's condition worsens while they are waiting for an appointment
- regular meetings have been undertaken with the new Getting Help teams to ensure that there is a clear understanding of criteria, consider specific referrals and make sure that the CYP is seen by the right service at the right time
- new data systems have been developed to improve the efficiency of the neurodiversity referral screening process
- work is in progress on improvements to the Trusted Assessor protocols
- CAMHS worked together with partners to keep local communities well informed about the impacts of the pandemic on services, as well as providing advice, guidance, information and support to CYP and families (staff were also involved in developing the series of #Coping guides for young people and families)

1.5.2 Practical response within Berkshire Healthcare services

- all services had Business Continuity Plans and Quality Impact Assessments, including risk assessments and risk management plans, in place that were regularly reviewed and updated



to reflect changes in NHSE/PH/government COVID-19 guidance

- daily/weekly coronavirus-specific meetings were held to ensure that all services were kept up to date regarding any changes in guidance
- all staff had IT equipment to enable them to work from home as necessary and dedicated workspace within Berkshire Healthcare sites were available, to minimise the disruption to service delivery

1.5.3 Operational response

Like all NHS provision, Berkshire Healthcare services adapted to the coronavirus crisis by moving many aspects of services online while maintaining some in-person assessments and treatments wherever possible. The operational response included the following actions:

- Where clinically safe to do so assessments and treatment appointments were conducted online. This required staff to master software to share genograms (family trees) and diagrammatic formulations. Teams continued to engage children in online therapeutic work, building effective relationships and delivering compassionate care digitally.
- Berkshire Healthcare used their new digital expertise to deliver online workshops for parents, for example in the Anxiety & Depression Service, where they were able to encourage active participation through using the chat function. These workshops were well received by parents, who rated them very highly and found them easier to attend than in-person workshops. Without the constraints of room size or parking capacity, Berkshire Healthcare were able to invite more parents at a time to participate. In response to emerging needs and the impact of the pandemic Berkshire Healthcare also developed new workshops including one on 'back to school anxiety'. Each workshop was recorded to make it accessible on demand.
- Face-to-face support/provision remained throughout the pandemic but was initially only offered to families identified using the safeguarding tool. A matrix of prioritisation was implemented to help clinicians identify which service users would require face-to-face support and coordinated with estates, infection control and governance teams to ensure that clinical spaces could be accessed safely. Processes were put in place to manage infection-control risk, hygiene, access to PPE and clarity about PPE guidance.
- Services continued to be delivered across a wide range of settings, inclusive of homes, clinics and schools that were opened following NHS guidance in relation to the use of appropriate PPE. Letters to parents and schools regarding use of PPE and what to expect (with a picture) were sent directly to schools and parents who had appointments to attend clinics or receive a home visit.
- Children in Care health reviews were conducted face to face where indicated to do so. Others were carried out virtually and followed up with a face-to-face meeting once COVID-19 restrictions were relaxed.
- The Autism Assessment Team had already developed a video to give children and young people information about what an assessment would be like. With the help of service users, other CAMHS teams are now also developing short video clips for young people about emotional difficulties, ideas about what might help them, and what to expect at an assessment appointment.

SHaRON network

Just prior to the pandemic Berkshire Healthcare went live with a new SHaRON (Support Hope and Recovery/ Resources Online Network) in the Anxiety & Depression Service. SHaRON offers a confidential online space for self-help, peer support and access to resources and is moderated by a team of clinicians and volunteers. Berkshire Healthcare now have SHaRON support networks for: parents of children who have anxiety, depression, OCD, autism, and/are experiencing a first episode of psychosis; parents of children waiting for an autism assessment; people with eating disorders; new mothers with mental health difficulties and their partners; and professionals working with children across Berkshire.



SHaRON has been a wonderful resource to connect service users or parents/carers to each other as well as to services. It increases access to evidence-based resources, empowering people to help themselves. It can give rapid access to peer support as well as specialist advice from a range of clinicians which families find very useful. It is also an efficient way for clinicians to provide information and support to many families at once. SHaRON has been of particular benefit during the pandemic with an increased use of online forums and has supported families during lockdown and with the anxiety about restrictions easing.

Children and young people in crisis

Providing robust support for children and young people in crisis has been critical over the last year. Referrals to the CAMHS rapid response team (RRT) dropped at the beginning of the first lockdown but have been higher than usual most months since then; for East Berkshire, referrals have been up by 30% on 2019/20. This trend looks set to continue with referrals up a further 22.5% YTD. The continued provision of face-to-face care 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.

Professionals in education, social care, primary care and mental health support

The role of professionals in education, social care, primary care and mental health support has been critical in COVID-19 restoration and recovery. Additional training and support are being provided to help professionals in these settings to identify the potential signs and symptoms of mental health difficulties in CYP. This includes an understanding of when watchful waiting or active monitoring is and is not recommended, how and when to refer on and what the evidence based/ NICE-recommended treatment is for specific difficulties.

MHSTs and Getting Help teams and CAMHS partners created a virtual support offer for education between May 2020 and July 2021. Forty different webinars were delivered to more than 1,100 individuals from across education, health and social care and the voluntary sector (see also section 4.3).

1.6 Response to COVID-19 by other commissioned providers

All providers in the CAMHS partnership have continued to deliver services but through adapted models (i.e. digital). For example, the AnDY clinic, the community-based youth counselling service Youthline and the Number 22 counselling service all continued to operate. These services increased capacity and moved to virtual or blended models of delivery where appropriate. Solutions for Health's GEMS service provided totally virtual/telephone pre- and post-diagnosis autism support at the height of the pandemic.

2. Understanding local need and health inequalities

It is estimated that more than 6,130 children (8.6%) aged 5–16 living in the East Berkshire area have a mental health disorder. Here we provide an overview of data from a range of local and national sources about our children and young people's mental health. The information outlined in this section includes the impact of the coronavirus crisis, key demographics, the prevalence of mental health disorders in East Berkshire, and a collection of indicators relating to protective and risk factors. Groups who are especially vulnerable to mental ill health are also described, as are the ways in which we are seeking to address the higher level of health inequality that such groups often experience. Our needs assessment has continued to inform our local priorities.





2.1 Impacts of COVID-19 on CYP mental health

2.1.1 National impacts

The Mental Health of Children and Young People in England Survey 2017 provides England's best source of data on trends in child mental health. In July 2020, a [follow-up report](#) was produced, exploring the mental health of children and young people during the coronavirus pandemic and changes since 2017.

The report found that rates of probable mental disorders in children aged 5 to 16 had risen to one in six (see section 2.3). Children and young people with a probable mental disorder were more likely to say lockdown had made their life worse (54.1% of 11- to 16-year-olds and 59% of 17- to 22-year-olds), than those unlikely to have a mental disorder (39.2% and 37.3% respectively).

About one in twelve (8.2%) of children with a probable mental disorder had a parent who decided not to seek help for a concern regarding their child's mental health, with a further 5.9% deciding not to seek help for both their child's mental and physical health.

The [YoungMinds Survey March 2020](#), found 83% of young people said the coronavirus pandemic had made their mental health worse. Of the respondents who had been accessing mental health support in the lead-up to the crisis, 74% said they were still receiving some level of support, while 26% of young people said they were not currently able to access support.

2.1.2 Local impacts

The OxWell School Survey 2020 was commissioned to understand the views and behaviours of children and young people in East Berkshire and how they changed due to the COVID-19 pandemic and lockdown.

The results showed that almost half of older children felt their sleep had worsened as a result of lockdown, with all year groups seeing at least a third of children stating sleep had worsened. Years 5 and 8 saw 37% of children saying the effects of lockdown had improved their sleep, the highest reported percentage across all year groups.

It was reported in the survey that 3.7% of children are frequently self-harming, with a difference between males (1.5%) and females (5.5%).

Of those who self-harmed, 39.6% of children did not seek help, 36.7% turned to friends for support and 25.4% went to a parent or carer. Of those who did not seek help, the highest scored reasons were because they didn't want help (58%), they didn't want to burden anyone else (56%) or they were scared or worried about what people might say (49.8%).

The OxWell survey also asked what children and young people were most worried about. Of the respondents, 54% were concerned about doing well at school or college, 42% were worried about their appearance (how they look and what they wear). Around one third (32%) were worried about them and/or their family catching the coronavirus and not being able to sit key school exams. In comparison, 82% were not worried about having enough money to pay for food or living costs and 78% were not worried about going outside during lockdown.

An audit looking at children and young people presenting with a mental health crisis to Frimley Park Hospital's emergency department in the first six months of the reporting year 2020 to 2021 saw an initial decrease of 55.1% compared to the previous quarter's attendances. As schools and colleges reopened, the hospital quickly saw the numbers of CYP attending the emergency department in crisis rising again. During the first six weeks of returning to school, there was a 121% increase in attending in crisis compared to the same period the year before.

In Quarter 1 (April to June 2021), the primary reason for presentations of CYP in mental health crisis to the emergency department saw a predominant proportion of overdoses (36%), followed by deliberate self-harm (28%) and low mood/suicide ideation/anxiety (25%).

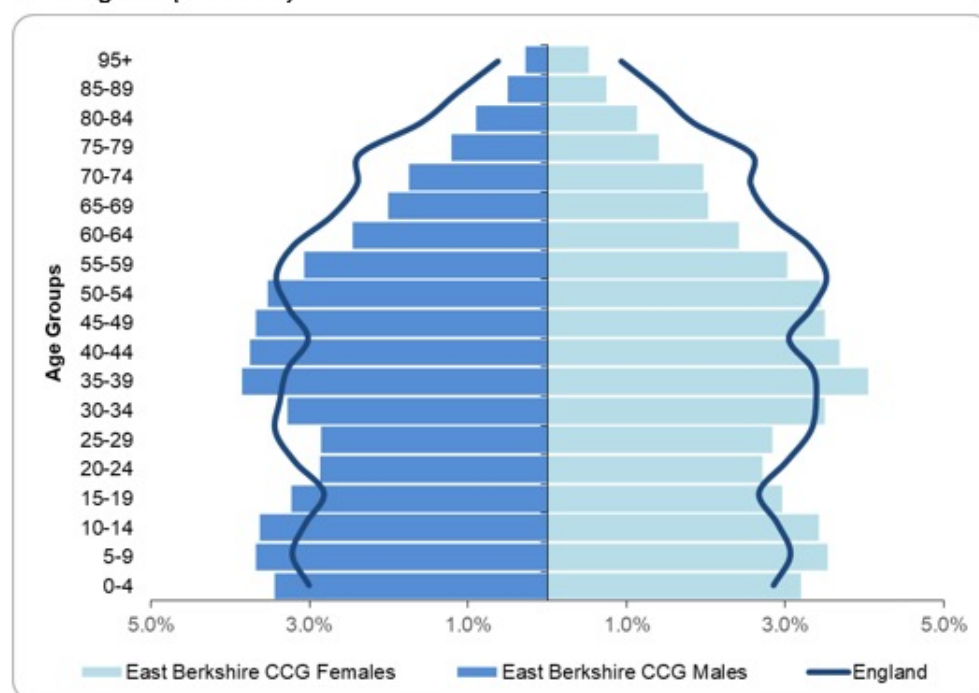


2.2 Demographics

2.2.1 Population of East Berkshire: numbers and proportion of children and young people

In mid-2019 the estimated resident population of East Berkshire CCG was 436,701. Children and young people aged 0 to 17 made up 25% of this population, compared to 21% in England (the most noticeable difference between our CCG and the national figures is in the number of children aged 5–9). Slough has our area's highest proportion of children and young people, at 30%.

Resident population of East Berkshire Clinical Commissioning Group compared with England (mid-2019)



Source: [Office for National Statistics \(2020\); Clinical commissioning group population estimates](#)
Figure 3: Population of East Berkshire CCG (mid-2019) compared to England

Population projections for East Berkshire CCG made in mid-2018 indicate that over the next 20 years there will be an overall decrease in both the numbers and proportion of children in the population. Figure 3 shows that this decrease will be in the numbers of younger children (aged 0 to 9), while the numbers of older children (aged 10 to 18) will increase. The CCG's population is expected to continue to have a higher proportion of children and young people than in England as a whole.

Table 3: Population projections for East Berkshire CCG from mid-2018

Age group	Mid-2018 population	Projections							
		2019	2020	2021	2022	2023	2028	2033	2038
0 to 4	29,326	28,620	28,032	27,250	26,553	25,933	24,732	24,627	25,446
5 to 9	31,798	31,553	31,036	30,677	30,164	29,773	26,469	25,350	25,254
10 to 14	29,658	30,839	32,155	32,948	33,371	33,535	31,533	28,243	27,146
15 to 17	16,466	16,724	17,171	17,858	18,690	19,502	20,926	19,571	17,588
Total (Under 18s)	107,248	107,736	108,394	108,734	108,779	108,742	103,660	97,791	95,434

Source: [Office for National Statistics \(2020\); Population projections by single year of age – clinical commissioning groups](#)



2.2.2 Child poverty

In 2016, 9,570 children aged 0 to 15 were [living in poverty](#) in East Berkshire. This was 11.4% of the overall population and significantly lower than the England figure of 17%. There is variation in child poverty and deprivation across East Berkshire, with higher levels in the Britwell, Northborough and Elliman wards (Slough) and neighbourhoods within the Great Hollands North ward (Bracknell Forest). The proportion of children living in poverty has reduced across all three local authorities.

2.2.3 Ethnicity

East Berkshire has a more ethnically diverse population than other areas of England. According to the most recent [School Census](#) (January 2021), 58% of primary school pupils and 55% of secondary school pupils in East Berkshire were from a minority ethnic group (i.e. groups other than White British). Slough has the highest proportion of children from minority ethnic groups in the South East at 87% for both primary and secondary school pupils.

2.2.4 School population

The January 2021 [School Census](#) figures show that there are 144 state-funded schools in the three East Berkshire local authorities, with an additional three pupil referral units and 32 independent schools. Not all children living within East Berkshire attend schools within our area. Some of our local schools have a high number of CYP from outside our area, e.g. grammar schools. A summary of the school profile across East Berkshire is shown in table 4.

Table 4: Number of schools and pupils in East Berkshire local authorities (June 2021)

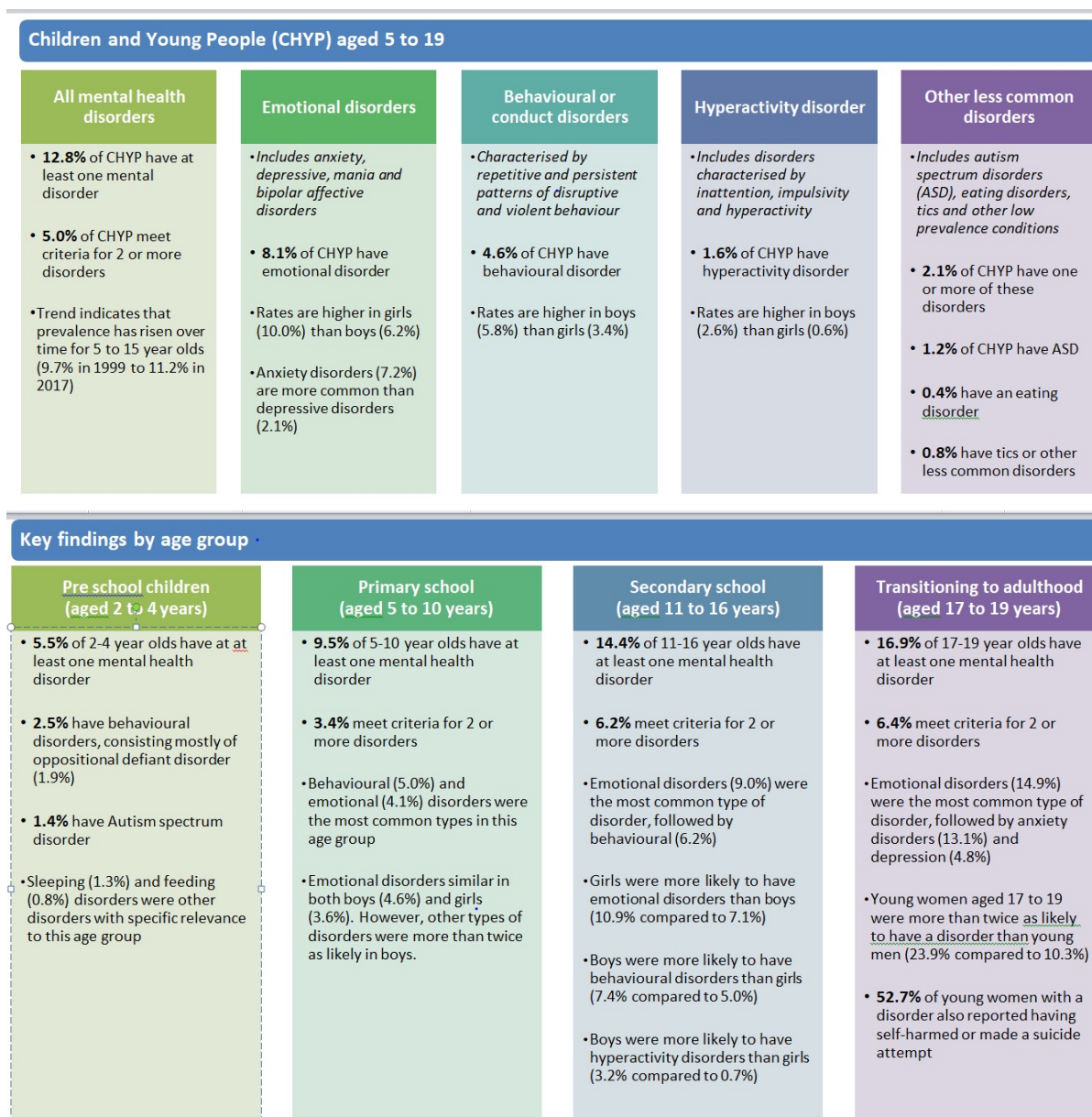
Type of school	Bracknell Forest		Slough		RBWM	
	Number of schools	Number of pupils	Number of schools	Number of pupils	Number of schools	Number of pupils
Primary schools (state funded)	29	10,392	28	17,449	46	10,737
Secondary schools (state funded)	7	7,783	15	14,514	14	11,374
Special schools (state funded and non-maintained)	1	196	2	356	3	434
Pupil referral unit	1	44	1	139	1	23
Total	38	18,415	46	32,458	64	22,568
Independent schools	8	3,130	6	722	18	5,333

Source: [GOV.UK \(2021\); Schools, pupils and characteristics: June 2021](#)

2.3 Children and young people's mental health in England

2.3.1 Prevalence of probable mental health disorders

Major surveys into the mental health of children and young people in England were carried out in 1999, 2004 and 2017. These surveys are considered to provide England's best source of data on trends in child mental health. The official statistics and findings from the 2017 survey were published by NHS Digital in 2018 ([Mental Health of Children and Young People in England, 2017](#)) and the key national findings are highlighted in figure 4, below.



Source: *Mental Health of Children and Young People in England, 2017*
Figure 4: Children and young people – national prevalence of mental health disorders, 2017

In July 2020, the sample children and young people interviewed face to face in 2017 were followed up online to examine the mental health of children and young people in 2020 and changes since 2017. Experiences of family life, education and services, and worries and anxieties during the coronavirus pandemic were also examined.

In both 2017 and 2020, about three quarters of children aged 5 to 16 years were identified as unlikely to have a mental disorder. In 2020, one in six (16.0%) children of the same age in England were identified as having a probable mental disorder. This was an increase from one in nine (10.8%) children in 2017, which has been offset by a decrease in the proportion identified as having a possible mental disorder between the two periods (13.7% in 2017 to 9.6% in 2020).

The increase in probable mental disorders increased with age and was evident both in boys and girls aged 5 to 16 years. In boys, the rate increased from 11.4% in 2017 to 16.7% in 2020. In girls, it increased from 10.3% in 2017 to 15.2% in 2020.

2.3.2 Risk and protective factors for children and young people's mental health

The 2017 survey of mental health in children and young people also identified risk factors and potential predictors for an increased prevalence of mental health disorders in children and young people. Detailed information about how these factors impact on the prevalence of mental health

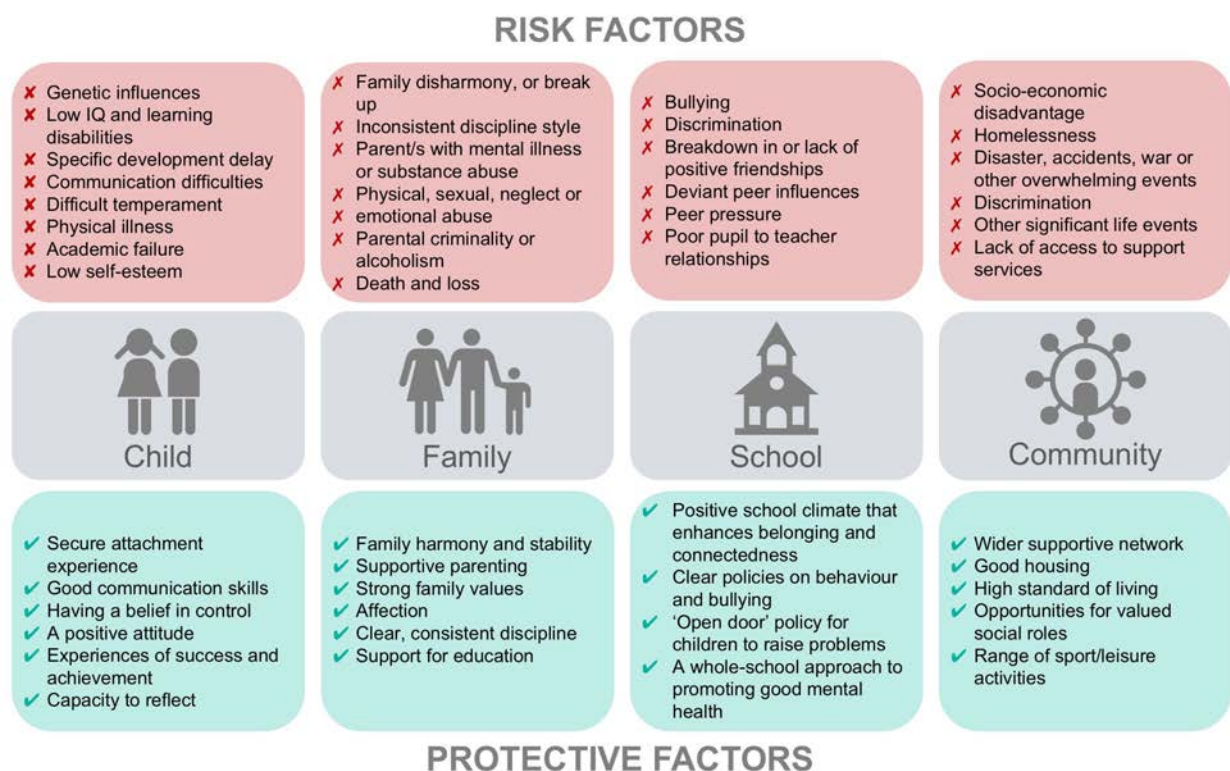


disorders can be found in NHS Digital's detailed report [Mental Health of Children and Young People in England, 2017: Predictors of mental disorders](#). A summary is included below:

- | | | |
|--|--|---|
| <ul style="list-style-type: none"> • Sexual-orientation: Young people who identified as non-heterosexual were more likely to have a mental health disorder (34.9%), than those who identified as heterosexual (13.2%). • Ethnic group: Rates of disorder are higher in White British children (14.9%) and lower for other ethnic groups. • Physical disability and health: Children with a disorder were more likely to have poor general health, a limiting long-term illness, a physical or developmental problem or a special educational need. | <ul style="list-style-type: none"> • Family functioning: 38.2% of children living in the least healthy functioning families had a mental disorder, compared to 8.3% of children living in the most healthy functioning families. • Parental mental health: Rates of mental disorder tended to be highest in children living with a parent with poor mental health. • Adverse life events: Children with a mental disorder were more likely to have experienced certain types of adversity, such as parental separation or financial crisis at home. • Social support and participation: Low levels of social support, a smaller social network and not participating in clubs or organisations were associated with the presence of a mental disorder. | <ul style="list-style-type: none"> • Lower income households: Emotional and behavioural disorders were more common for children living in lower-income households, although there was no association for hyperactivity and eating disorders. • Receipt of benefits: Disorder rates higher for children whose parents were in receipt of low-income benefits. • Neighbourhood deprivation: This was not associated with most types of disorders. |
|--|--|---|

Figure 5: Summary of risk factors and potential predictors of CYP mental ill health, 2017

The findings from the 2017 survey reflect the identified risks and protective factors for developing mental health problems that were included in Public Health England's summary report of 2016.



Source: [Public Health England \(2016\): The mental health of children and young people in England](#)
Figure 6: Risks and protective factors for developing mental health problems



In 2020, children (aged 5 to 16 years) with a probable mental disorder were more likely to be living in a family who reported problems with family functioning (28.3%), compared to children who were unlikely to have a mental disorder (11.7%). This was found for both boys (30.0% and 11.3% respectively) and girls (26.3% and 12.1% respectively).

About one in twelve (8.3%) children with a probable mental disorder had a parent who decided not to seek help for a concern regarding their child's mental health, with a further 5.9% deciding not to seek help for both their child's mental and physical health.

2.4 Children and young people's mental health in East Berkshire

Public Health England is currently using the findings of the national 2017 Mental Health of Children and Young People in England survey to create detailed modelled estimates at a local authority level. These will consider the age, sex and socio-economic levels of the population to develop local prevalence estimates. As these results were not available at the time of publishing this plan, modelled estimates for East Berkshire from previous surveys and studies are described below. These have been updated with the mid-2018 resident population figures and include aggregated prevalence rates for the three local authorities in East Berkshire. It is therefore important to recognise that these rates will not take into account any changes in prevalence over time and should be interpreted with caution.

For detailed information about the increase in the number of CYP referrals to the Common Point of Entry multidisciplinary referrals hub for East Berkshire over the last five years, and the numbers of referrals that are passed on to our specialist CAMHS teams, please see section 3 and Appendix 1.

2.4.1 Pre-school children (aged 2 to 5): local prevalence data

There is relatively little data about prevalence rates for mental health disorders in preschool-aged children. A literature review of four studies looking at 1,021 children aged 2 to 5 years inclusive found that the average prevalence rate of any mental health disorder was 19.6% (Egger et al. 2006; [Common emotional and behavioural disorders in preschool children: presentation, nosology, and epidemiology](#)). If this prevalence rate were applied to East Berkshire CCG's mid-2018 population figures, it would suggest that there were 4,715 children aged 2–5 with a mental health disorder. Table 5 shows how the number of pre-school children with a mental health disorder is expected to decrease in East Berkshire, as the overall 2- to 5-year-old population reduces.

Table 5: Estimated number of children aged 2–5 with a mental health disorder in East Berkshire (resident population) by year

Area	Mid-2018 population	Projections							
		2019	2020	2021	2022	2023	2028	2033	2038
East Berkshire	4,715	4,671	4,610	4,501	4,361	4,242	3,953	3,892	3,979

Source: *Prevalence from Egger et al. (2006); Common emotional and behavioural disorders in preschool children: presentation, nosology, and epidemiology; Projected population from Office for National Statistics (2020); Population projections by single year of age – clinical commissioning groups*

2.4.2 School children (aged 5 to 16): local prevalence data

Table 6 provides a summary of East Berkshire's prevalence of different mental health disorders in children aged 5 to 16, based on population figures from 2015. Aggregated figures for the three local authorities in the area indicate that 8.6% of 5- to 16-year-olds in East Berkshire had at least one mental health disorder. There is some variation in prevalence rates across the area, with Slough estimated to have a higher rate of 9.6%. This is due to the impact of socio-economic factors in Slough, where more children are identified as being from income-deprived households. Modelled estimates do not suggest that there are any significant differences between East Berkshire and the South East or England figures.

**Table 6: Estimated prevalence of mental health disorders for children aged 5 to 16 (2015)**

Type of mental health disorder	East Berkshire	South East	England
Mental health disorder (all)	8.6%	8.5%	9.2%
Emotional disorder	3.3%	3.3%	3.6%
Conduct disorder	5.1%	5.0%	5.6%
Hyperkinetic disorder	1.4%	1.4%	1.5%

Source: [Public Health England \(2021\); Children and Young People's Mental Health and Wellbeing Fingertips Profile](#)

These prevalence rates can be applied to the mid-2018 and projected population figures for the three local authorities in East Berkshire to estimate the total number of 5- to 16-year-olds with a mental health disorder in the area. Table 7 shows that the number of 5- to 16-year-olds with mental health disorders will increase in line with East Berkshire's population growth. This number is estimated to then start falling from 2023.

Table 7: Estimated number of children aged 5–16 with a mental health disorder in East Berkshire by year

Type of mental health disorder	Mid-2018 population	Projections							
		2019	2020	2021	2022	2023	2028	2033	2038
Mental health disorder (all)	6,130	6,248	6,333	6,409	6,472	6,482	6,083	5,619	5,412
Emotional disorder	2,352	2,397	2,430	2,459	2,483	2,487	2,334	2,156	2,077
Conduct disorder	3,635	3,705	3,756	3,801	3,838	3,844	3,607	3,332	3,210
Hyperkinetic disorder	998	1,017	1,031	1,043	1,054	1,055	990	915	881

Sources: Prevalence from [Public Health England \(2019\); Children and Young People's Mental Health and Wellbeing Fingertips Profile](#); Projected population from [Office for National Statistics \(2020\); Population projections – local authorities](#)

Public Health England's 2021 Children and Young People's Mental Health and Wellbeing Fingertips Profile includes a collection of indicators that can be used to support the identification of mental health need in school children. Data from East Berkshire's local authorities has been aggregated and is presented in table 8 to provide an overall summary for the area. This shows that East Berkshire has a significantly lower proportion of school children who are identified as having social, emotional and mental health needs than in the South East and in England. However, it is important to note that this could be because pupils with support needs have not been identified or have been recorded as having a different primary SEND reason, rather than there being a genuine low level of need in the local area.

Table 8: Indicators of mental health needs in school children

Indicator	Latest data	East Berkshire				South East	England
		Count	Outturn	Comparison to South East	Comparison to England	Outturn	Outturn
School pupils with social, emotional and mental health needs	2020	1,679	2.3%	Significantly lower	Significantly lower	2.7%	2.7%



Primary school pupils with social, emotional and mental health needs	2020	851	2.2%	Significantly lower	Significantly lower	2.5%	2.5%
Secondary school pupils with social, emotional and mental health needs	2020	785	2.4%	Similar	Significantly lower	2.7%	2.6%
Children with autism known to schools	2020	1,464	2.02%	Similar	Significantly higher	1.92%	1.80%

Source: [Public Health England \(2021\); Children and Young People's Mental Health and Wellbeing Fingertips Profile and Public Health England \(2021\); Learning Disability Fingertips Profile](#)

2.4.3 Young people (aged 16 to 24)

The Adult Psychiatric Morbidity Survey (APMS) provides data on the prevalence of psychiatric disorders in the English adult population. Table 9 shows modelled estimates from the 2014 APMS to indicate the number of young people who may have a mental health disorder in East Berkshire. These estimates have been created using the CCG's mid-2018 resident population figures and should be used as a guide only.

Table 9: Estimated prevalence and number of young people aged 16 to 24 with a mental health disorder in East Berkshire CCG (mid-2018)

Type of mental health disorder	Prevalence (based on mid-2018 population profile)	Estimated number of young adults with disorder in East Berkshire CCG
Common mental health disorder	18.9%	8,565
Psychotic disorder (in past year)	0.7%	317
Borderline personality disorder	5.7%	2,583
Attention deficit hyperactivity disorder (4 or more characteristics present)	14.6%	6,617
Bipolar disorder	3.4%	1,541

Sources: Prevalence from [NHS Digital \(2016\); Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014](#); Population from [Office for National Statistics \(2020\); Population projections by single year of age – clinical commissioning groups](#)

The Adult Psychiatric Morbidity Survey (APMS) also includes information about the prevalence of suicidal thoughts, suicide attempts and self-harm. Applying these prevalence rates to East Berkshire's 16- to 24-year-old population suggests that 27% of the age group had previously had suicidal thoughts and 9% had made a suicide attempt.

Table 10: Estimated prevalence of lifetime suicidal thoughts, suicide attempts and self-harm for young people aged 16 to 24 in East Berkshire CCG (mid-2018)

Type of mental health disorder	Prevalence (based on mid-2018 population profile)	Estimated number of young adults affected in East Berkshire CCG
Suicidal thoughts	26.8%	12,146
Suicide attempts	9.0%	4,079
Self-harm	17.5%	7,931

Sources: Prevalence from [NHS Digital \(2016\); Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014](#); Population from [Office for National Statistics \(2020\); Population projections by single year of age – clinical commissioning groups](#)

In 2019/20, there were 65 hospital admissions for children aged 10 to 14 in East Berkshire as a result



of self-harm. A directly standardised rate cannot be produced for the CCG, however data at a local-authority level shows that Slough's rate of admissions was significantly better than England's, while RBWM and Bracknell's were similar. In the same period, there were 145 hospital admissions for older children aged 15 to 19 as a result of self-harm. The admission rates for Slough and RBWM local authorities were similar to England's, with Bracknell Forest significantly worse ([Public Health England, 2021; Children and Young People's Mental Health and Wellbeing Fingertips Profile](#)).

2.5 Protective factors

Public Health England's 'Children and Young People's Mental Health and Wellbeing Fingertips Profile' includes a collection of indicators to benchmark protective factors for mental health in different areas. The data from East Berkshire's local authorities have been aggregated in table 11 to provide an overall summary. These show that East Berkshire has similar rates of school readiness and GCSE attainment to the regional figures, with a significantly better level of school readiness compared to England.

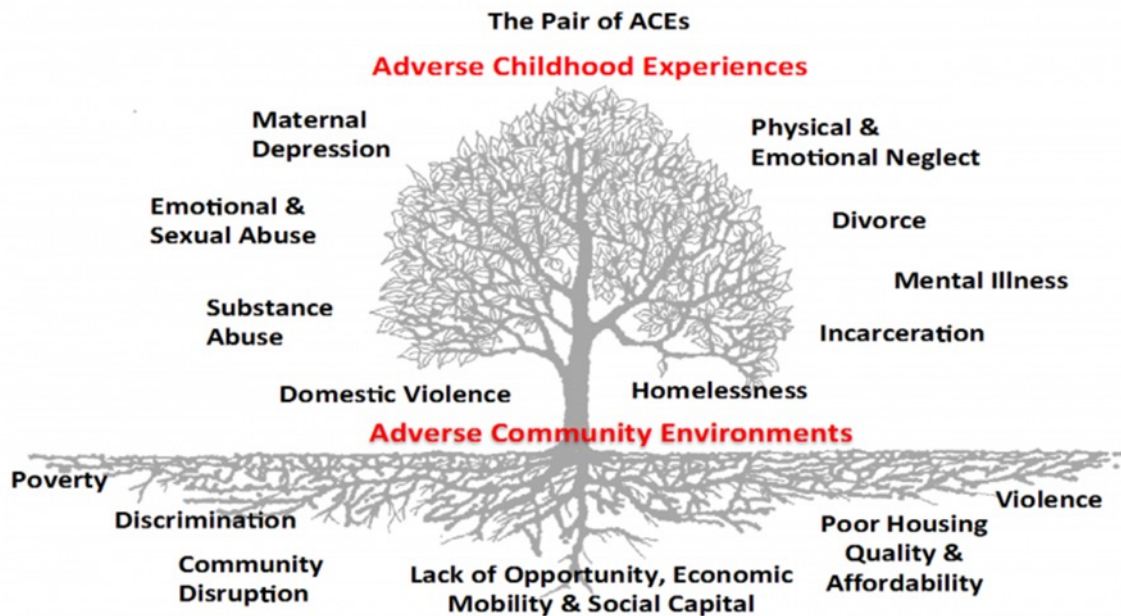
Table 11: Indicators of protective factors for mental health in children and young people

Indicator	Latest data	East Berkshire				South East	England
		Count	Outturn	Comparison to South East	Comparison to England	Outturn	Outturn
School readiness: % of children who reached the good level of development stage at the end of EYFS	2018/19	3,940	74.8%	Similar	Significantly better	74.6%	71.8%
School readiness: % of children receiving free school meals who reached the good level of development stage at the end of EYFS	2018/19	243	63.3%	Similar	Similar	55.4%	56.5%
Positive satisfaction with life among 15-year-olds: % reporting positive life satisfaction	2014/15	3,432	65.5%	Similar	Similar	63.3%	63.8%
Educational attainment (5 or more GCSEs): % of all children	2015/16	2,524	61.6%	Similar	Similar	60.3%	57.8%

Source: [Public Health England \(2021\); Children and Young People's Mental Health and Wellbeing Fingertips Profile](#)

2.6 Vulnerable groups

It is well recognised that certain factors make some children and young people more vulnerable to mental ill health. Adverse Childhood Experiences (ACEs) are situations which lead to an increased risk of children and young people experiencing a negative impact on their health, or other social outcomes across the course of their lives, especially when those ACEs are paired with Adverse Community Environments, as shown below.



Ellis, W., Dietz, W. (2017) A New Framework for Addressing Adverse Childhood and Community Experiences: The Building Community Resilience (BCR) Model. *Academic Pediatrics*. 17 (2017) pp. S86-S93. DOI information: 10.1016/j.acap.2016.12.011

Adverse Childhood Experiences have been linked to:

- risky health behaviour
- chronic health conditions
- low life potential
- early death

A child who experiences or witnesses domestic abuse or who has been exposed to maltreatment or neglect or time spent in foster care is at greater risk of developing mental health problems or conduct disorders that can result in life-long reliance on services.

As the number of ACEs increases, so does the risk of poor outcomes.

The Government 2018 Green Paper “Mental Health: Failing a Generation” has highlighted that not enough action is being taken to meet the needs of particular vulnerable groups of children, including Children in Care/care-leavers, young people known to the criminal justice system, children in alternate education provision and children not in education, employment or training (NEET).

We acknowledge that there are groups of children and young people who experience a greater level of health inequality. Services are working to promote access for these groups.

The key vulnerable groups (but not limited to) are:

- young LGBTQ+ people
- Children in Care (CiC)
- children with a learning difficulty or disability and/or autism
- young people in the youth justice system
- children and young people who self-harm
- children and young people who have suffered from neglect or trauma
- children and young people with special educational needs who have an education, health and care plan³

3 An education, health and care (EHC) plan is for children and young people aged up to 25 who need more support than is available through special educational needs support. Children and Families Act (2014)



The sections below outline how we are seeking to address the additional vulnerabilities and health inequality experienced by some of these groups.

2.6.1. Children in need, child protection and Children in Care

The traumatic impact of abuse and neglect increases the likelihood of children developing a range of mental health issues – both during childhood and in later life. These include anxiety, depression, eating disorders and post-traumatic stress disorder (PTSD) (Norman et al, 2012; Spatz Widom, 1999).

Table 12: Risk factors for mental health in children and young people: children in need, child protection and Children in Care

Indicator	Latest data	East Berkshire				South East	England
		Count	Outturn	Comparison to South East	Comparison to England	Outturn	Outturn
Children in Care: rate per 10,000 population aged under 18	2020	450	43	Significantly lower	Significantly lower	53	67
Children in need due to abuse or neglect: rate per 10,000 children aged under 18 years	2018	1,438	137.5	Significantly higher	Significantly lower	125.3	181.4
Children in need due to family stress or dysfunction or absent parenting: rate per 10,000 children aged under 18	2017	1,047	100.9	Significantly lower	Significantly higher	117.8	93.8
Children in need due to socially unacceptable behaviour: rate per 10,000 aged under 18	2018	119	11.4	Significantly higher	Significantly higher	5.5	6.9
Children in need due to parent disability or illness: rate per 10,000 children under 18	2018	167	16.0	Significantly higher	Significantly higher	8.3	8.8
Children in need due to child disability or illness: rate per 10,000 children aged under 18 years	2018	275	26.3	Similar	Significantly lower	29.3	29.7
Repeat child protection cases: % of children who became subject of a child protection plan for a subsequent time	2018	112	20.9%	Similar	Similar	22.6%	20.2%
Children subject to a child protection plan with initial category of abuse: rate per 10,000 children aged under 18	2018	127	12.1	Significantly lower	Significantly lower	18.5	21.2
Children subject to a child protection plan with initial category of neglect: rate per 10,000 children aged under 18	2018	144	13.8	Significantly lower	Significantly lower	25.4	21.8
Children leaving care: rate per 10,000 children aged under 18	2017/18	228	21.8	Similar	Significantly lower	22.1	25.2

Source: [*Public Health England \(2021\); Children and Young People's Mental Health and Wellbeing Fingertips Profile*](#)

In March 2020, East Berkshire had 450 Children in Care, at a rate of 43 per 10,000 population. This was significantly lower than both the regional and national figures and this was reflected across all three local authorities. The aggregation of the reasons for children being in need to an East



Berkshire level does mask some significant variations across the three local authorities. While East Berkshire's rate of children in need due to family stress or dysfunction is high in Bracknell Forest and RBWM, in Slough it is significantly lower than the England figure. In contrast, the rate of children in need due to child disability is much higher in Slough compared to the other two local authorities. Bracknell Forest has the highest rate of children in need for parental disability and socially unacceptable behaviour in the South East region.

The Children in Care Clinical Guide (November 2020) focuses on recognising, understanding, planning and providing support for the mental health and emotional wellbeing needs of our children and young people in care by drawing on "evidence-based practice". It is based on this clinical guidance, and on the needs of this vulnerable group in East Berkshire, that work is currently underway in developing a Children in Care emotional mental health model of care.

2.6.2 Children and young people with learning disabilities

Evidence suggests that mental health problems may be higher in people with a learning disability than in those without a learning disability. Some studies suggest the rate of mental health problems in people with a learning disability is double that of the general population (Cooper, 2007; Emerson & Hatton, 2007; NICE, 2016). The estimated prevalence of mental health disorders ranges from 15% to 52%, depending on the diagnostic criteria used (Cooper et al., 2007; Emerson & Hatton, 2007; Hatton et al. 2017; McCarron et al. 2017).

See section 3.11 for more information on the Transforming Care programme and on our services for CYP with a learning difficulty or disability and/or autism and referrals (see also Appendix 1).

2.6.3 Young offenders

A third of young people in the youth justice system are estimated to have a mental health problem. Data obtained via local Youth Offending Teams (YOTs) shows that in 2019, of the first-time entrants to the youth justice system (10- to 17-year-olds): 18 were young people from Bracknell Forest; 59 were from Slough; and 10 were from RBWM.

The prevalence data for mental health problems in young people in contact with the criminal justice system nationally ranges from 25% to 81%.

We have allocated additional resources to our Youth Offending Teams including a CAMHS worker and speech and language support.

2.6.4 Lesbian, Gay, Bisexual, Transgender or Questioning (LGBTQ+) children and young people

LGBTQ+ young people are often still exploring their own sense of self and identity. Despite improving social attitudes in general towards LGBTQ+ people in the UK, negative attitudes remain widespread. Homophobic, biphobic and transphobic victimisation and bullying, for example, are key risk factors for poor mental health in LGBTQ+ people. In part due to the negative impact of discrimination and marginalisation, both direct and indirect, many young people and adults still feel afraid to disclose their sexuality or gender identity and to 'come out' – being unable to do so often increases their risk of physical and mental health problems.

Unfortunately, at the moment there is no reliable prevalence data available on how many LGBTQ+ children and young people there are in the general population. However, LGBTQ+ young people are known to have higher rates of poor mental health (including depression and anxiety), self-harm and suicide than their non-LGBTQ+ counterparts. Data from Stonewall shows that nearly one in four LGBTQ+ young people have tried to take their own life at some point, and more than half deliberately harm themselves.

When accessing healthcare, LGBTQ+ people can face inequalities. Research has shown that negative attitudes towards LGBTQ+ people are still common within the NHS. This means that LGBTQ+ people can be reluctant to disclose their sexuality and/or gender identity to healthcare



workers, which in turn can affect the quality of the care they receive. We know that health outcomes are worse for LGBTQ+ people than for the general population, with many LGBTQ+ people feeling uncared for (Government Equalities Office, 2018). There is significant national evidence highlighting the necessity for LGBTQ+ people to receive better care and for staff to be more understanding of LGBTQ+ needs (Public Health England, 2017).

Many young LGBTQ+ people say that they do not have an adult they can turn to or confide in. As advocates, people who work in education, healthcare or in the community can play a key role in improving this situation.

In addition, BHFT relaunched its NHS Pride Network in February 2020. Initially this launched as a staff network, but the longer-term plan is to also engage and support service users. BHFT also held three events before the end of 2019 to launch the NHS rainbow-badge scheme to their staff, who were asked to sign a pledge in order to receive a badge. The pledge confirms that the staff member understands that wearing a rainbow badge gives a positive message of inclusion and means they have a responsibility to be someone who is a friendly ear for LGBTQ+ people and their families. It also confirms that the staff member has explored the support materials and knows how to signpost an LGBTQ+ individual to the available support and knows what to do if a situation requires escalation.

2.6.5 Children and young people who are not in education, employment or training (NEET)

Mental illness is associated with an increased risk of disruption to education and school absence; with long-term outcomes of poor educational attainment and poorer employment prospects, including the probability of not being in education, employment or training (NEET). For those children and young people who are classed as NEET the prevalence of mental health problems is higher than in the general population; although this is a relatively poorly evidenced field, some studies show that the prevalence of mental health problems in the NEET group can be as high as 34%.

According to the latest data published by the Department for Education within East Berkshire an estimated 410 young people who are NEET (including CYP whose education/employment activity is not known). This includes: 90 CYP (3.6%) from Bracknell Forest; 150 CYP (4.7%) from RBWM; and 170 CYP (4.4%) from Slough. The national average NEET rate (including not known) for England is 5.5%. Table 13 shows a more detailed breakdown of the number of CYP who are NEET or whose activity is not known.

Table 13: Number and proportion of 16- and 17-year-olds not in education, employment or training (NEET) or whose activity is not known

Average of December 2020, January 2021 and February 2021

Region/LA name	Number of 16/17 year olds known to LA	Total number NEET (including not known)	Proportion NEET (including not known)	of which known to be NEET	of which activity not known
England	1,181,090	64,720	5.5%	2.8%	2.7%
Bracknell Forest	2,610	90	3.6%	2.4%	1.3%
Slough	3,910	170	4.4%	3.7%	0.7%
Windsor and Maidenhead	3,090	150	4.7%	1.5%	3.2%

Source: [GOV.UK \(2021\) Department for Education: NEET and participation in education, training and employment 2020](https://gov.uk/2021/department-for-education-neet-and-participation-in-education-training-and-employment-2020)

The government provides the framework and funding to increase participation and reduce the proportion of young people not in education, employment or training. However, responsibility and accountability for delivery lies with local authorities (LAs). Under Section 68 of the Education and



Skills Act 2008, LAs have a duty to encourage, enable or assist young people's participation in education or training.

Statutory guidance that underpins this duty directs LAs to collect information to identify young people who are not participating, or who are at risk of not doing so, and to target their resources at those who need them most.

Whilst the East Berkshire-wide data shows no stark problems, there is clustering of NEET young people in particular locations. Recognising this, the East Berkshire system chose to target a proportion of its Slough Mental Health Support Team resource into pupil referral units and the NEET cohort. This will be achieved by building relationships with education providers at pupil referral units and by piloting support and delivering interventions to those young people who are at greater risk of poor educational attainment. Additionally, the Getting Help teams across RBWM and Bracknell Forest will work closely with Youth Teams supporting NEET young people to ensure they get access to mental health support at an early stage.

2.6.6 Children and young people with special educational needs

In January 2021 there were a total of 2,764 children and young people in East Berkshire with an education, health and care (EHC) plan. Slough has the highest number of children and young people with an EHC plan (1,206), compared to RBWM (919) and Bracknell Forest (639).

Table 14 shows that out of all East Berkshire school pupils with an EHC plan in place – a total of 1,742 CYP – social, emotional and mental health (SEMH) needs are identified as the primary need for the EHCP.

Table 14: School pupils with an education, health and care plan where social, emotional and mental health needs are identified as the primary need

	Slough	RBWM	Bracknell Forest
Primary schools: % (and number of CYP) of school pupils with social, emotional and mental health needs	12.1% 302 CYP	18.6% 294 CYP	18.9% 245 CYP
Secondary schools: % (and number of CYP) of school pupils with social, emotional and mental health needs	20.5% 289 CYP	21.2% 330 CYP	21.1% 245 CYP
Special schools	7.3% 26 CYP	3.1% 11	0 CYP

Source: [GOV.UK](https://gov.uk) (2021) *Department for Education: Statistics - special educational needs (SEN) 2021*

2.6.7 Children and young people from black, Asian and minority ethnic communities

Although the gathering and analysis of data relating to the prevalence of mental health problems amongst the BAME community is in its infancy, there is a general recognition that people from these backgrounds are more likely to:

- be diagnosed and are at greater risk of mental health problems
- be admitted to hospital because of mental health problems
- disengage from mainstream mental health services, leading to social exclusion and a deterioration in their mental health
- live in poorer or over-crowded conditions, increasing their risk of developing mental health problems



Within East Berkshire we are continuing to offer a digital solution, which is currently being provided by Kooth. This is an online counselling and emotional wellbeing platform for children and young people, accessible through mobile, tablet and desktop devices and free at the point of use to help improve care pathways and maximise access for children and young people.

Kooth have published data that suggests that people who are less likely to access traditional services are in some cases accessing online support. The support in Hertfordshire has been particularly effective in engaging young people from BAME backgrounds. For example, analytics show that 21.3% of Kooth clients in Hertfordshire were from a BAME background, compared to 12.4% of the overall Hertfordshire children and young people population. In East Berkshire data between 1 April 2018 and 31 March 2019 across East Berkshire shows that out of the 2,497 new registrations on Kooth, 31% stated that they were from black and minority ethnic backgrounds.

2.7 Prevalence of additional risk factors

The additional risk factors outlined below are known to be directly related to increased levels of risk of mental ill health in children and young people.

2.7.1 School absence and exclusion

Table 15 below shows the rates of fixed-period exclusions in East Berkshire and in England in 2018–2019. There is some variation across the East Berkshire area, as Bracknell Forest has a much higher rate of secondary school fixed-period exclusions and Slough has a much higher rate of special school fixed-period exclusions.

Table 15: Fixed-period school exclusions in the East Berkshire LAs and England 2018–2019

	Slough	RBWM	Bracknell Forest	England (% only)
Fixed-period exclusions: state-funded primary schools	1.59% 287 CYP	0.91% 99 CYP	1.42% 150 CYP	1.4%
Fixed-period exclusions: state-funded secondary schools	4.62% 599 CYP	6.47% 692 CYP	11.29% 802 CYP	10.75%
Fixed-period exclusions: special schools	19.75% 63 CYP	0.77% 3 CYP	4.40% 8 CYP	11.32%

Source : [GOV.UK \(2021\): Permanent exclusions and suspensions in England, Academic Year 2018/19](#)

2.7.2 Income-related risk factors

In 2016, 9,570 children aged under 16 were living in poverty across East Berkshire. This means that they lived in low-income families in receipt of out-of-work benefits or tax credits whose income was less than 60% of the median income. The proportion of East Berkshire children in poverty was significantly lower than both the regional and national figures. Although there was some variation in poverty across the area, the level of poverty has continued to fall in all three local authority areas and this is most noticeable in Slough.

The rate of family homelessness in East Berkshire (2017/18) is significantly higher than the regional and national figures, as Slough has one of the highest rates in the South East (4.7 per 1,000 households). Slough's rate has also risen sharply since 2014/15. RBWM's figures were not published for this indicator and are therefore not included in East Berkshire's figures.

The number of homeless young people aged 16 to 24 is also significantly higher in Slough than the



regional and national figures. In 2017/18, there were 53 homeless young people in Slough and 14 in Bracknell Forest. Information was not published for RBWM and therefore cannot be compared.

2.7.3 Lifestyle and health behaviours

Findings from the What About YOUTH (WAY) survey 2014/15 indicate that the proportions of 15-year-olds who regularly drink, smoke, take drugs or have three or more risky behaviours in East Berkshire are significantly lower than the national figures. While RBWM's 15-year-olds were more typical of young people nationally in terms of drinking, smoking and multiple-risk behaviours, Slough's were the lowest rates in the region.

The levels of childhood obesity in East Berkshire are significantly lower than England's for children aged 4 to 5 and similar for children aged 10 to 11 (2019/20). While the proportion of 4- to 5-year-olds who are overweight or obese is similar across the three East Berkshire local authorities, there are significant differences for those aged 10 to 11. In Slough, 41% of children aged 10 to 11 are overweight or obese, which is the highest proportion in the South East. Overweight children are more likely to require more medical care, be absent from school, experience health-related limitations and have mental health problems. The risks of going on to develop Type 2 Diabetes are also higher.

3. East Berkshire's current service offer and plans for expansion

This section gives an overview of the various services that make up our current developments for the care pathway, including our range of specialist mental health services. Also described are our expanding early intervention support services, which encompass our Mental Health Support Teams and Getting Help teams and additional service expansion for vulnerable children. An inherent complexity is identified surrounding the accessibility of services where there is a multitude of offers from different agencies.





The Five Year Forward View set an access target of 34% of CYP with diagnosable mental health conditions to receive evidence-based treatment through NHS-funded community mental health services by 2019/20. Frimley CCG has met this target. We have worked closely with providers, including the voluntary sector, to help them to flow data to MHSDS and ensure their work contributes to the national access standards target.

We are also working with our providers so that we can rapidly reach the point where they are routinely submitting paired outcomes data, which will allow us to better monitor the percentage of CYP showing a reliable improvement (see sections 6.2 and 8.5).

The current emotional wellbeing and specialist CAMH service offer for East Berkshire's children and young people is provided by a wide range of both NHS and non-NHS (including voluntary sector) organisations. Table 16 below gives an overview of this network of services and commissioners.

Table 16: Summary of commissioned emotional wellbeing and specialist CAMH services

Service	Commissioner	Provider
Be Well Campaign	Slough, RBWM and Bracknell Forest Local Authorities (LAs)	Public Health as part of a local and shared LA Berkshire team
Early Help services Family Information Service SEND Information and Advice Support Services	Slough, RBWM and Bracknell Forest LAs	Slough Children First, Achieving for Children, Bracknell Forest LA
Online emotional wellbeing support service, including counselling and peer support	Frimley CCG	Kooth
Community counselling service	Frimley CCG and Bracknell Forest LA	Youthline
All-age community counselling service	Frimley CCG and RBWM LA	Number 22
Early Help support with mild to moderate mental health issues	Frimley CCG and LAs	Mental Health Support Teams in schools and Getting Help – Berkshire Healthcare NHS Foundation Trust
Support with mild to moderate anxiety and depression	Frimley CCG	AnDY Research Clinic - University of Reading Talking Therapies - Berkshire Healthcare NHS Foundation Trust
Talking Therapies online programme	Berkshire Healthcare NHS Foundation Trust	Silvercloud
Support with severe and complex mental health difficulties	Frimley CCG	CAMHS- Berkshire Healthcare NHS Foundation Trust
Younger adults' group: peer support and activities for mild to moderate mental health needs	Frimley CCG	Friends in Need - Buckinghamshire Mind
Pre-/post-assessment support for autism and ADHD including helpline, workshops and activity groups	Frimley CCG	Solutions for Health in partnership with Parenting Special Children and The Autism Group



Autism Assessment and ADHD service	Frimley CCG	Berkshire Healthcare NHS Foundation Trust
Clinical service to assess the emotional wellbeing/mental health issues of family members to prevent escalation and children becoming Children in Care	Slough Borough Council	Slough Children First
Frimley Park Hospital CAMHS Crisis Assessment Service plus Psychiatric Liaison Service	Frimley CCG Surrey Heartlands CCG Hampshire CCG	Surrey and Borders Partnership NHS Foundation Trust
Paediatric Liaison Nurses at Frimley Park and Wexham Park hospitals	Frimley CCG Surrey Heartlands CCG Hampshire CCG	Surrey and Borders Partnership NHS Foundation Trust Frimley Health NHS Foundation Trust
Wexham Park Hospital CAMHS Crisis Assessment Service plus Psychological Medicine Service	Frimley CCG	Berkshire Healthcare NHS Foundation Trust
Sexual Assault Referral Centres (SARCs)	NHS England Specialist Commissioners – Health and Justice	Solace Trust House Reading
Forensic CAMHS	NHS England Specialist Commissioners – Health and Justice	Oxford Health NHS Foundation Trust
Thames Valley Liaison and Diversion Service	NHS England Specialist Commissioners – Health and Justice	Berkshire Healthcare NHS Foundation Trust
Speech and language support to YOTs	Frimley CCG	Symbol UK
Support with physical and mental health services for young people in the YOTs	Frimley CCG	Berkshire Healthcare NHS Foundation Trust
Tier 4 out-of-hospital service	NHS England	Berkshire Healthcare NHS Foundation Trust
Eating Disorder Service	Frimley CCG	BEDS- Berkshire Healthcare NHS Foundation Trust

3.1 Summary of complexities within the overarching emotional wellbeing and CAMHS system

Although a multitude of offers means that a broad range of support is available in East Berkshire to children and young people who need it, there is also an inherent complexity in the system as a result. We are aware of the challenges this brings (see below) and are working hard to overcome them.

The lack of a single point of access is causing difficulties, including

- there are multiple access points to services due to range of different providers across the



system

- referrers, young people and families find the system confusing and are not clear on how to access the right services
- inefficiencies due to scatter-gun referrals
- inefficiencies due to time taken on liaison and communication to direct CYP to the right services; some tension between agencies regarding access criteria and some gaps, with risk of CYP falling through
- delays in CYP accessing care and treatment
- current surge in referrals to BHFT CAMHS exceeding capacity, bringing a risk of increased waiting times and lengthened delays in accessing treatment

Challenges within the core CAMHS offer (support for CYP with complex mental health needs):

- historical waiting lists in SCTs and A&D service; increased demand is leading to longer waiting times
- increased complexity and acuity in CYP mental health issues
- gaps in services for emotional dysregulation
- concerns from partners about waiting times and their ability to manage risk; poor patient experience
- complex system with fragmented clinical pathways
- no shared data set or ability to see patient flow through the agencies delivering elements of care
- inefficiencies in use of clinical resource across all partners due to fragmented service provision
- negative impact on staff wellbeing and morale resulting in turnover

3.2 Promotion and prevention

3.2.1 Be Well campaign

In September 2021, the Berkshire Public Health teams will launch an emotional wellbeing campaign called Be Well to help address the emotional wellbeing needs of local communities, particularly in the wake of the recent lockdowns. Funded by the six local authorities (LAs) across East and West Berkshire, the campaign has been co-created with NHS stakeholders, youth and community leaders, recovery college staff and public health colleagues leading mental health services.

The aim of the campaign is to provide a one-stop shop from which people can be directed to trusted sources of support and guidance. The emphasis will be on how to prepare to re-enter normal daily life post-COVID-19 restrictions and how to enjoy the benefits of a healthy mind and body.

CYP suicide prevention

Although Be Well is designed as a programme for residents of any age, gender and ethnicity, the initial focus will be on younger residents and women at risk of suicide. Within this is a specific CYP suicide prevention strategy.

The Berkshire Under 25 Suicide Analysis paper (November 2020) presented an agreed analysis of available data pertaining to deaths through suicide of people aged under 25 years in Berkshire over the last five years. It was co-designed and refined with partnership leaders to inform a partnership approach to preventing child and young person suicides. The analysis benefits from the shared learning of the SE CYP suicide prevention learning and anticipates that Berkshire partnership leaders would benefit from working together to:



- understand the overall picture of child suicide in their area
- identify points of learning – both good practice and opportunities missed
- use this robust local intelligence to inform operational and strategic developments in suicide prevention and postvention

The specific aims of the Berkshire analysis were to:

- provide a desktop quantitative and qualitative analysis of risk and events of relevance to suicides in the 0–25 age range in Berkshire in the preceding five-year period to inform strategic learning and planning
- produce observations of systems learning, including points of clarification or adaptation to the system that could enhance practice or strategic planning
- draw child voice and family/significant other experience from existing records to avoid unnecessarily re-evoking grief or re-traumatising those affected by suicide

A future second phase extension has been proposed to analyse deaths by self-harm, to cover the 'suicide and self-harm' categorisation used by the Child Death Overview Panel (CDOP). The learning from this analysis has the potential to inform the Berkshire Suicide Prevention Strategy, CDOP quality assurance and continuous improvement and Local Transformation Planning.

The learning from the audit recommended a CYP focus within a refreshed strategy. In addition to the SE CYP suicide prevention learning are the seven priority areas for action recommended by the national suicide strategy and subsequent updates as areas for focus for local plans:

1. Reduce the risk of suicide in key high-risk groups
2. Tailor approaches to improve mental health in specific groups
3. Reduce access to the means of suicide
4. Provide better information and support to those bereaved or affected by suicide
5. Support the media in delivering sensitive approaches to suicide and suicidal behaviour
6. Support research, data collection and monitoring
7. Reduce rates of self-harm as a key indicator for suicide risk

The CYP chapter falls under action number 2. Children and young people are an area for focus in the Berkshire Suicide Prevention Strategy 2021–2026; the scope of the CYP strategy is currently being confirmed.

3.2.2 Slough

In its [Five Year Plan 2020-2025](#) Slough Borough Council sets out the priority outcomes against which resources will be allocated to promote active and healthy lifestyles and provide mental health support and services for children and young people. [Slough's Wellbeing Strategy 2020-25](#) refresh describes how the Slough Wellbeing Board intends to set strategic direction to ensure that children and young people are emotionally and mentally resilient, have a positive outlook on life and access to flexible, integrated and person-centred mental health services.

The council intends to achieve this in part by addressing a range of key health inequalities, including in the area of mental health. It is hoped that efforts to overcome obesity and increase physical activity will also contribute towards the work on CYP mental health.

Slough Borough Council also employs a schools Health & Wellbeing Project Officer. Over the last 18 months the officer has been involved in a wide range of initiatives supporting education settings with mental health and wellbeing, including a project in partnership with the MHST to help schools to develop a whole-school approach to health and wellbeing. The post is funded by Slough Public Health as part of the School Effectiveness Team.



See also: section 5.7 for information about the Slough Reaching Out engagement project.

3.2.3 Bracknell Forest

The Bracknell Forest Council Plan 2019–2023 includes several specific objectives aimed at improving children and young people's mental health. These involve: developing a new early help mental wellbeing service for children and young people; transforming children's centres into family support hubs; and embedding the Family Safeguarding Model of social work practice to protect vulnerable children and reduce entrants to the youth offending service.

In collaboration with a range of partners and stakeholders, Bracknell Forest's Health and Wellbeing Strategy is currently being refreshed. It will focus on six priority areas, among which will be: supporting emotional and physical health from birth to adulthood; and promoting mental health and improving the lives and health of people of all ages with mental ill health.

The Public Health team continue to utilise digital developments to promote mental wellbeing. The community map hosted on the [Public Health Portal](#), which can be filtered to show children and young people's groups and activities, will be undergoing a full review in September 2021 to ensure that it is up to date. The team also continues to promote the children and young people's website, [Thrive!](#), which brings together information on children and young people's physical, mental and social health and wellbeing. The website is regularly updated with new information, support and resources.

3.2.4 Royal Borough of Windsor and Maidenhead (RBWM)

The Royal Borough of Windsor and Maidenhead Council Plan 2017–2021 (updated through an RBWM Interim Strategy 2020–2021 in response to COVID-19) makes a commitment to promote and develop opportunities for residents of all ages to improve their physical and mental health and to support and empower adults and CYP with mental health needs. In addition, the council have developed a community asset map to signpost to local provision, as well as promoting trauma-informed training for individuals who support vulnerable cohorts, including CYP.

Developed in line with the [Frimley Health and Care Integrated Care System \(ICS\) Five Year Strategy ambitions](#), RBWM's new [Joint Health and Wellbeing Strategy 2021-2025](#) has four priority areas, two of which are: championing mental wellbeing and reducing social isolation, and targeting prevention and early intervention to improve wellbeing.

The RBWM Public Health Team is working to promote good mental wellbeing for CYP and adults. Priorities include supporting new parents to be both physically and mentally healthy and identifying opportunities for earlier intervention to improve CYP mental health and resilience.

Achieving for Children (AfC) provide children's services across the borough. Their [website](#) gives information about services, activities and events, as well as advice for parents/carers and resources for CYP, including an emotional resilience toolbox. AfC also run the Esteem project to help children and young people with low self-esteem or at risk of social isolation.

3.3 Early intervention: current offer

3.3.1 Early intervention services in LAs

Slough Early Help Hub

Part of Slough Children First, Slough Early Help Hub provides support and intervention for children, young people and their families in partnership with community services. A Team Around the Family process ensures that all agencies involved in helping the child and their family provide a joined-up and focused support package to improve outcomes. Group-based provision is offered to children, young people and parents/ carers across all thresholds of need, with the Targeted Youth Support team providing support to young people on a one-to-one basis where statutory support may also be in place.



Royal Borough of Windsor and Maidenhead (RBWM) Early Help Hub

The Early Help Hub is a multiagency hub with a single point of access that coordinates a selection of targeted early help and safeguarding services in the borough to ensure the most appropriate support is offered for children, young people and families.

Part of the hub, the [Wellbeing Team](#) supports CYP (aged 5–18 years) and their families at the earliest stages of emerging mental health concerns in order to understand and effectively manage (where appropriate) their difficulties through direct and indirect work and interventions. The team also aims to ensure that school staff and other professionals feel supported to help children and young people experiencing mental health challenges.

In addition, two family hubs are now operational, one in Maidenhead and one in Windsor. The family hubs aim to build the resilience of and provide support to predominantly targeted families across the age range of 0–19 years (or up to 25 years where young people have learning difficulties or disabilities and/or autism).

Bracknell Forest Early Help

Bracknell's Early Help service provides a wide range of direct support, intervention and services for children and young people aged 0–25 years and their families. Its aim is to develop a proactive and holistic approach to prevention in order to deliver the best outcomes for individuals and families. The Whole-Council Early Help Service brings together a range of services, including housing and family support, that focus on the whole family and their circumstances, with multi-disciplinary teams based in four family hubs across the borough and co-located with health visitors and school nurses. Primarily the focus is on the provision of targeted services at Tier 2. However, universal support is also offered through the Children's Centre/Family Hub and parenting offer.

The Bracknell Forest Child Development Centre provides assessment and support to children under five with moderate to severe and complex special educational needs and disabilities and their families. The Youth Service delivers personal, social, citizenship and health education (PSCHE) sessions across Bracknell's secondary schools on sexual health, relationships and substance misuse. Access to services is primarily through their integrated 'front door' – Bracknell's Multi-Agency Safeguarding Hub – although parents and young people can self-refer. The council also funds a voluntary sector-delivered universal offer.

3.3.2 Digital support – Kooth

Our digital offer, currently provided by Kooth, is an emotional wellbeing platform for children and young people, accessible 24/7 through mobile, tablet and desktop devices and free at the point of use. This digital support service allows young people to access a range of therapeutic activities and self-help articles and get involved in discussion boards. Users can also chat anonymously online to one of Kooth's BACP-accredited counsellors 365 days a year (Monday to Friday noon–10pm; weekends 6pm–10pm).

3.3.3 Face-to-face counselling

There are two main youth-direct counselling services in East Berkshire: Number 22, which covers Slough and RBWM, and Youthline, which covers Bracknell Forest. Frimley CCG currently allocates funding to both organisations and also provided additional funding during 2020/2021 as part of demand/capacity modelling and COVID-19 recovery planning. This has helped to build more capacity for counselling support and has allowed Number 22 to extend its offer into Slough. RBWM Council also allocates funding to Number 22 for RBWM children and young people, while Bracknell Forest Council has also allocated funding to Youthline.

Number 22 provides counselling in community settings for children and young people aged 11 and above. The Youthline counselling service offers confidential one-on-one, face-to-face counselling in the community to children and young people aged 12–25.



3.3.4 Support for younger adults

Frimley CCG also commissions the providers listed below to support adolescents and younger adults experiencing mild to moderate mental health difficulties.

Talking Therapies – Berkshire Healthcare:

A team of advisors and therapists helps anyone over 17 in East Berkshire to overcome and manage difficulties such as depression, stress, anxiety or phobias through computer-based therapy, various courses, workshops, face-to-face therapy and counselling.

Silvercloud:

An online IAPT service developed in collaboration with Berkshire Healthcare, Silvercloud offers digital tools (including a dedicated wellbeing app and a specialist mental health app), online content and further support focused on everything from depression and anxiety to stress and resilience.

Friends in Need:

This service, delivered by Mind Buckinghamshire, provides peer support groups to help people manage depression and anxiety through taking part in positive activities. In April 2021, a group for younger adults (aged 17–25) with mild to moderate mental health support needs was launched. Self-referral is encouraged, as well as referrals from GPs, CAMHS, the Community Mental Health Team (CMHT) and voluntary and community organisations.

3.4 Early intervention: new developments

As a system, including the third sector, we have recently significantly reinforced our early help offer and work to further improve early help is ongoing. The strength of this offer now enables partnership agility and responsiveness to emerging CYP mental health need.

3.4.1 Berkshire Healthcare's Getting Help service

Berkshire Healthcare's Getting Help service coordinates the new Mental Health Support Teams (MHSTs; see section 3.4.2) and the Getting Help teams (see section 3.4.3), both of which are employed by Berkshire Healthcare but sit within each of the three LAs' early help hubs. Part of the work of the Getting Help service is to fill the gap for schools that are not covered by the existing or new MHSTs.

3.4.2 Mental Health Support Teams

East Berkshire's first Mental Health Support Team (MHST) became operational in Slough in August 2020. A further two MHSTs were awarded for RBWM and Bracknell Forest in 2020 and they become operational from September 2021. A final successful submission was made for an additional MHST in Slough in 2021 with recruitment starting in October.

The four staff members of each MHST are employed by Berkshire Healthcare (facilitating a strong link to specialist CAMHS; see also 3.6) and form part of the LA Early Help teams working peripatetically in the cohort of selected education settings. This enables the MHSTs to work closely alongside and build upon existing education-based services and to collaborate with LA Early Help services – helping to further ensure that the approach is truly integrated and person-centred. Whilst the MHST service model is specific to East Berkshire, it is in line with the three core prescribed functions of MHSTs:

- to provide interventions for CYP with mild to moderate needs in schools and colleges across their patch
- to work with school or college staff – including senior mental health leads – to ensure mental health and wellbeing is supported as part of a whole-school approach



- to operate as part of an integrated referral system for CYP mental health services

The existing MHST provision in East Berkshire consists of: school-based mental health surgeries; links to multiagency triage; peer education (working with the Young Health Champions – see section 5.1); and leading Mental Health Network meetings.

Bracknell Forest/RBWM MHSTs

The key deliverables on the project plan for the implementation of the two Bracknell Forest and RBWM MHSTs are on track. The managers/supervisors are working closely with each host school offering regular consultations and reflective time for staff. The EMHPs (Education Mental Health Practitioners) have been allocated to schools and are currently holding training cases. The host schools have made their staff, students and families aware of the MHST implementation and have been very proactive in supporting implementation. Alongside regular individual visits from MHST managers/supervisors, the host schools meet monthly to ensure all the milestones are being met.

Quarterly meetings are held with the remaining schools cluster to update them on developments; key partners, such as the educational psychology service, school nursing and youth counselling services, also attend.

Each locality has a Mental Health & Emotional Wellbeing Network, which is an established multi-agency team overseeing mental health and emotional wellbeing for children, young people and families. In RBWM webinars introducing the new MHST to local authority teams are also being delivered. In Bracknell Forest local partners have opted for a softer launch approach.

Additional MHST in Slough

The new Slough MHST will function alongside the current one. The local authority has selected 11 primary and secondary schools (covering a total of just under 8,000 pupils). MHST managers and the LA representatives have had introductory meetings with the schools; a briefing is planned for September 2021.

Recruitment is being rolled out, with adverts currently out for Team Lead, Senior Supervisors and Supervisors. In September/October the EMHP recruitment drive will be launched – the new EMHPs will start in January 2022.

3.4.3 Getting Help teams

The three Getting Help teams are employed by Berkshire Healthcare (see also 3.3.1) but sit within each of the LAs' early help hubs. Fully operational since September 2020, these early intervention teams based on the THRIVE Framework model (see section 1.2) are designed to give children and young people better access to early help to meet any emerging emotional and mental health needs. The teams:

- provide timely, evidence-based support, care and interventions for CYP who are experiencing mild to moderate mental health difficulties
- support CYP who present with developing or emerging problems or those who present with more complex needs (requiring joint working with and signposting to appropriate services)
- work with wider early help teams, including through the Mental Health Network meetings, to support a multiagency approach to mental health and wellbeing across the early help system
- participate in a multiagency emotional health triage system to strengthen existing early help within LAs
- offer mental health training to the wider CYP workforce within early help systems



3.5 AnDY Clinic

The Anxiety and Depression in Young People (AnDY) Research Clinic at the University of Reading (established in December 2016) aims to reduce the significant gap in services that exists between early intervention services and NHS CAMHS for CYP aged 7–17 years with anxiety disorders and depression.

The clinic provides:

- comprehensive psychological assessments to understand difficulties and identify suitable treatment options
- brief, evidence-based psychological treatment for anxiety disorders and depression (when indicated) and support for carers and families through online learning and CBT-informed workshops

The service provided by the AnDY clinic has been recommissioned until 29 June 2022.

3.6 Specialist mental health services

NHS East Berkshire CCG commissions Berkshire Healthcare to provide a range of specialist child and adolescent mental health (CAMH) and neurodisability services that under the THRIVE Framework model would be described within the Getting Help, Getting More Help and Getting Risk Support quadrants. These include support, advice, guidance and treatment for children and young people (aged up to 18) with moderate/severe mental health difficulties, whose symptoms have a significant impact on their day-to-day lives. Usually, these symptoms will have been occurring over several months and will not have responded to interventions from prevention and Getting Help services, such as youth counselling and behaviour support, evidence-based parenting or low-intensity treatment from mental health practitioners in the Getting Help and Mental Health Support Teams or the AnDY clinic. Children and young people being seen by Berkshire Healthcare CAMHS will often need ongoing support from these and other services provided by the LA, alongside more specialist mental health care.

3.6.1 Common Point of Entry (CPE): CYPF Health Hub

All referrals to the service come through the CPE, which is part of the multidisciplinary referral hub for all Berkshire Healthcare children's services. Skilled clinicians in this team gather additional information about the referral, assess the level and immediacy of clinical risk, and determine the primary presenting need and the most appropriate service to support a young person. The clinician will then transfer the referral to the most appropriate specialist team and/or refer on to a more appropriate service.

All Berkshire Healthcare specialist teams are multidisciplinary. They are comprised of therapists from a wide range of staff groups (including child and adolescent psychiatrists, psychologists and psychotherapists, family therapists, nurses, occupational therapists, social workers, dietitians, etc.) with the relevant skills and training to deliver the NICE-approved, evidence-based interventions required.

The specialist teams include:

- **specialist community teams (SCT):** locality-based teams offering assessment and treatment for multiple and/or complex mental health needs
- **anxiety and depression (A&D) team:** offers assessment and treatment for anxiety disorders, depression, obsessive-compulsive disorders (OCDs) and/or single-incident post-traumatic stress disorder (PTSD)
- **eating disorder team:** this specialist team offers swift assessment and evidence-based treatments for young people with an eating disorder
- **rapid response team (RRT):** provides a fast response to young people in mental health crisis



presenting to emergency and acute services, and supports young people on the edge of crisis in the community to prevent crisis presentation where safe to do so

3.6.2 Anxiety and depression pathway

The Berkshire CAMHS anxiety and depression (A&D) team provides specialist assessment and evidence-based treatment of children and young people under 18 years of age who have a diagnosable moderate to severe anxiety disorder, depression, obsessive compulsive disorder (OCD) or single-event post-traumatic stress disorder (PTSD). The team delivers interventions for young people who, due to the complexity of their difficulties, require specialist and substantial support. These interventions are delivered by highly qualified and experienced therapists within a multidisciplinary context.

Most of the young people seen by the team have complex presentations: neurodevelopmental difficulties, comorbidities, family relationship difficulties, parental mental illness, learning and educational needs and risk of self-harm. On assessment, the two most common diagnoses given to young people are moderate depressive episode and obsessive-compulsive disorder with social phobia and generalised anxiety (the latter being the most common diagnosis). The majority of these young people have more than one diagnosis and just over 30% have a diagnosis of an autism-spectrum condition or are awaiting an assessment.

3.6.3 Eating disorder services

Eating disorders (EDs) are serious mental health problems. They can have severe psychological, physical and social consequences. Children and young people with eating disorders often have other mental health difficulties (for example, anxiety or depression), which also need to be treated.

The Berkshire Healthcare eating disorder team (BEDS CYP) offers rapid assessment and evidence-based treatments for young people with an eating disorder. The team is multidisciplinary and is made up of child and adolescent psychiatrists, dieticians, family therapists, nurses, psychologists and psychotherapists. The treatment provided by the team is consistent with the *NICE Guidelines for Eating Disorders* (2017) and aims to improve the young person's psychological, physical and social functioning.

Frimley CCG, Berkshire and BEDS (All Age Disorder Service) are proactively working towards implementing the recommendations made within the 'COVID-19 Restoration and Recovery Southeast Eating Disorders Review – March 2021', with an emphasis on ensuring that the service falls in line with operating guidance, the NHS Long Term Plan and NICE.

To enable transformation to happen, significant additional investment in 2019/20 and 2020/2021 was committed by Frimley CCG to meet the presenting needs and develop workforce capacity. In July 2021 Berkshire was also successful in applying for an additional four recruit-to-train posts for Family Systemic practitioners.

Although demand has further increased in 20/21 due to the impact of COVID-19, this has been actively addressed through the development of a robust plan, including the full mobilisation of any additional staff needed by March 2022. All staffing decisions are being informed by a demand-management review, which will outline additional workforce planning for the next three years.

Frimley CCG is working in partnership to support the dissemination of an avoidant restrictive food intake disorder (ARFID) survey which has been adapted from a wider national pilot project. The outcomes of the survey will inform a plan for addressing ARFID.

In May 2021, Berkshire Healthcare launched the FREED (first episode rapid early intervention for eating disorders) pathway; initial impact data will be available in December 2021.

Both Frimley CCG and partners are working proactively to raise awareness about eating disorders and disordered eating in order to boost prevention and to offer early intervention across



pathways.

For primary care, the eating disorder charity Beat have been commissioned to develop a one-hour recorded webinar for GPs delivered by a Beat eating disorder clinician along with lived experience ambassadors. GPs and eating disorder clinicians will be involved in designing the content of the webinar. BEAT has also been commissioned to adapt its Beyond the Symptoms training to be delivered by zoom to a target audience of healthcare professionals.

BEDS are also in the process of agreeing a shared medical monitoring provision with primary care using agreed investment in additional paediatrician time. It is hoped that this will be formalised by September 2021.

Acute services and Surrey and Borders Partnership NHS Foundation Trust have been partnered to deliver the We Can Talk training programme in Berkshire. Other positive developments in acute care include a Tier 4 hospital-at-home service (see section 3.13), which encompasses an offer for eating disorder patients. This offer is already live, and the service is continuing to increase capacity with the aim of being fully mobilised by December 2021. This is in addition to the establishment of the community home treatment offer in the CAMHS crisis response, which will provide intensive support for CYP with eating disorders and disordered eating. The CYP Community Mental Health Team transformation programme is planned to go live, in a phased way, from January 2022.

In addition, regular acute and ED service-liaison meetings are held to discuss patients. Eating disorder service staff carry out regular on-site work in acute settings, as well as making daily phone calls to acute settings/services.

3.7 Transitions

Many young people experience a poor transition to adult services, and up to 50% of under 25s disengage from adult mental health services on transition from services for children and young people. Transition between services for children and young people and adults typically occurs at age 18.

Berkshire Healthcare currently aim to provide a young person preparing to transition to adult services with:

- a named transition co-ordinator
- information on the adult service(s) the young person is transitioning to
- a transition health care plan and a discharge summary

However, some CAMH services do not involve a transition at 18. The eating disorders service (see 3.6.3) is accessible to all ages. The Early Intervention in Psychosis (EIP) service (see 3.8) can be accessed by anyone aged 14 or over. Along with Berkshire Healthcare, BEDS and CAMHS were involved in the development of the phase 2 bids for the Community Mental Health Team transformation programme and have therefore had input into plans for the 18–25 cohort, requiring regular engagement with adult mental health colleagues. Conversely, Berkshire Healthcare are also involved in both the eating disorder and 18-25 workstreams. We intend that as we move towards our planned formal partnership arrangement, this transformation collaboration between CYP and adult mental health services will be further strengthened.

Improving transitions is a local and national priority which aims to prevent vulnerable young people from falling into the gaps between services at a significant time in their lives. For this reason, as part of its CAMHS Transformation, Berkshire Healthcare is currently considering creating a Transformation post/s which can support its transition work going forward.

3.8 Early Intervention in Psychosis service

Psychosis is more common than people often realise. Research shows that individuals are most likely to experience psychosis for the first time in their late teens to early thirties, and it can happen for many different reasons. Berkshire Healthcare's Early Intervention in Psychosis (EIP) service can



be accessed by anyone aged 14–65 and living in Berkshire.

The service provides support in a number of ways, such as:

- educating individuals, their friends and family about psychosis
- creating care and advice plans to help an individual through a crisis
- offering personal medication advice and support
- supporting people in their education or employment
- providing Cognitive Behavioural Therapy for Psychosis (CBTP) with the Talking Treatment team, to help treat psychotic symptoms

3.9 Urgent and emergency (crisis) mental health care for CYP

Our current crisis offer is commissioned through the range of providers detailed in this section.

3.9.1 CYP mental health crisis support – developing a more comprehensive, integrated offer

Across East Berkshire there is a current CYP MH crisis offer, however this is fragmented, and involves several providers, including Berkshire Healthcare's rapid response team, Surrey CAMHS, Paediatric Liaison – Frimley Park and Psychiatric Liaison (aged 16+). Services are often of high quality, but there continue to be significant issues with accessibility, clarity, continuation of care and integration. In some areas of need there is duplication of support, while in others there are gaps. Improvements are necessary.

In addition, there has long been a somewhat unhelpful separation between what are seen as 'mental health' and 'social care' concerns. CYP in crisis interact with multiple agencies, such as the police, ambulance service, A&E departments, social care and others. All these services do their best within their own protocols, however the lack of coordination across agencies can cause problems, including:

- disagreements about who should take responsibility for a young person's care
- young people falling through the gaps between services
- young people repeatedly having to tell their story
- pressures in one part of the system leading to bottlenecks in others – for example, a lack of appropriate placements leading to delayed discharge
- lack of ownership in decision-making
- gaps and duplication the services offer

In order to address these problems, we aim to develop a holistic, integrated, multiagency crisis care offer. In doing so, our objectives are:

- to improve experience, outcomes and consistency of crisis mental health care for CYP and their families
- to ensure financial sustainability in the system by providing high-quality services that are effective
- to ensure equality of access to care across Frimley ICS (aligning our offer to Surrey and Hampshire)
- to deliver the ambitions set out in the NHS Long Term Plan
- to work in partnership with colleagues from across health, social care, education, the voluntary sector and service users to develop a coordinated and integrated model of support for children and young people



This will rely on:

- co-ownership of the developments and a full pathway (health/social care/acute care)
- co-production with CYP and families
- integration of services, including health and social care
- a needs-led culture

A comprehensive urgent and emergency crisis offer for children and young people should be inclusive of these core functions:

- support, advice and triage
- crisis assessment
- brief intervention
- intensive home treatment
- alternatives to admission (safe zones/havens)

Some elements of this work are in progress – see figure 7 and section 3.9.2. An overarching project plan has been developed to implement the safe havens, and a self-harm protocol, which will be informed by variation in local need and the SE-wide self-harm strategy, including the recent Hidden Children analysis undertaken by NHSE and other associated resources. The Hidden Children analysis work is complemented in Slough by the Reaching Out project (see 5.7) by understanding cultural diversity and how we need to engage with our communities through a 'working with', rather than 'doing to', restorative-practice approach.

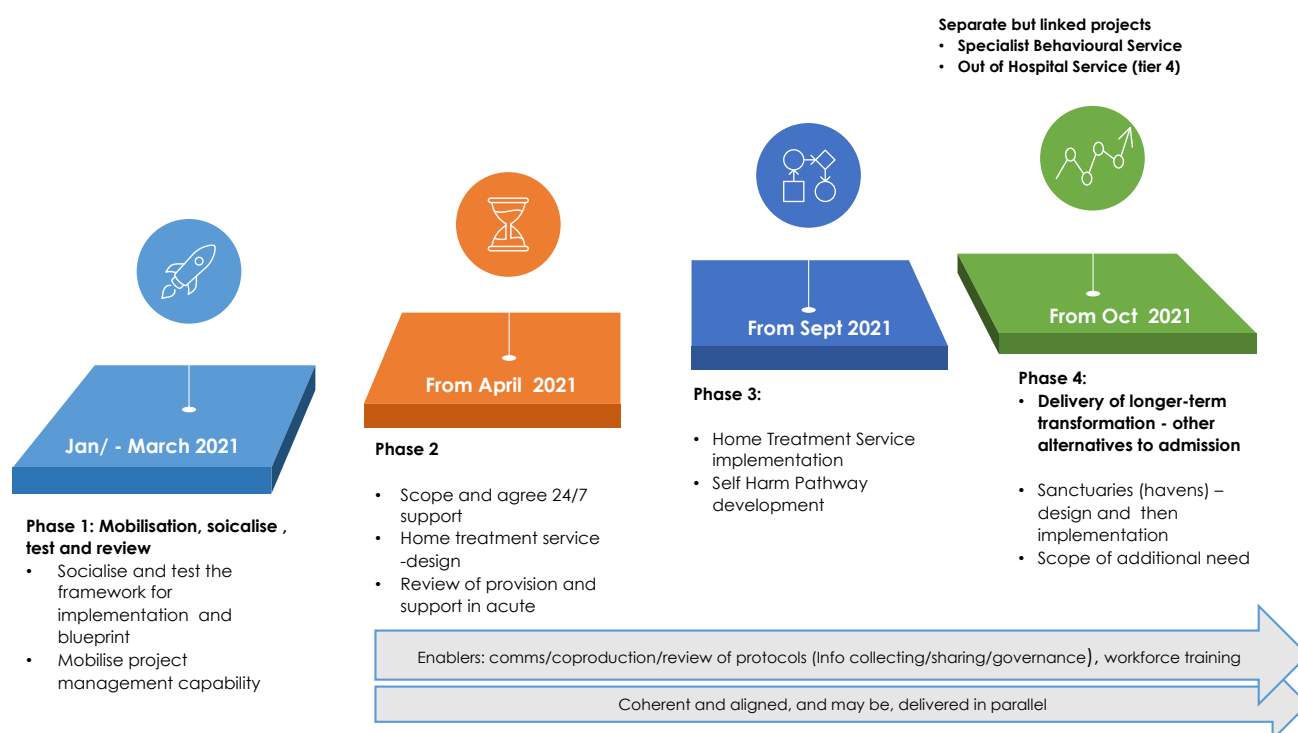


Figure 7: Implementation framework for integrated CYP crisis care

The following sections outline the current position.

3.9.2 Berkshire Healthcare CYP crisis service

A single point of access has been created, including through NHS111, which is available 24 hours a day, seven days per week. CAMHS hours have been extended and dedicated CAMHS staff are available 8am–10pm daily, including weekends and bank holidays. Outside of those hours, the



service is provided by the adult crisis resolution and home treatment team (CRHTT).

Berkshire Healthcare CAMHS also provide crisis assessment and brief response within the ED at Wexham Park Hospital (WPH) and in community settings seven days per week. Dedicated CAMHS staff are available 8am–10pm on Monday to Friday, and 9am–5pm on weekends and Bank Holidays. Outside of those hours, the service is provided by the adult Psychological Medicine Service with support from the CAMHS consultant on-call.

For both the CAMHS crisis service and the crisis assessment and brief response at WPH and in community settings, need and outcomes for young people who present outside the hours when dedicated CAMHS staff are available are currently being reviewed. A proposal has been drawn up to pilot 24/7 access to CAMHS clinicians as part of the programme of work to achieve the LTP targets.

Note that the CYP crisis service at Frimley Park Hospital is provided by SABP CAMHS.

There is limited provision of intensive community crisis support (ICCS), including some home treatment (HT), through the existing Berkshire Healthcare CYP crisis service. An integrated model of ICCS, including HT, is currently being developed based on a series of workshops held with key system partners. In preparation for these workshops, relevant data was analysed to help understand the profiles of future service users in order to inform the skills and training that would be required for the new service to effectively support its users.

The workshops also explored other service models that are in operation. Research was split into CAMHS home treatment service models, and service models that operate effectively across boundaries, to inform practice in both areas with regard to what could potentially work well in Berkshire. The outcomes of these workshops will be presented shortly.

Berkshire Healthcare are also using data to inform the development of crisis services from an inequality perspective.

The impact of the coronavirus pandemic has highlighted the limitations of the current crisis offer. As a result, a more integrated crisis offer is currently being developed across health and social care (see figure 7 above) – this is a priority area of work. The aim is to provide comprehensive, 24/7 crisis provision which combines crisis assessment, rapid response and intensive home treatment functions. Initial efforts are focused on the design of a new home treatment service – work on this began in April 2021 and a proposed model is due for scrutiny and review in September 2021.

3.9.3 CAMHS rapid response team

The CAMHS rapid response team (RRT) offers timely mental health assessments and care for young people in crisis who may present at ED, A&E, Wexham Park Hospital, the Royal Berkshire Hospital, or Place of Safety and other community places. The RRT also provides short-term intensive support to children in the community. The service operates from 8am–10pm Monday to Friday and 9am–5pm on Saturdays and Sundays, although there is access to telephone and video assessment up to 10pm at weekends and on bank holidays. Outside these hours, assessment and brief response is provided by adult crisis services with support from the CAMHS consultant on-call.

The aims of the CAMHS RRT are to:

- deliver initial assessment of a young person presenting to ED in crisis within four hours of referral (provided the young person is fit for assessment)
- deliver comprehensive mental health and risk assessments
- provide advice, support and consultation to professionals in Paediatrics and ED
- following a crisis presentation, provide the young person with intensive, short-term support within an appropriate community setting until the risks are contained or alternative care provision is put in place (admission to Tier 4/community interventions)



- offer short-term support to facilitate discharge from Tier 4/transition to home in order to prevent representation and readmission in the vulnerable period post discharge
- ensure liaison and consultation with other professionals and members of the children's workforce
- provide training to other services and professionals

3.9.4 Frimley Park Hospital CAMHS crisis assessment service

Staff from the Frimley Park Hospital CAMHS crisis assessment service carry out a mental health assessment of children and young people who have presented to the hospital following self-harm injuries or suicidal thoughts, or those who have a mental health crisis whilst admitted. This is a place-based service, with one provider assessing the children and young people concerned, regardless of their home address.

This service is provided by Surrey and Borders Partnership NHS Foundation Trust and is available seven days a week between 9am and 5pm. The service liaises with the hospital and with other community services (including local children and young people's services, such as the CAMHS rapid response team) to organise the best discharge possible. The service works alongside the CYP psychological medicine service (PMS) based at Frimley Park Hospital.

Young people who present in crisis to Frimley Park Hospital are followed up in the community by the Berkshire Healthcare CAMHS rapid response service.

The impact of COVID-19 has been a significant increase in the demand for CYP crisis services at Frimley Park. Following the first lockdown in 2020, during the first six weeks back at school the number of CYP presenting to A&E in a mental health crisis increased by 121% compared to the same period the previous year. As a result, this service, alongside the CYP crisis pathway across the Frimley ICS, will be reviewed in 2021/2022.

3.9.5 Psychological medicine service

A 24/7 psychological medicine service (PMS) is well established within acute hospitals and carries out biopsychosocial assessments. During their working hours, however, the CAMHS crisis teams provide this service for young people under the age of 18. Outside of those hours, assessment is undertaken by PMS for those aged 16 or over. For under 16s, assessments are made in conjunction with duty doctors and the CAMHS consultant on call. Follow-up is then provided by the rapid response team for under 18s (for adults, where urgent follow up is needed, this is carried out by the crisis resolution and home treatment team, or CRHTT).

3.9.6 Multiagency process for CYP presenting at Wexham Park Hospital

Over the last year, due in part to the impact of COVID-19, there has been an increase in the number of children and young people presenting at Wexham Park Hospital (WPH) in crisis and who are experiencing complex mental health, emotional, social and behavioural issues.

For these children and young people there is often a significant crossover and interplay between 'social care' crises and 'mental health' crises. Health and Social Care (Slough and RBWM) have worked together to produce a multiagency process for children and young people presenting in crisis at WPH, which is currently being finalised for approval and roll out.

During Q1 and Q2 of the reporting year 2020, the most common mental health crisis presentations at WPH were paracetamol overdose and suicidal ideation. Of the CYP admitted, 85% spent one or two days in the hospital. During this period, 134 referrals were made to safeguarding.



3.10 Support for vulnerable groups

3.10.1 Slough Children's Service Trust – clinical team

Slough Children's Services Trust (SCST) is an independent, not-for-profit company providing social care and support services to children, young people and families. The clinical team's role is to support the implementation of systemic social work, that is, the application of systemic theory as the practice framework for social work.

The role of the clinicians is to model and work with practitioners to implement systemic approaches and to assess the emotional wellbeing/mental health issues of family members. Clinicians work directly with families and individuals (in some instances) and refer to appropriate agencies.

The clinicians contribute to outcomes for CYP and families by: working with families to prevent escalation and children becoming children in care; contributing to family resilience; working with families to enable young people to return to birth families where this is safe to do so. In addition, clinicians assess and identify needs that require Tier 3 CAMHS interventions or adult mental health interventions and enable people to access these services.

3.10.2 Children in care and new CAMHS worker role

The post of CAMHS CiC worker, which started in December 2020, is a specialist CiC mental health role, working in partnership across the three local authorities. The role is the point of contact for the LAs and partner agencies (including Social Care and East Berkshire CAMHS), developing working protocols and providing advice, consultation and support to the professional networks across East Berkshire working with CiC and CYP at the edge of care. The post also offers a psychological and mental health perspective on the needs and lived experience of CiC, as well as supporting the LAs' strategy of maintaining placements and preventing placement breakdown via early intervention through a holistic MDT approach.

A core group of professionals working with children in care (CiC) have been meeting to develop a CiC model based on need and learning from other areas and best practice. The current view is that the model should build on learning from what is already working well in East Berkshire, including:

- By providing clinical insight and input, CAMHS is an intrinsic member of a multiagency triage group where there is collective responsibility for improving outcomes for the child/young person. This supports the move toward 'the right person at the right time'. The new model of CAMHS CiC worker input has provided additional focus and support, concentrating on outcomes for young people rather than outputs.
- Listening to the views of the young person/parents and social worker/s is key.
- The impact of PPEP Care training for carers is positive and needs to be embedded.

It is also felt that the new model should feature:

- flexibility – not just a 9am-to-5pm model of service delivery
- lessons from COVID-19 – offer a balance of F2F and online/digital support
- a personalised approach that recognises that every child is different, rather than one size fits all
- a whole-family approach – positive support and help, including for the child/young person's parents, to ensure that wherever possible that child or young person can be returned to a stable home environment
- creativity and flexibility within the system – ask young people their views as part of the discussion around what would work for them; consider how to engage with those CiC who are not currently engaging



3.11 Children and young people who are neurodiverse and/or have a learning difficulty or disability

Although learning difficulties and disabilities and neurodiversity are not mental health conditions, many children and young people who are neurodiverse and/or have a learning difficulty or disability also experience issues with their mental health. For example, national data suggests that approximately 70% of CYP with autism also have a mental health issue.

Separately from CAMHS, Berkshire Healthcare also provides neurodiversity services, including:

- attention deficit hyperactivity disorder (ADHD) pathway: offers assessment and treatment for ADHD
- autism assessment team (AAT): offers assessment for autism spectrum disorder (ASD); this pathway does not include post-assessment treatment

More details on these services are given in the following sections.

3.11.1 The Transforming Care programme

Transforming Care is a national plan to develop community services and reduce inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition. It relates to people of all ages. Historically the programme has been led through 48 Transforming Care Partnership Boards, but it is now moving to ICS footprints. For Frimley, existing work is being delivered through Surrey Board, Hampshire Southampton Isle of Wight & Portsmouth Board and Berkshire Board. A gradual move to a Frimley governance structure will follow a review of the work programmes underway across the area. In the meantime, the Transforming Care Partnership Board that covered East and West Berkshire has been disbanded and a Transforming Care Partnership Board has been established for East Berkshire. The board has representatives from the CCGs, local authorities and providers, and is investigating how to establish the effective involvement of people with a learning difficulty or disability and/or autism and their families, including regular links with Learning Disability and Autism Partnership Boards.

The Transforming Care programme has four main aims:

- To ensure fewer people need to be hospitalised in an assessment-and-treatment unit by providing better services in the community.
- To ensure people do not stay in hospital for longer than they need to.
- To ensure people receive good-quality care and the right support in hospital and in the community. This includes community teams for people with learning disabilities and housing and care market experts, as well as specialist intensive support teams.
- To make sure everyone who is in hospital or is at risk of being admitted to hospital has a care and treatment review (CTR or CETR). A CTR is a meeting attended by the person, their families/carers and the people who support them – for example, experts by experience, health and social care professionals, education providers, clinical commissioners and reviewers. In the CTR meeting, everyone discusses how they can help the person to become more independent.

In all aspects of its work that are specific to children and young people, the Transforming Care Partnership also supports their families and carers. Children, young people and adults with a learning disability and/or autism have the same right as anyone else to live satisfying and valued lives, and to be treated with dignity and respect. They should have a home within their community, be able to develop and maintain relationships, and receive the support they need to live healthy, safe and rewarding lives. To ensure that these aims are met, strategic links have been made between the East Berkshire Transforming Care Partnership and the LTP to enable a collaborative approach.



The numbers of children and young people with autism and/or a learning disability who are admitted to Tier 4 inpatient services in East Berkshire is very low. However East Berkshire is working to ensure that those who need a range of preventative support in the community are able to access it when they need it, and this includes children with autism or a learning disability whose behavioural needs lead to consideration of a residential educational placement out of the area. To support this, the Transforming Care programme of work has:

- Established care, education and treatment reviews (CETRs) for young people in hospital or at risk of admission to hospital. In the last year, four young people have had CETRs, and a central administrator has been recruited to ensure CTRs are carried out in a timely way for both adults and children.
- Completed an all-age review of Alternatives to Admission to identify what further developments are needed, in particular focusing on intensive support, crises out of hours and ensuring reasonable adjustments are in place.
- Worked with a multiagency task-and-finish group to develop a Case for Development for a specialist behaviour service for children and young people with a learning disability and/or autism and behaviours of concern (includes intensive support, specialist support and training).
- Introduced a pilot to test the impact of access to additional short-term funding targeted at de-escalating a crisis.
- Established a dynamic support register and recruited a clinical lead to support early identification and mobilisation of multiagency support for children and adults with a learning disability and/or autism at risk of admission.

Further plans include:

- expanding cross-system training on autism, learning disability and positive behavioural support
- developing a plan for supporting treatment and appropriate medication in paediatrics (STAMP), based on best practice elsewhere
- increasing the quantity and improving the quality of CETRs
- developing a bid for funding for keyworkers to support children and families where the child is in Tier 4 inpatient services or at high risk of admission
- targeted work to improve provision for autistic children and young people who have eating disorders (subject to the outcome of a funding bid)

3.11.2 Children and young people with autism or ADHD

Around 50% of all referrals accepted by CAMHS CPE are for autism and/or ADHD. High and increasing demand on Berkshire Healthcare's autism and ADHD service over many years significantly outstrips capacity (even when services are fully staffed) and has resulted in long waits and large numbers waiting.

Table 17: Referrals trends and current waiting times

Service	Increase in referrals from 2014/15 to 2019/20	Current average wait for an assessment*
Autism 5-18y	90%	36 weeks
ADHD 6-18y	37%	65 weeks

** Average waits include both routine and prioritised assessments – many families will wait much longer than this, whilst others have a much shorter wait if their assessment has been prioritised due to safeguarding or clinical risk. (See also Appendix 1 for further information on average waits.)*

Working in close partnership with Frimley CCG, Berkshire Healthcare have undertaken further comprehensive demand, capacity, workforce and transformation modelling (including digital and



blended delivery options) to inform the future delivery of neurodiversity services. This is intended to increase capacity in order to reduce waits and ensure sustainable improvements for the benefit of children, young people and families living in East Berkshire. Frimley CCG have allocated significant new investment for 2021/2022 with the aim of reducing the longest wait for autism and ADHD assessment to 12 months by the end of March 2022.

Services continue to be impacted by the coronavirus pandemic and the many challenges it has presented, including the considerable extra time needed to support families. COVID-19 requirements also mean that the autism assessment team cannot currently offer their one-stop assessment model (which is the most streamlined model) and consequently assessments require more clinical time and take longer to conclude. An updated Trust risk assessment is under way to review this situation.

However, the pandemic period has also provided real opportunities to innovate and learn valuable lessons about how to improve service delivery and offer more flexible access. Frimley CCG and NHSEI have also provided significant investment to support waiting list initiatives over the past three years.

Whilst short-term waiting list initiatives can lead to temporary reductions in waiting times, these are not sustained in the longer-term. Actions to reduce waiting times can focus on reducing demand and/or increasing capacity. There appears to be little scope to significantly reduce demand, at least in the short and medium term, as referrals to the services are generally very appropriate and conversion rates (referral to diagnosis) are around 80%.

It is therefore essential to ensure a system approach to understanding and responding to the challenges and transforming thinking about neurodiversity. A shift in emphasis to needs-led rather than diagnosis-dependent support is required. This is being facilitated through innovative work, including by the new East Berkshire Neurodiversity Network and the transformed approach to neurodiversity pilot currently underway in Bracknell Forest Council.

The key areas of the action plan include:

- service expansion with a robust and flexible recruitment strategy
- short, medium and long-term external/private provider support to deliver additional autism and ADHD assessments, with ADHD medication titration and review as required
- governance, quality assurance and reporting
- a culture of ongoing continuous improvement, supported by the Trust Quality management and Improvement System (QMIS)

Berkshire Healthcare and the CCG have worked closely together over the past few years to understand and address the challenges around the services. A range of successful initiatives and transformation projects have already been undertaken within Berkshire Healthcare to increase capacity, which have contributed to an improvement in wait times. These include:

- Digital assessments: the 5–18y autism and 6–18y ADHD teams have been piloting and evaluating their own digital assessments during the pandemic with promising results. This has allowed the teams to complete and conclude new assessments.
- New ways of working identified for modified face-to-face autism assessments (Brief Observation of Symptoms of Autism) whereby a parent/carer is coached by a clinician to administer the assessment. This has allowed the team to conclude assessments for all age groups.
- Flexible, on demand contract with Healios (external provider) in place as of February 2020, to deliver fully digital autism assessments. This enables the Autism and ADHD team to be responsive to opportunities for additional funding from CCGs or NHSE, as well as the opportunity to use vacancy money to fund additional assessments. (NB this option is not



suitable for all children and young people.)

- Additional investment provided in 2018–2020 by the CCG and NHSE to fund an extra 465 autism assessments. Berkshire Healthcare also funded an additional 25 online autism assessments with Healios from November 2020 to March 2021.
- Previous pilot of digital ADHD assessments funded by East Berkshire CCG: this small-scale pilot of 30 ADHD digital assessments offered some additional assessment capacity along with a choice of assessment route. However, it did not address the team's capacity to accept new children/young people onto the caseload for ongoing medication treatment and review. Our current proof-of-concept pilot should address this issue and ensure partnership work can be used effectively to support capacity.
- Independent all-age review of autism and ADHD: commissioned by the CCG with the aim of identifying the challenges impacting the service within the context of the wider system and to propose solutions. As part of the review, Attain partnered with Berkshire Healthcare to undertake flow, demand and capacity modelling to better understand demand and how this can be met in the future. This project won the Health Sciences Journal award for best NHS consultancy partnership in July 2021.
- The CCG has worked with partners to design, develop and commission a new service from October 2020 providing pre- and post-assessment support for autism and ADHD. The service will be integrated into the existing Berkshire Healthcare pathways.
- Exploring alternative service provision, for example, similar to the approach being piloted in Portsmouth based on a neurodiversity profiling pathway which identifies need and provides a graduated response/early access to appropriate support, without relying on formal assessment or diagnosis.
- The ongoing improvement work of the 5–18y autism assessment team and the ADHD team is supported by training in the Quality Improvement and Management System. Both teams have both undertaken Quality Improvement Projects.
- The 5–18y autism assessment team and the ADHD team both hold weekly improvement huddles where all members of the team can identify and implement improvement ideas.
- Working with NHSEI to share learning (particularly emerging evidence regarding digital assessments) and to establish a best-practice forum across the South East region.
- Significant work has been undertaken to review administrative and clinical processes over the last few years to ensure the service is operating efficiently. Improvement work is ongoing and is supported by the Trust's Quality Management and Improvement System. Both teams use QI methodology to drive service improvement and reduce waits.
- The autism assessment team (AAT) completed a project with Berkshire Healthcare's Digital Transformation Team to pilot and evaluate the option of a fully digital assessment option (where clinically appropriate or when needed due to COVID-19).
- Refresh of recruitment strategy with the support of a dedicated Children Young People and Families specialist resourcing manager and social media officer.
- The AAT and ADHD team also provide a helpline service for those waiting for assessment. This care-of-waiters service is needed to respond to those whose needs cannot be met by the locally commissioned or other support (e.g. assessing and managing clinical risk, complex needs, decisions required around onward referral, assessment prioritisation, etc.).
- In addition, the AAT team provide online access to 24/7 support through SHaRON Jupiter (digital support platform). SHaRON connects parents/carers to each other as well as to the services supporting them. The platform increases access to high-quality/evidence-based resources to empower families to support themselves and can give rapid access to peer support as well as specialist advice from a range of clinicians. SHaRON is also a very efficient



way for clinicians to provide information and support to many families at once.

- Evidence-based brief interventions are also provided by trainee Children's Wellbeing Practitioners.
- The teams also provide autism and ADHD training to all staff groups through Psychological Perspectives in Education and Primary Care (PPEP care).
- Services moved quickly and seamlessly to online delivery of appointments to minimise the impact of COVID-19 and have continued to use all available clinical capacity throughout the pandemic.
- Recovery roadmaps are in place, with learning used from COVID-19 responses to help embed sustainable transformation.

Autism support pre and post diagnosis

Working in partnership with Parenting Special Children, The Autism Group and Aik Saath, Solutions for Health is East Berkshire's lead provider of pre- and post-diagnosis autism support. Their new GEMS service launched in October 2020 (initially as a totally virtual service) and now includes a programme of virtual and face-to-face workshops for parents and carers (including, from September 2021, sessions of courses developed by the National Autistic Society), and a range of workshops and social groups for children and young people aged 5–25.

Bracknell Forest Council also contributes additional funding to GEMS to provide a service for adults aged 18+ with autism (this includes transition workshops for parents and carers, wellbeing workshops and social activities).

3.11.3 East Berkshire children and young people's specialist behaviour support service

A specialist behaviour support service is currently being procured and developed, with interim arrangements as described below. The service will target:

- those children and young people with autism and/or a learning disability and a mental health diagnosis whose needs cannot be met by CAMHS and
- those children with autism and/or a learning disability who do not have a mental health diagnosis but are displaying dangerous or destructive behaviours and are at risk of placement breakdown

The proposed multiagency service would operate on three levels to prevent needs escalating, and to reduce unnecessary admissions to hospital or to residential settings:

- intensive support for a small number of children and young people at highest risk of admission to hospital or residential placement
- specialist support for children and young people who are at some risk of placement breakdown
- training and advice for professionals across settings working with children and young people with autism and/or a learning disability to improve mental health and behaviour, including co-working with CAMHS and other specialist teams

To begin to address unmet need as quickly as possible, some funding will be used to spot-purchase individual assessment and therapeutic intervention for children at highest risk of placement breakdown. Learning from this will be fed into the service development so that it remains rooted in a practical understanding of local needs in the three places.

The process for developing the service started in August 2021. A process for spot-purchasing assessment and interventions is in place and will continue whilst the new service is in transition. It is



hoped that the first phase of services will begin in February 2022, with the service fully operational by 2023/24.

3.11.4 Transforming neurodiversity services

Bracknell Forest Neurodiversity Transformation Pilot

The current neurodiversity offer, whilst meeting the needs of a few children and young people, is missing vital focus that could make a real difference. Benefiting from the learning that went into the Portsmouth model, Bracknell Forest volunteered to run a pilot to develop a local offer based on needs.

The aim of the Bracknell Forest project are:

- To ensure that the needs of any child or young person can be effectively met, whether or not they have received a diagnosis or meet the criteria for one.
- To ensure that settings and professionals develop their understanding of the range of needs experienced by children and young people, as well as their individual profiles of strength and skill. These settings and professionals will have access to the relevant resources to effectively provide support and celebrate strengths.
- To develop a framework for the co-production of a person-centred profile of strengths and needs and an associated support plan for identified individuals.

This work started in earnest in July 2021 and there are specific milestones with an end date of June 2022, by which time the following will have been achieved:

- development of a resource tool
- development of a framework for person-centred meetings and a co-produced individual support plan
- development of a one-hour training webinar about Bracknell Forest council's perspective on neurodiversity and supporting young people (recorded and accessible to all)

The successful outcomes of the pilot will be rolled out across RBWM and Slough and incorporated into a sustainable method of supporting young people and families and ensuring the ethos of early identification and support.

East Berkshire Neurodiversity Network

The East Berkshire Neurodiversity Network aims to connect people with an interest in neurodiversity – whether their interest is as a person with lived experience, as parent/carer or other family member, a professional in health, education or social care or as a volunteer. The network is open to those aged 18+ who live or work in East Berkshire and want to improve the understanding of neurodiversity and support for neurodivergent children and young people. Launched in May 2021, the network currently has more than one hundred members.

The network is facilitated by a group of experienced professionals who represent a true partnership approach between health, local authorities and the voluntary sector. As well as facilitating network meetings, this core group will also be listening and learning, responding to ideas and feedback and sharing them beyond the network to drive change across organisations. The network will seek to:

- learn from each other by encouraging discussion and debate
- support and drive understanding and acceptance of neurodiversity
- promote a strength-based approach, recognising and celebrating the gifts and talents of every neurodivergent child and young person



- champion collaborative working with parents/carers, among professional groups and different organisations
- explore, define and promote a common language around neurodiversity based on:
 - identifying spectrums of difference
 - focusing on how to best meet a neurodivergent child/young person's needs as early as possible without a reliance on a diagnostic assessment
 - prioritising education, advice and support
 - allocating resources based on needs and value for money without requiring a diagnosis

Once every three months the network holds a virtual 90-minute meeting, including keynote speakers, breakout rooms for open discussions on related topics, and local updates (including service updates and progress reports on the Bracknell Forest neurodiversity pilot). A key theme to date has been neurodiversity in education – so far, the network has explored some of the good practice people had experienced, as well as changes they would like to see in the future. The network has also heard from young campaigners, including Marcus Wilton and Sienna Castellon. Planned topics for future meetings include multidisciplinary strategies for early intervention, parental support and the recovery curriculum following the pandemic.

Why do we need a neurodiversity network?

- To help bring about a change in thinking and approach that will benefit countless children, young people and their families.
- To empower children, young people and families – help young people recognise and celebrate their strengths and move away from an approach and language that can reinforce negative perceptions and barriers.
- To create the right environment to help everyone to thrive – not just those who are neurodivergent.
- To make sure the right support is in place, regardless of any formal assessment or diagnosis, i.e. support based on needs rather than diagnosis.

Some children and young people will continue to benefit from formal assessment and diagnosis. However, for many, focusing on understanding, acceptance and providing the right support will be much more meaningful. Generally, when a young person/family come for an assessment, they are seeking ways to understand and help themselves/their child, rather than a diagnosis. Diagnostic services generally involve a long wait and are often assessment only. Not all children or young people who are referred for an assessment will go on to receive a diagnosis, but they are likely to still have needs that will benefit from support.

Diagnostic terms such as 'autism' will continue to have their place, but it will often be more appropriate and helpful to think about the children or young people concerned as unique individuals with their own sets of strengths and challenges/vulnerabilities and who may just 'think differently' to others. We need to be willing to radically change the way we think about and understand neurodiversity to ensure the right understanding and support is available.

3.12 Health and justice

In addition to the general services that are commissioned for the whole of the population, health services specifically provided for children and young people within the health and justice system are detailed below. Some of these services are commissioned by the CCG and some by NHS England Health and Justice: collaborative commissioning.



Table 18: Current commissioned services specifically for health and justice (East Berkshire)

Service	Commissioner	Provider
SARCs	NHS England Specialist Commissioners – Health and Justice	Solace Trust House Reading
Forensic CAMHS	NHS England Specialist Commissioners – Health and Justice	Oxford Health NHS Foundation Trust
Thames Valley Liaison and Diversion Service	NHS England Specialist Commissioners – Health and Justice	Berkshire Healthcare NHS Foundation Trust
CAMHS YOT worker	Frimley CCG	Berkshire Healthcare NHS Foundation Trust
CAMHS health worker	Frimley CCG	Berkshire Healthcare NHS Foundation Trust
Speech and language support	Frimley CCG	Symbol UK

Frimley CCG's Head of Children, Young People and Families is the health representative on each of the Youth Offending Team (YOT) management boards and supports and contributes to the development of Youth Justice Plans.

3.12.1 Physical and mental health services for YOTs

Berkshire Healthcare is commissioned by Frimley CCG to provide physical and mental health services specifically for young people who are being supported by the three YOTs in East Berkshire (Slough, RBWM and Bracknell Forest). The aim is to provide an enhanced consistent and sustainable health service offer across the YOTs in line with a single service specification and key performance indicators.

The mental health practitioners (MHPs) embedded in the YOTs can offer specialist assessments, as well as supporting work to reduce reoffending. MHPs are also working with the YOTs to embed trauma-informed practice.

3.12.2 Speech and language training (SaLT) for staff and CYP therapy for YOTs

Delivered by Symbol UK, this service commenced in April 2017 and was recommissioned in April 2021 for a further two years. Its focus is to provide:

- training about young people's speech, language and communication needs for all staff entering the YOTs
- guidance for the YOTs and other professionals (particularly in education), so that they are able to effectively recognise, assess and support young people's speech, language and communication needs
- direct, specialised intervention for young people with identified speech, language and communication needs where appropriate



3.12.3 NHS England Health and Justice: collaborative commissioning

NHS England Health and Justice (H&J) is delivering work known as the Health and Justice Specialised Commissioning Workstream for the FYFV and the NHS Long Term Plan. This looks at the needs of some very vulnerable children and young people whose particular mental healthcare requirements can be hard to meet through conventional services as a result of their unique and complex circumstances. The children and young people in this group, sometimes described as 'high risk, high harm, high vulnerability', may:

- have a higher likelihood of having been subjected to trauma or severe neglect
- have experienced high levels of social disadvantage
- have multi-layered, unmet and complex needs
- not be accessing services in a timely manner in the first place, despite high levels of need

In 2021, the NHSEI Specialised Mental Health and Health & Justice Southeast provided national funding to each of the four provider collaboratives in the region to scope the key priority needs of children and young people with complex needs in their footprint and describe the existing range of service provision and support (including evidence of effectiveness where available).

3.12.4 Thames Valley services

Thames Valley provide a broad range of directly commissioned services for CYP in contact with Health and Justice (including CYP who are within and transitioning to and from the Children and Young People's Secure Estate on both welfare and youth-justice grounds). These services include:

- Liaison and diversion service – operates by referring vulnerable adults and children who find themselves in the criminal justice system and who have been identified as having a mental health condition, learning difficulty or disability, substance misuse and/or other vulnerability to an appropriate support service
- Forensic CAMHS (FCAMHS) – provides highly specialised forensic mental health triage, advice and signposting and formal consultation to a variety of agencies regarding high-risk young people with complex needs
- Sexual assault referral centres (SARCs) – provides specialist counselling services via one of two referral pathways (one for cases of a current or recent sexual assault, and one for victims of prior or historic sexual assault and/or abuse)

3.13 Tier 4

Our previous nine-bed inpatient provision, Willow House, closed in April 2021 and is being replaced by a new service model. This change is the result of the Review of the Accelerated Bed Programme for the South East region in early 2020 combined with learning from the national New Care Models programme, which determined that the needs of East Berkshire's CYP could be met through alternative models of provision and increased utilisation of existing CAMHS GAU services.

During the transition period, young people needing Tier 4 care are being admitted to either to a General Adolescent Unit (GAU), a Specialist Unit (such as an Eating Disorders Unit, or EDU), a Psychiatric Intensive Care Unit, or a secure or other highly specialist unit.

A new Tier 4 out-of-hospital service is now being developed based on evidence from intensive community models that are demonstrating success elsewhere in the country. The service redesign has also been influenced by the views of East Berkshire service users.

The new local clinical service, which will be operational by April 2022, will have capacity to support up to 16 young people at any one time and will meet the needs of young people who would currently be admitted to a GAU or an EDU. They will be able to remain at home and be supported through day care and intensive home treatment.



Of the young people who need an inpatient response, most will go to units in the region, such as Huntercombe in Maidenhead or Highfield in Oxford. As now, some young people may go to units that are out of area, meaning families have to travel. However, the new service should reduce these numbers.

4. Workforce development

We want our diverse workforce of professionals and volunteers to be equipped with the knowledge and skills to help us realise our ambition of improving children and young people's mental health and wellbeing. To this end, we have created an East Berkshire multiagency annual workforce training offer that is available to the whole workforce across all services working with children, young people and families. We are also conscious of the need to focus on workforce recruitment, retention and support going forward and will align future workforce plans with wider national and Frimley ICS strategies.





4.1 Main training offer

In feedback sessions, young people have told us that they often turn to a worker/volunteer they trust in relation to their emotional wellbeing. It is therefore vital that those workers/volunteers are well informed. As part of the transformation outlined in this Local Transformation Plan, we want to ensure that professionals and volunteers working with children, young people and families have the confidence and capability to proactively support all our children and young people to build emotional resilience and to promote good mental health and wellbeing. In order to fulfil this ambition, we have started to produce a free annual training offer.

Our main training offer for 2020, published in February of that year, included online and face-to-face training via a mix of locally commissioned and national providers, all of which are reliable and evidence based. (To reflect how providers adapted to coronavirus-related restrictions, this offer was updated with a fully virtual offer in November 2020 – see details below in section 4.1.4.) Our most recent training offer was published in October 2021 and for ease was incorporated into the autumn/winter 2021-2022 MHST/GH service virtual offer of a webinar series.

The aim of the current and subsequent training offers is to focus on developing the knowledge and understanding needed to support all our children and young people with their emotional health and wellbeing. This training will in turn enhance the effectiveness of the services within which practitioners/volunteers work by systematically embedding evidence-based practice across our workforce. The training offer is also intended to strengthen service provision by ensuring that the right person with the right skills is in the right place to support individuals and families.

Our overall training offer is designed to add value to any internal continual professional development programmes that already exist within organisations.

For parents/carers our LAs also offer a range of parenting courses, some of which are only available via referral from a professional (see 4.1.5).

4.1.1 Level 1 training

The courses in this part of the main training offer are for members of the CYP workforce – such as professionals and volunteers working in education, health or social care – who require general mental health awareness and have opportunities to build resilience in children and young people. The available courses are:

- Making Every Contact Count
- MindEd: MindEd Core Content (online learning)
- Psychological Perspectives in Education and Primary Care (PPEP Care) modules:
 - 'Overview of common mental health issues in children and young people'
 - 'Promoting resilience in children and young people'

4.1.2 Level 2 training

These courses are particularly relevant to members of the CYP workforce who are not mental health specialists but are likely to have some regular contact with children and young people who are experiencing poor mental health. The available courses are:

- Youth Mental Health First Aid (two days)
- MindEd – Learning paths and thematic modules (online learning)
- Psychological Perspectives in Education and Primary Care (PPEP Care) modules:
 - 'NOW: Having constructive conversations with distressed young people'
 - 'Supporting young people with low mood'
 - 'Supporting young people with anxiety'



- 'Supporting young people who self-harm'
- 'Behavioural difficulties: supporting children and their parents via a parenting intervention'
- 'Overcoming childhood (under 12s) anxiety'
- 'Supporting young people with eating disorders'
- 'Supporting children and young people with specific phobia'
- 'Supporting children with separation anxiety disorder (SAD)'
- 'Supporting young people with post-traumatic stress disorder (PTSD)'

4.1.3 Targeted training

This training focuses on those children and young people who are particularly vulnerable to poor mental health and is designed for the professionals and volunteers who work with them. In this first edition of our training offer, we have chosen to focus on the mental health needs of LGBTQ+ children and young people and those who have ADHD or autism. The available courses are:

- 'LGBTQ+ awareness and intermediate mental health'
- 'Understanding ADHD: Current research and practice' – Future Learn (online learning)
- Psychological Perspectives in Education and Primary Care modules:
 - 'Autism awareness'
 - 'Autism and mental health'

4.1.4 Adapted CCG offer

East Berkshire CCG published an updated training offer in November 2020. This adapted offer described the training courses that had been reorganised and redesigned due to COVID-19 restrictions, with virtual sessions replacing all face-to-face courses. We also took this opportunity to inform our workforce about some of the best reliable and free online training opportunities relating to CYP mental health that had become available nationally 'on demand' during the pandemic, including MOOCs, webinars and podcasts.

4.1.5 Parenting offer

Through the Frimley Integrated Care System parents/carers currently have free access to online universal parenting support based on the Solihull Approach. In addition to this, a range of courses are available in our three local authorities to support parents/carers (see examples listed below).

Table 19: Examples of courses for parents/carers by LA

Course	Description	Available in
BAME Community Support – Family Links Nurturing Programme	A 10-week programme promoting emotional health, relationship skills and positive behaviour management strategies for parents and carers (also available is an adapted version considering the links between parenting and Islamic values).	RBWM
BAME Community Support – Stress Management Group	A 10-week programme helping parents to understand the negative impact of stress on parenting and to develop coping strategies to manage their stress effectively.	RBWM
'Positive Parenting Program' (Triple P)	A 6-week course for all parents who have children (aged 2 to 10 years) or pre-teen/teenagers (aged 11 to 16 years).	RBWM Slough



Emotional First Aid	Six sessions focusing on a parent's own emotional health and wellbeing.	RBWM Bracknell Forest
Incredible years	A 12-14 week course for parents and/or carers of 3-12-year-olds with ADHD or ODD/CD (formally diagnosed or on CAMHS pathway), whose behaviour has been having significant impact on their home and school life experiences.	RBWM Bracknell Forest Slough
Aspects of Parenting	A short course which provides an introduction to managing everyday family issues such as challenging behaviour, family relationships, routines and communication.	Slough
PEEP Learning Together	A targeted 6-week programme that takes a play-and-learn approach to help parents develop secure attachment relationships with their babies and children.	Slough
ADHD+ Parenting Programme	A 10-week programme for parents/carers of children and young people who have a clinical diagnosis of ADHD.	Bracknell Forest
STOP Parenting Programme	A 10-week parenting programme for parents/carers of children aged between 11–16 years designed to support their core relationship with their child and covering issues of drugs, sex, education, communication and setting boundaries.	Bracknell Forest
Time Out for Parents (Time out for the Early Years / Time out for the Primary Years / Time out for Teenagers / Time out for Dads	A series of 5/6 weekly parenting groups/workshops for parents/carers of children aged between 0–19 years. Topics include handling anger in the family, helping children with money and helping families to safeguard against drugs.	Bracknell Forest

In collaboration with the Charlie Waller Institute (CWI), University of Reading, Berkshire LAs have been involved in the development of their parenting strategies. This has involved development of the workforce via robust training to deliver Evidence Based Parenting Interventions for both behavioural difficulties and anxiety problems in children as indicated in the NICE/SCIE guidelines. This pilot training for both CAMHS and LA staff was funded in its pilot year by Health Education England.

The Incredible Years training component is attachment-focused and designed for application across a range of ages and with specialist populations including Children in Care and those with Autistic Spectrum Conditions. In addition, all CWI training is trauma-informed emphasising the roles of safety, choice, and empowerment.

The future strategy includes widening this training to more staff as well as third sector partners targeting those whose role includes working with and supporting families, across cultures and socioeconomic groups, with children between the age of 3-12 years. The interventions offered by trained staff include parent-led CBT and group approaches including the Incredible Years Parenting Programme (supported by over 30 years of research demonstrating improvement in children's behaviour, their social, emotional, and academic competence and also parental mental health). To achieve sustainability of this model, good evidence-based supervision will be offered within teams, supported by CWI.



4.2 Training outcomes

In 2020/21, despite the impact of the COVID-19 pandemic, many members of East Berkshire's CYP workforce have received training in CYP mental health.

Table 20: Headline outcomes from East Berkshire's training offer 2020/21

Training	Outcomes
PPEP Care	<ul style="list-style-type: none"> a total of 40 PPEP Care training sessions delivered virtually almost 1,100 delegates trained
Youth Mental Health First Aid	<ul style="list-style-type: none"> 5 sessions in 2020, mix of face to face and virtual: 47 professionals trained, plus 22 Young Health Champions (YHCs) or Youth Council Representatives 6 sessions to date in 2021, all virtual: 54 professionals trained 4 more sessions planned for rest of 2021, plus 3 additional sessions specifically for YHCs two sessions already booked for 2022
LGBTQ+ Awareness and Intermediate Mental Health	<ul style="list-style-type: none"> delivered by Sussex Partnership NHS Foundation Trust; all virtual 73 professionals trained from Sept 2020 to July 2021 1 more session booked in Oct 2021

4.3 Webinar offer for education settings and wider partners

In 2020/21, in response to the COVID-19 crisis, the MHST/Getting Help teams, Berkshire Healthcare and partners developed an emotional health and wellbeing virtual support offer for education settings and wider partners across East Berkshire. The main aims of this offer are to:

- educate professionals to develop their skills in mental health and wellbeing issues, enabling them to support children, young people and families during and after the pandemic
- encourage professionals to consider their own wellbeing during a time of uncertainty
- introduce the new MHST/Getting Help (CAMHS) teams to education professionals, albeit virtually
- strengthen partnership working across the East Berkshire services that support education settings and wider partners around mental health and wellbeing

Three series of online webinars have been facilitated by Getting Help/MHST staff with guest speakers invited to present on their specialist subject. The chosen themes relate to emerging issues and are guided by feedback from evaluation surveys (see table 21 below for examples).

Forty webinars have been held, with a total of 1,107 attendees. Evaluations show that on average attendees rate the overall webinars experience as 9.2/10.

**Table 21: Examples of webinar themes and partners**

Theme	Partner
Five Ways to Wellbeing	Public Health
Number 22 Schools Counselling Service	Number 22
Kooth – An Online Platform Supporting the Mental Health and Wellbeing of Young People Age 11–18 (25 for SEND/Care Leavers)	Kooth
Solihull Approach Parenting Programme	Frimley Local Maternity System
Autism Awareness Autism and Mental Health	PPEP Care training
Depression and Anxiety	AnDY Research Clinic
Talk with children under 5 years about COVID-19	Education Psychology Service, Slough BC
Looking after our Wellbeing	Talking Therapies
Re-engaging in School Life (Reach Out)	Youthline
Managing Parental Anxiety	CAMHS
Supporting Children and Young People through Bereavement	Daisy's Dream
Introduction to mini wellbeing activities for young people	Kooth
How to Recognise a Potential Eating Disorder	CAMHS
Understanding and Responding when Young People Self-Harm	CAMHS

4.4 Future workforce plan

Frimley ICS have an established and growing workforce in the field of children and young people's mental health and are focused on continuing to evolve while aligning with national workforce plans.

The ICS has recently submitted a three-year workforce plan to NHSE that covers the recruitment, development, retention and support of the whole Frimley ICS workforce.

4.4.1 Frimley ICS: overview of mental health workforce priorities

Workforce recruitment and retention is a national problem. Section 8 of this plan on governance highlights the risks and mitigating actions we are taking as a whole system. This issue further emphasises the need to work in broader, more collaborative formal partnership arrangements with the voluntary and community sector to ensure that we have a diverse and responsive workforce.

For both the CYP and adult mental health workforce, the priorities for Frimley ICS are captured under the following five key domains identifying the actions required to ensure the ICS can undertake the scale of transformation set out in its Long Term Plan:

- supply
- upskilling



- new roles
- new ways of working
- leadership and workforce support

As our main provider of emotional health and wellbeing and neurodiverse services, Berkshire Healthcare have been undertaking the following work to improve recruitment and staff retention:

Within the Clinical Care Pathways programme, Berkshire Healthcare CAMHS have undertaken a skills-mapping exercise to provide clarity on the capacity and capability of their current workforce to deliver evidence-based clinical care to meet the current and forecast demand on services. Information from this mapping exercise is being used to inform training and recruitment plans for the next 18–24 months.

The service is exploring a range of opportunities to meet the workforce challenges created by the current national shortfall in qualified clinical staff. Berkshire Healthcare CAMHS offer training placements to a wide range of disciplines, including nurses, clinical psychologists, other psychological therapists, psychiatrists and allied health professionals. They are developing the training offer and, where possible, creating new development posts to ensure that they are able to bring students into substantive posts and support them to further develop skills and competencies.

In addition to this work, following the most recent CQC inspection, whilst Berkshire Healthcare was rated as outstanding overall, the CQC rated the specialist community-based mental health services for children and young people as 'requires improvement' in the Responsive domain. The CQC identified a regulatory breach as a result of the excessive wait times within the children and young people's neurodiversity service, with a requirement for Berkshire Healthcare and East Berkshire CCG (as it was formerly known at that time) to work together to reduce the waits.

Berkshire Healthcare CAMHS have a strong history of working with voluntary and community sector partners with some of the current neurodiversity provision having grown from early partnership with local charities.

As agreed with East Berkshire CCG, Berkshire Healthcare have undertaken work on transformation and workforce/skill mix modelling options to inform future planning of Neurodiversity services offered in East Berkshire. Partnership work to reduce excessive waits is essential in order to:

- benefit children, young people and their families
- ensure sustainable improvements
- provide assurance to the CQC that this regulatory requirement is being appropriately addressed

A series of Rapid Improvement Events held recently across the Neurodiversity services confirmed that significant transformational work has already taken place and has been embedded across services. Due to the efficiencies already achieved in the 5–18y autism and 6–18y ADHD assessment processes, there appears to be limited scope to make further significant efficiencies whilst continuing to provide a robust assessment in line with NICE and accepted clinical practice guidelines. This applies equally to 6–18y ADHD medication reviews. A culture of continuous incremental improvement is in place and the services will continue to review emerging evidence and engage in sharing best practise with other organisations. It has been identified, however, that further, more significant efficiencies can be made in the Under 5 autism assessment process and the 6-18y medication-initiation process.

Options were identified for transformational change and workforce/skill mix across autism and ADHD services through a combination of working in partnership with other providers, such as HEALIOS, and recruiting to additional posts; these changes are currently being implemented. The service utilise the Health Education England funded recruit-to-train programmes and have



also developed roles through other programmes, including the Nurse Associate training and apprenticeships. The possibilities offered by the new Clinical Associate Practitioner roles are currently being explored.

Recruitment plans utilising new transformation investment aim to recruit staff who can initially deliver activity to support waiting-list reduction, but can also be trained with the skills and competencies needed in the service in the longer term, based on data from the mapping activity.

The COVID-19 pandemic has shown how the development of digital services provides new opportunities to recruit and retain workforce. The service is working to further expand their own digital offer and are developing a partnership with a digital provider.

As well as increasing joint working through online support network, the service are actively working to partner with the VSCE on the development of the crisis intensive community and home treatment service and to explore other areas of the service where such a partnership would bring benefit.

4.4.2 Challenges and opportunities

The current volume of work and demand in services across the system is unprecedented. By fostering talent and developing people within existing roles and creating alternative roles, it is possible to provide opportunities to deliver safe and effective services. However, the ICS has seen many excellent practitioners move on to system/programme roles because of the interesting transformation work that is being undertaken, creating gaps. A finite workforce is moving around the system – the challenge and opportunity is to diversify the workforce through bringing in the expertise of Peer Support Workers, the third sector, creating diverse career structures, such as Nursing Associates, Mental Wellbeing Practitioners, Clinical Associates in Psychology, and tapping into the enthusiasm of volunteers.

4.4.3 Risks within the system

The immediate risk for the Frimley system is to provide safe services to the population impacted by the pandemic while simultaneously delivering the transformation required by the Long Term Plan and ensuring partnership working at Place with neighbourhoods and local authority colleagues is able to flourish. Three workforce summits will be held over the next year to address the short-/medium-term and longer-term workforce challenges. The first summit in September brought partners together to explore how to work better together as providers, engaging with HR directors, HEE, the third sector and community partners to establish a call to action to attract more people to work for Frimley ICS. Although recruitment is important, so are staff retention and support; ensuring that staff are not lost to other professions through stressful working conditions is a key focus. Helping the workforce to stay well and managing absence and sickness are also priorities.

4.4.4 Support from HEE

Support from HEE is invaluable, as is the input from the HR directors and colleagues. The Wessex and Thames Valley Children and Young People Mental Health Workforce Project Report and Recommendations, March 2021, has helped to provide a strategic framework to help secure a sustainable workforce.

In addition, the HEE document *Recruiting a Multi-Professional Workforce into Children and Young People's Mental Health Services* (July 2021) summarises useful information with regards to workforce planning and the wider question of multi-professional entry routes. This includes the utilisation of:

- HEE Workforce Star Tool and Bespoke STAR workshops to support system leads in workforce planning
- a competency-based approach and UCL competency frameworks
- recruitment options



- future developments – entry routes and career-progression pathways

One of the recommendations from the report is to develop a “map” of both entry routes into the CYP MH workforce and career progression pathways, including multi-professional routes. Following publication of the report, the HEE Southeast CYP MH team have therefore recently commissioned Skills for Health to produce an electronic, “live”, easily editable document to inform both applicants and services of possible entry routes and career progression pathways across the existing roles and training opportunities in the CYP MH workforce. This will inform systems across the Southeast who are supported by HEE with education, recruitment and training, to facilitate workforce planning, expansion and development. This work should be complete by March 2022 at the latest.

More work is also needed to connect with our local further education providers for a longer-term view. Local campaigns and support to bring a more diverse workforce together would also be of great benefit.

Further support has been commissioned by a third sector provider to explore how the ICS can build capability and capacity in the third sector, but this is being progressed through the development of formal partnership arrangements, which is one of our nine priorities within the LTP. We will learn from best practice by examining how CCGs that have undergone formal partnership arrangements have succeeded in creating a multi-faceted, skilled, dynamic workforce for the future.

5. Engagement of children and young people and wider stakeholders

The engagement and participation of children and young people have been crucial for the ongoing development of our mental health services and for the priorities reflected in this plan. Over the last two years, we have continued to work closely with a range of children and young people through key professionals and youth-voice mechanisms, such as our expanded Young Health Champions network. This section outlines the important work that has taken place to ensure that children and young people are involved in the decisions that affect them. We have also continued to engage with wider stakeholders, including professionals from across the system and parents/carers, and that work has fed into this refresh of our LTP.





5.1 Young Health Champions co-production network

NHS Frimley CCG has continued to allocate funding to expand the Young Health Champions (YHC) programme, accredited by the Royal Society of Public Health. Based on a partnership between health, education, local authorities and the voluntary sector, this project has allowed us to develop our participation approach from consultation to co-production.

Phase 1 of the programme saw it piloted in Slough from September 2018 and in Bracknell Forest from January 2019. In phase 2, the network was extended to more secondary schools in Slough in 2020. During the pandemic further expansion was temporarily paused and delivery providers and participants transitioned to virtual sessions. From 2021 phase 3 began, with all three of our boroughs setting up and successfully recruiting to a YHC group for the first time (Slough is now running two groups). The programme was recognised as a finalist for The Partnership Working Award by the Children and Young People Now Awards in March 2021.

The YHC programme aims to:

- deliver a young people-led, peer-education emotional wellbeing programme
- form a co-production network to support peer engagement, communication and service design and commissioning

By giving them the skills, knowledge and confidence to act as peer educators, the programme is designed to empower young people to have a positive influence on their own health and to support their peers in making healthier lifestyle choices in relation to emotional wellbeing. Supported by an allocated staff member in their school, YHCs link their fellow pupils to local services and sources of further help in their communities.

Pupils who complete the YHC programme receive a Level 2 qualification from the Royal Society for Public Health and a Mental Health First Aid England qualification. YHCs also have an opportunity to work alongside decision-makers who provide health and social care services so that they can help to create the mental health and wellbeing services children and young people need.

The programme is based on the following co-production principles:

- **Assets:** transforming the perception of young people from being passive recipients of services and burdens on the system into one where they are seen as equal partners in designing and delivering services.
- **Capacity:** altering the delivery model of public services from a deficit approach to one that recognises and grows young people's capabilities and actively supports them to put these to use at an individual and community level.
- **Mutuality:** offering young people a range of incentives to engage, which enables them to work in reciprocal relationships with professionals and with each other, where there are mutual responsibilities and expectations of each other.
- **Networks:** engaging peer and personal networks alongside professionals as the best way of transferring knowledge/information.

Building upon the 2019 evaluation of the YHC programme by YoungMinds, in 2020 we continued to work with them to develop a theory of change and evaluation framework. Engagement activity included young people who have previously been involved in the programme and key stakeholders, including school leads, delivery providers and commissioners, who participated in the following:

- One training session about how to develop a theory of change and how this underpins the creation of an evaluation framework. This session was attended by a wide range of local professionals, including third-sector partners and participation workers from across East Berkshire.



- Two collaborative workshops to begin the co-creation of a draft theory of change and start to identify measures of success for the programme.
- An education-focused workshop to establish specific activities, outcomes and measures of success relating to schools to include in the theory of change.
- A summary session to finalise the remaining aspects of the evaluation framework, including the identification of:
 - measures of success
 - the tools, methods and approach to be used to gather the required data and evidence
 - timelines for data and evidence gathering
 - leads to gather the above information

As a result of this engagement activity, the programme now has a theory of change (see below) that supports its development and evaluation and helps to clearly demonstrate its value and impact. The evaluation framework is now being used by the delivery providers and YHCs to gather evidence of the impact of the 2021 programme on the YHCs themselves, their peers and their wider networks.

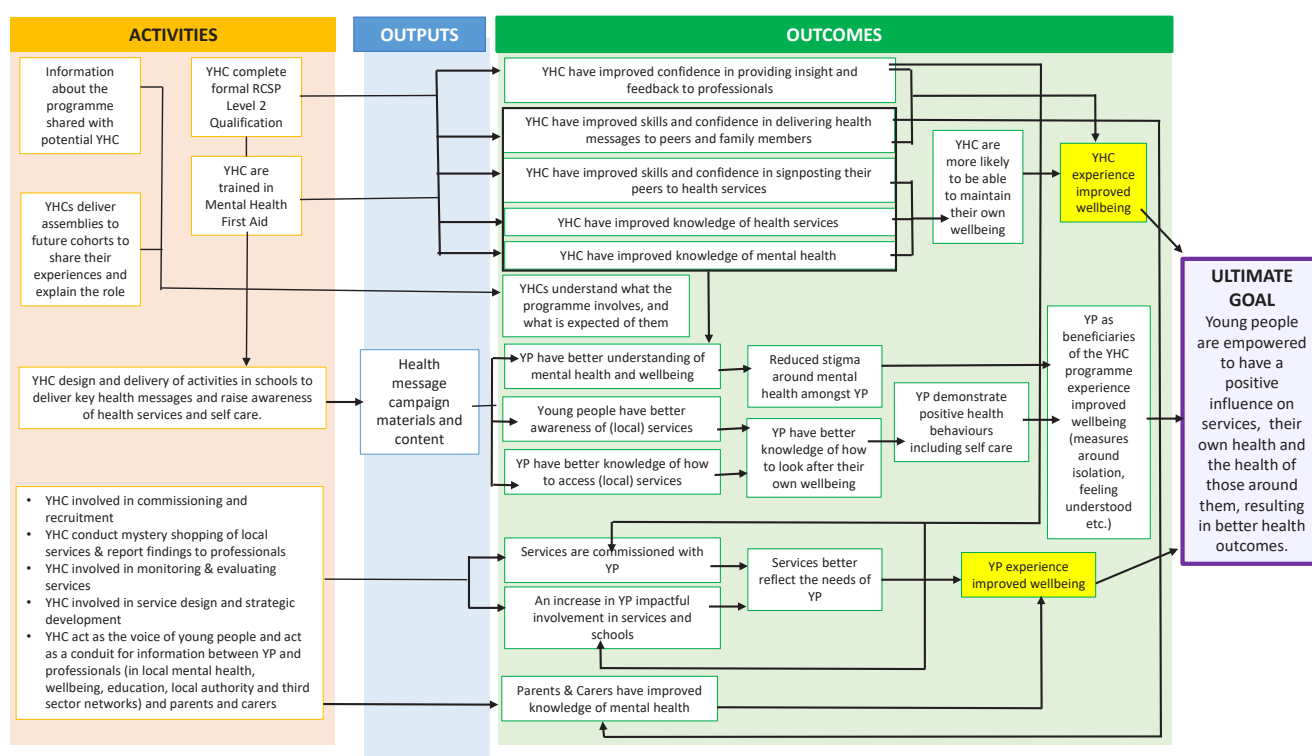


Figure 8: East Berkshire's Young Health Champions – theory of change

5.1.1 Young Health Champions in Slough

In Slough, the programme is delivered by youth charity Aik Saath. During the last year the second cohort concluded the course, and in 2021 the third cohort of YHCs are completing their training. For the third consecutive year, the number of young people involved has grown significantly. All three cohorts have supported the community response to the pandemic. In the days immediately following the announcement of the first lockdown, young people from the first group of YHCs created a podcast to support their peers' mental health, providing practical advice and signposting young people to sources of support at a time when lessons, exams and extra-curricular activities were being cancelled. The podcast can be accessed [here](#).

Despite the challenges the pandemic brought, the second cohort of YHCs completed all aspects of the programme, with much of the delivery taking place online. While completing their Royal Society for Public Health qualification, the YHCs 'secret shopped' a broad range of local services.



Their feedback led to significant changes in how providers offer their services to young people, such as alterations to the self-referral form for CAMHS and access to local sexual health services.

Another aspect of the programme involves YHCs delivering health-improvement messages to their peers. The pandemic had a significant impact on the scope of what was possible for the second cohort. Although social distancing ruled out face-to-face presentations, digital delivery allowed the Young Health Champions to take their message to a broader audience at a time when it was very much needed. Some of the YHCs recorded podcasts which were disseminated to the wider school population using their school's virtual learning environment. Another group of students created a short film to help ease their peers' potential anxiety about returning to school after lockdown. Some of the cohorts wrote sections in their schools' weekly newsletters throughout this period, sharing knowledge about how their peers could take care of their mental health in the context of the lockdown.

The third cohort of YHCs were recruited in the context of Slough's new Mental Health Support Team (MHST) and Getting Help team commencing work in schools. Consequently, the latest cohort of Young Health Champions has been run in two groups, with over twenty students in each, determined by which of these teams were commencing services in their schools during the last year.

In addition to being a valuable resource for both their schools and the rolling out of the MHSTs and Getting Help teams, the YHCs have provided a sounding board for a range of other professionals, including partners seeking to understand how race and identity impact on young people's capacity to get help with challenges to their mental health. YHCs have also assisted professionals in interpreting young people's responses to engagement consultations and have attended two meetings with Healthwatch to ensure that young people's views inform the organisation's work in the future. On 1 July 2021, YHCs from Slough joined others from Bracknell Forest and RBWM, along with representatives from other youth-participation groups, at a virtual consultation event arranged by NHS Frimley CCG and partners in order to feed youth priorities into this local transformation plan (see section 5.10).

At the time of the drafting of this report, the latest YHC cohort are planning their health-improvement messages. This year's messages will be delivered through a mix of digital and in-person, peer-led presentations, leading to a rich diversity of activities promoting positive mental health in the local community.

See also section 5.7 for details of the involvement of YHCs from BAME backgrounds in Aik Saath's Reaching Out project in Slough in 2021 and 2022.

5.1.2 Young Health Champions in Bracknell Forest

The programme in Bracknell Forest is delivered by the local authority's Public Health team. The first cohort of YHCs completed their training in 2020, and in 2021 the local council recruited a new cohort of eighteen Year 12 students, with young people participating from every secondary school in Bracknell Forest with a sixth form.

YHCs are currently attending after school sessions to complete their qualification, which has included:

- a 'secret shop' of local services in June 2021 (their feedback is currently being collated and will be shared with service providers)
- participation in a number of co-production activities, such as helping to produce an information video about the new MHST being implemented in Bracknell Forest
- participation in a workshop to express their views on young people's mental health as part of the development of the Bracknell Forest Health and Wellbeing strategy
- joining other YHCs and youth-participation groups in a virtual consultation event, with feedback from the session used in the refresh of this plan (see section 5.10)



The YHCs are due to deliver their peer messages during World Mental Health Day in October 2021. They also continue to engage with YHCs from the previous cohort, who earlier in 2021 supported the Getting Help service by sitting on interview panels for the recruitment of new staff for the service (see section 5.3.1).

5.1.3 Young Health Champions in RBWM

Following feedback from our CYP engagement event in October 2019, we decided to trial a community-based model of the YHC programme in RBWM. This is delivered by Achieving for Children, who provide youth services as well as other children's services in the borough, with young people recruited from their youth-work provision (as opposed to from education).

Since January 2021, 14 young people have been completing the programme in RBWM (including one child in care). This cohort plans to deliver peer messages to young people through youth centres and groups such as the Child in Care Council or Girls Policy Forum. While training for the qualification, the young people have also participated in a mystery shop exercise of local services, and are being given the opportunity to feedback their findings to professionals.

5.2 Campaigns for Mental Health Awareness Week 2020 and 2021

[Mental Health Awareness Week](#), first initiated by The Mental Health Foundation in the UK in 2001, is observed in May every year, with the objective of raising awareness of mental health issues and mobilising efforts in support of mental health. The Mental Health Foundation's mission is to help people understand, protect and sustain their mental health. Mental Health Awareness Week is an opportunity for people to talk about all aspects of mental health, with a focus on providing help and advice. We have used this week as an opportunity to launch several campaigns co-produced with young people to promote good mental health.

5.2.1 #5ways5daysNHS challenge

For May 2020, and in particular during Mental Health Awareness Week 2020, NHS East Berkshire CCG developed and ran the #5ways5daysNHS challenge. This was an opportunity for professionals, children, young people and their families to learn about and promote the Five Ways to Wellbeing during the first lockdown.



Developed by the New Economics Foundation in 2008 and recommended by the NHS, the Five Ways to Wellbeing – Connect, Be Active, Take Notice, Keep Learning and Give – are simple, evidence-based actions that can enable us to feel healthier, happier and more positive. By promoting the Five Ways to Wellbeing, the CCG aimed to promote self-care and messages about good mental health to help people find balance, build resilience and boost their own mental health and wellbeing.

Participants in the challenge did an activity from a different one of the Five Ways every day for five days. Those who wanted to shared what they were doing on social media by tagging #5ways5daysNHS and then nominating five friends to also take up the challenge for a week. YHCs and youth representatives from local participation groups supported the challenge by sharing their own activities online. They also helped create some of the materials the CCG used to promote the challenge.

Figure 9: #5ways5daysNHS challenge poster

This linked to a wider area of work across Frimley



Health and Care ICS to produce three [#Coping guides](#) designed to help children, young people and their families during the COVID-19 outbreak. These guides were created with the help of CYP and professionals following early feedback about how the pressures on CYP and families were being exacerbated by lockdown. One of the guides (with versions for primary school and secondary school aged children) was specifically about the Five Ways to Wellbeing adapted for lockdown with lots of suggestions for fun activities.

5.2.2 #PoemToAParentOrCarer campaign

Young people have consistently shared that, while parents and carers can help them to access the support they require, they are also sometimes a barrier to that support, highlighting the need for a mental health awareness campaign aimed at parents and carers. To that end, NHS Frimley CCG worked in partnership with young people, Aik Saath and media company Resource Productions to use the arts to express messages that are important to young people and share their views with parents and carers in the local community. A series of creative workshops were held, as well as the East Berkshire '#PoemToAParentOrCarer' poetry competition. The winning poem, 'It's all just a façade' by Abirami Sritharan (17), challenges parents and carers to check on their children's mental wellbeing. It was transformed into a powerful and [moving short film](#) by Katie Bonham, a young director who won the opportunity through another competitive process. The film was launched for Mental Health Awareness Week 2021 and was accompanied by information about the range of offers that exist to support the parents and carers of a young person struggling with mental health issues, as well as the [support services](#) available for the young person themselves.

5.3 Service-user participation within children and young people's services at Berkshire Healthcare

Berkshire Healthcare has its own participation lead, and each service has one or more participation champions who oversee participation within individual pathways. Table 22 below shows the progressive participation levels that each children and young people's service within Berkshire Healthcare aims to achieve.

Table 22: Progressive participation levels in children and young people's services

Level	To achieve, the service needs to demonstrate....
1. Friends and Family test	That 15% of patients discharged from treatment have completed the friends and family test and that the results have been uploaded onto Teamnet.
2. Displaying quantitative service user feedback to both staff and service users.	Visible feedback from further opportunities for young people and families to rate their service experience, providing quantitative data beyond the friends and family test. This could take the form of a rating/satisfaction scale in electronic or paper form. This feedback will need to be made visible to both staff , for example on team minutes or in staff rooms, and service users , for example through the website or in waiting areas.
3. A documented process through which qualitative feedback is gathered from service users, explored by the service, and the service response communicated back to service users.	A process for further opportunities for young people and families to give service specific qualitative feedback on their service experience. The feedback will need to be explored and actioned by the service, with the service response being communicated back to service users. For example this could take the form of a patient experience survey, a comments box or a feedback area within a waiting room. Services will be required to document the process through which the information gathered is explored by the service and how service users are made aware of the service response.
4. Conversation	Service users are given opportunities for active, meaningful dialogue with the service which are time limited . This may take the form of specific focus groups or the involvement of service users within staff meetings/away days for example. Service users play a meaningful role in determining the priorities for the service.
5. Co-creation	Opportunities for service users to play an active role in the design and delivery of the service on an on-going basis . Service users are involved, meaningfully, in participation groups and/or project teams and/or staff recruitment, where they are able to set priorities and their experience and ideas influence decision making and service provision .

CAMHS service-user participation consultations are held on a regular basis. These allow young people and families to give feedback based on their overall experience of CAMHS, highlight their service priorities, and give their views on various developments within CAMHS. This work has involved a number of consultations, via focus groups, telephone interviews and online feedback mechanisms, to explore some of the main areas of concern for service users, including:



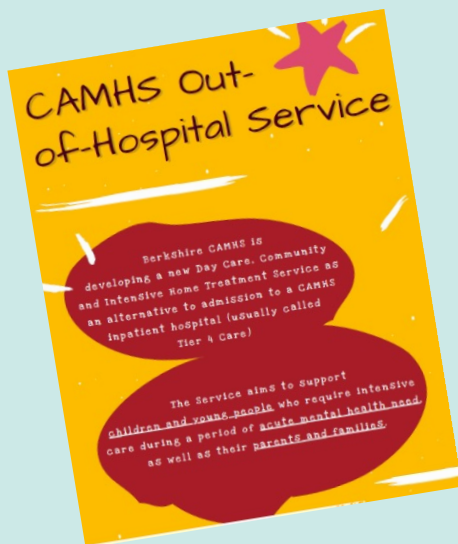
- transformation of our highest level of mental health provision towards an out-of-hospital model
- development of our new crisis service
- capturing the experience of service users accessing remote appointments during the COVID-19 pandemic
- service planning for post-pandemic provision
- care-of-waiters protocols
- development of a new patient-experience tool for Berkshire Healthcare (set to pilot later in 2021)

During the last year, Berkshire Healthcare has also offered young people and parents and carers the opportunity to give feedback on CAMHS as a whole, and the team of Berkshire Healthcare's participation champions has expanded. This has allowed individual pathways and services which fall under the CAMHS umbrella to offer opportunities for their service users to give feedback on specific pathways. This service-user feedback is vital to help shape priorities for CAMHS. Pathway specific feedback is pulled together alongside the experience-of-service questionnaire and the Friends and Family Test. Themes from the feedback are presented to all the pathways and/or teams and fed into decision-making.

This is complemented by broader CAMHS consultations, whereby feedback is gained for CAMHS as a whole. The feedback methods and participation opportunities offer an important avenue through which we can receive first-hand descriptions of the experience of families who have recently been referred to Berkshire Healthcare CAMHS, those who have been through the CAMHS system, and those who are current service users.



A new 'Out-of-Hospital' service for Willow House

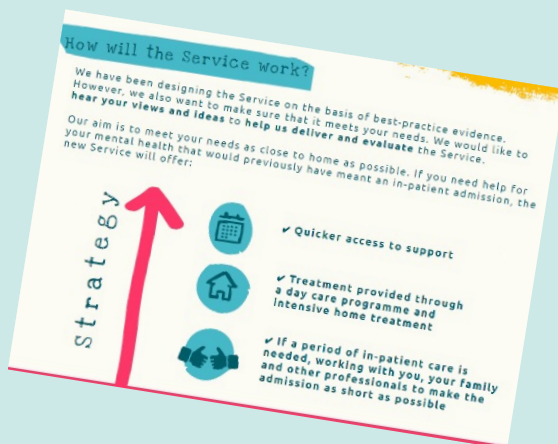
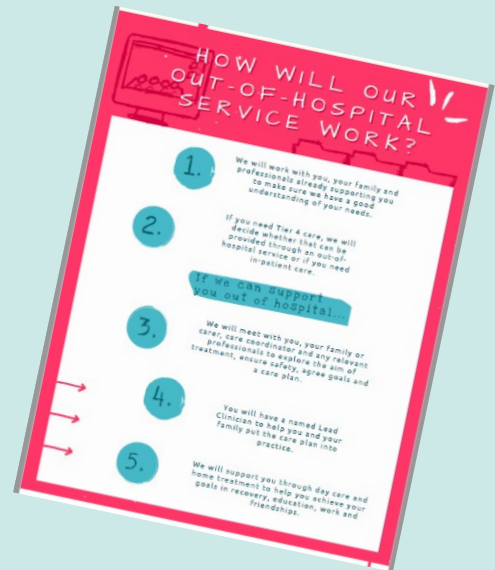


A month-long consultation with ex-service users, parents and carers, and young people who required other intensive mental health support was undertaken in autumn 2020.

January 2021: Based on their responses in the autumn consultation, ex-service users began to work with Berkshire Healthcare CAMHS to produce an infographic detailing the proposed model of a new out-of-hospital service. Young people helped to decide on the content and make suggestions around the design of this communication.

March 2021: We began to gain feedback from ex-service users, parents and carers, and other young people who have experienced a need for a high level of mental health support.

The new service team plans to continue to co-produce the model with service users. A response document will be developed to answer the questions they have posed.



As the new service begins to operate, a staff member will be identified as a 'participation champion' to join Berkshire Healthcare's service-user participation team. The aim will be to ensure effective and meaningful feedback systems are set up and that young people and parents and carers have the opportunity to actively participate, through service-user steering groups, in areas such as staff recruitment.

Figure 10: Focus on service-user participation for the new out-of-hospital service

5.3.1 Participation and engagement with the new Getting Help team and MHSTs

As part of the new CAMHS Early Help service which became fully operational in September 2020, the Getting Help and MHST teams have provided young people with the opportunity to take part in developing, implementing and reviewing the service. CYP from across East Berkshire have also acted as advisers on issues such as how to make mental health services more accessible. During the recruitment process, the new teams invited YHCs to sit on more than 90% of their interview panels.

In addition to the Friends and Family Test, session-rating scales and the experience-of-service questionnaire, the Getting Help service is also collating a mailing list so that service users can be invited to become involved in ongoing participation projects (e.g. focus groups, resource development, etc.). There are good processes in place to encourage service users to participate



in the development of the service, but this is at an early stage. The challenge has been to involve CYP and their families who are not service users. This has been largely due to the impact of the pandemic on youth engagement and staff capacity. However, the CAMHS team is working in close partnership with the youth participation leads from each locality and exploring creative methods to better engage CYP. To that end, a key development area over the coming year is to strengthen co-production on the implementation of the new MHSTs (Bracknell Forest and RBWM).

The Getting Help service has also worked with CYP to help engage others in accessing the service; this has included:

- a consultation on how CYP would like to see mental health services developed as part of the initial implementation stage of the Slough MHST
- co-production of two short videos outlining the Getting Help service offer to professionals: CYP helped plan the content and appeared in and helped edit the videos to ensure they were as user friendly as possible
- development and delivery of a training webinar for young people on 'Being on an Interview Panel and the Recruitment Process'
- consultation on the service-information leaflets as well as the service logo
- currently working together to produce an animated video about service provision aimed at CYP and parents

Finally, the Getting Help service has also supported the development of the Support Hope and Resources On-Line Network (SHaRON) platform aimed at the wider CYP workforce, by gathering user feedback and also by being moderators and content creators on the platform alongside CCG and local authority partners. This facilitates a virtual community of practice, providing a way for the CYP workforce to network, collaborate, share and learn from each other. The platform allows for:

- knowledge sharing: platform members can share resources, learning and information
- connecting with others: members can build their personal and professional networks by connecting with others from across East Berkshire
- remote collaboration: a central location for documents, files and other team resources allows teams working across dispersed geographies or different office locations to collaborate and participate more easily

In parallel to this, there is also a well-established and award-winning SHaRON sub-platform called Saturn which offers support specifically to parents and carers who are accessing CAMHS.

5.4 Participation leads network

NHS Frimley CCG has links with a number of outside organisations with a focus on youth voice. Table 23 below illustrates the range of participation mechanisms we have throughout East Berkshire specifically for CYP.

Table 23: Overview of participation (youth-voice) groups across East Berkshire

Participation group	Area	CYP or parents/ carers	Lead delivering this
Youth Parliament	Slough	CYP	Slough Borough Council
Young Ambassadors	RBWM	CYP	Achieving for Children
Youth Council	Bracknell Forest	CYP	Bracknell Forest Council



Reach Out – Children in Care Council	Slough	CYP	Slough Children First
Because Our Opinion Matters (BOOM) – Council for children with disabilities	Bracknell Forest	CYP	Bracknell Forest Council
Say it Loud, Say it Proud (SiLSiP) Children in Care Council	Bracknell Forest	CYP	Bracknell Forest Council
Kick Back (Children in Care Council)	RBWM	CYP	Achieving for Children
Young Health Champions	Slough Bracknell Forest RBWM	CYP	Aik Saath Bracknell Forest Council Achieving for Children
Wellbeing Champions	RBWM	CYP	Achieving for Children
Girls' Policy Forum	RBWM	CYP	Achieving for Children
Participation group (service users)	East Berkshire wide	CYP and parents/carers	Berkshire Healthcare

NHS Frimley CCG set up an informal Participation Network (with the first meeting in February 2020) to bring together participation leads and workers from across East Berkshire. The network, which has been mostly virtual, shares information on best practice, resources, training opportunities for staff and young representatives and local plans, including participation opportunities for CYP. Over the last year this has included training for staff delivered by YoungMinds, including on evaluating participation, digital participation, participation in commissioning, participation in governance and participation by children and young people experiencing vulnerability. The latter, delivered to local participation leads across health and local authorities, explained how to involve children with experience of the care and/or justice systems, victims of child sexual exploitation, LGBTQ+ young people, black and ethnic minority young people, and children with special educational needs or neurodiverse conditions.

Staff and 22 young people representing youth councils or the YHC programme were also trained in Youth Mental Health First Aid during 2020 with more training offered in summer 2021.

On 1 July 2021, 13 young people representing participation groups from across East Berkshire met virtually for a focus group to share their priorities for improving mental health and wellbeing services for children and young people, particularly in light of the coronavirus pandemic (see section 5.10).

5.5 The Make Your Mark annual ballot

The UK Youth Parliament's Make Your Mark is an annual, nationwide ballot for 11- to 18-year-olds promoted by local youth councils in their boroughs. Like many things, the ballot did not operate in the usual way in 2020. The consultation moved from a primarily paper-based vote to a primarily online vote. In East Berkshire more than 2,500 young people took part in voting for their top issues of concern. Nationally, mental health – specifically: Support Our Mental Health – More money should be given for young people's mental health. We should be offered mental health support in schools and ensure that teachers know about mental health – was voted the second most important issue for young people (UK and devolved topics votes) and has also appeared as a recurring top issue six times since 2011. In RBWM mental health was voted as a top-three issue, in Slough a top-five issue, and in Bracknell Forest it was chosen as the most important out of twenty UK and local issues.



The results of the ballot reinforce the importance of mental health as an issue for children and young people. Furthermore, they remind us that, if our plans for local transformation are to succeed, children and young people themselves need to be the driving force behind the change. They must be directly involved in informing and improving our approaches to ensure that services genuinely work for them.

5.6 SEND participation event

In 2019, the CCG worked with local authority partners, Berkshire Healthcare, children's charity KIDS and CYP to gather feedback from SEND young people on how they would like to shape services and policy decisions. This culminated in an event in October 2019 at which local young people with SEND came together, supported through their schools, to share their ideas about how they would like to be involved in decision making and shaping future services. Some of the key conversations for the sessions included understanding the barriers to getting involved and to accessing services and hearing from young people about what is important to them and how can they influence and be an active part of decision making in the future. The event also gave support staff/teachers from education and professionals from health and local authorities an opportunity to exchange information and share best practice. The whole event was captured visually in a graphic (see below); video highlights and some interviews from the day are also available [here](#).

Feedback and recommendations from the event were presented in a KIDS report, which was shared during three workshops with local authorities' SEND and participation leads. This resulted in each area developing a local action plan for improving the participation of young people with SEND, for example by ensuring their voices are heard within existing participation groups as well as during strategy design and local offer development.

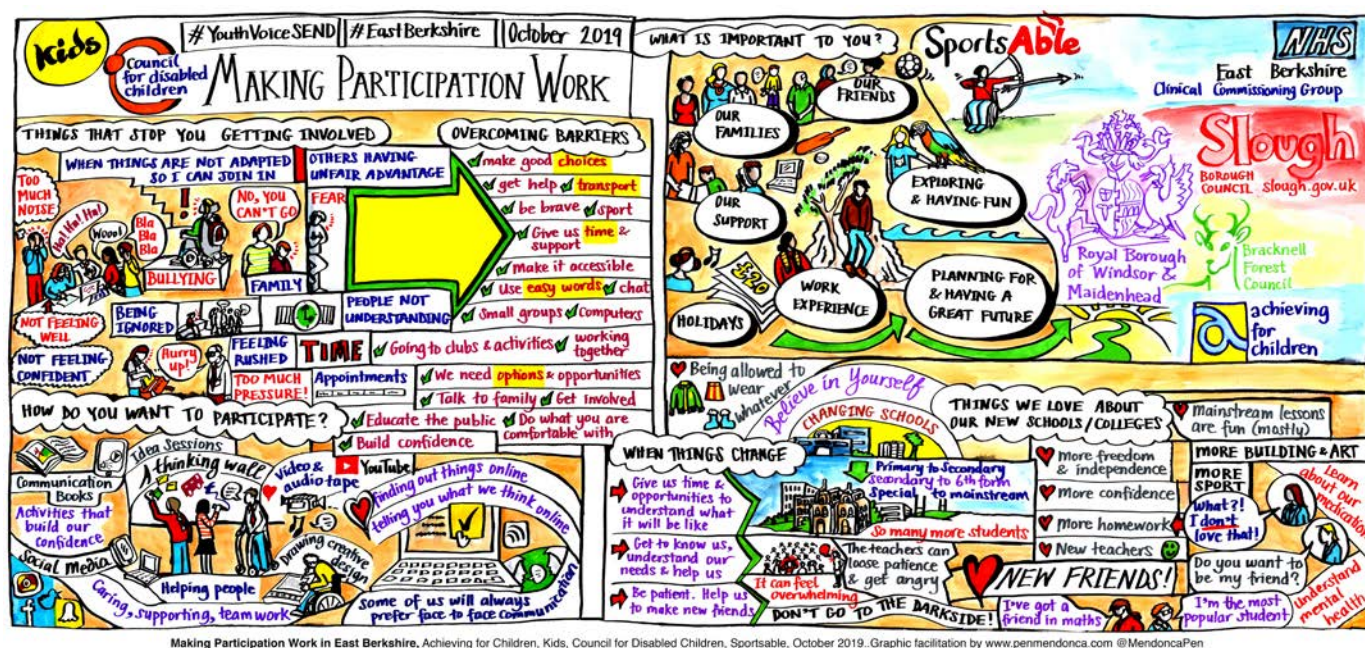


Figure 11: CYP's feedback from the SEND participation event, captured by Dr Penelope Mendonça

5.7 Reaching Out project, Slough

Over 2021 and 2022, Aik Saath is delivering an 18-month pilot project called Reaching Out in Slough. Co-funded by the CCG and Slough Public Health, the project is designed to create BAME community leaders and champions trained in Mental Health First Aid, who will provide links to community resilience, MHSTs and CAMHS.

The 2018 school census showed that in Slough 84.5% of state-funded primary school pupils and 85.1% of state-funded secondary school pupils were from a minority ethnic group. The census also gave the percentage of Slough state-funded school pupils for whom English is not their first



language as 57.6% of primary school pupils and 46.1% of secondary school pupils. These figures were much higher than those for the other local authorities in East Berkshire.

The effects of the coronavirus pandemic have not been felt equally by all. Research shows that BAME communities are at higher risk of becoming seriously ill or dying of COVID-19, which means they are also disproportionately impacted by grief and bereavement. The pandemic is anticipated to have compounded pre-existing inequalities, such as the fact that people from BAME backgrounds are less likely to access mainstream mental health services but more likely to be diagnosed with a mental health problem and seek help in a crisis situation (Data source: [Mental Health Foundation website. Black, Asian and minority ethnic communities](#)). We also know that children and young people from Bangladeshi, Pakistani and Black African backgrounds are most likely to be living in poverty, and the links between poverty and poor mental health are well evidenced.

The Reaching Out project recognises that community engagement is essential if we are to meaningfully and sustainably improve mental health among BAME groups, including among children and young people. The project aims to build strong, ongoing relationships with local BAME communities in order to identify inequalities and problems and ensure that solutions and services are co-produced through diverse, inclusive representation.

The project includes:

- Developing and implementing an engagement programme to work with communities to gain insights into perspectives on mental health.
- Setting up a network of community leaders who are known and trusted in different BAME communities. They will be supported by volunteers to carry out engagement work.
- Developing and implementing a community-based programme involving BAME CYP who are Young Health Champions (see section 5.1). This new scheme will be distinct from the overall YHC programme in that it will be community based, with the Young Health Champions recruited via BAME community groups; the delivery of mental health messages will also be via the community rather than in an education setting.
- Working with BAME community groups to develop educational workshops and deliver a mental health awareness programme involving the Young Health Champions and community/faith group leaders. This will include producing culturally appropriate educational materials for the target population if none exist.
- Capturing insights and learning about barriers to access, experience and outcomes for members of the BAME community who use our commissioned CYP mental health services. This learning will enable our CAMHS partnership across the whole East Berkshire patch to consider establishing service standards.

5.8 OxWell student survey

Over recent years, the University of Oxford's Department of Psychiatry have been working with schools, local authorities and mental health services to work out how best to support the mental health and wellbeing of children and adolescents. The department's [OxWell student survey](#), which measures the wellbeing (health and happiness) of children and young people, was first conducted in Oxfordshire in 2019 and across the south of England, including in East Berkshire, in 2020.

The questions in the survey address a range of issues relevant to wellbeing, including questions about lifestyle and school life. Factors assessed include mental wellbeing, anxiety, indicators of vulnerability, sleep patterns, online safety, protective factors (such as exercise and healthy eating) and attitudes to accessing mental health support. The survey is for pupils in years 5–13; there are three age-matched versions (years 5–7, years 8–11 and years 12–13/FE).

East Berkshire is participating in the OxWell survey in order to gain a comprehensive picture of how attitudes and behaviour change over time. In addition to helping education settings to design a whole-school approach to mental health, analysis of the annual survey results will inform



local services about the needs and experiences of CYP. This will help to ensure that resources are targeted at the areas of most need, identify or confirm priorities for programme design, and monitor the impact of targeted interventions such as the MHSTs and the YHC programme. Thematic issues identified can be used to inform strategic planning by groups including the Children and Young People's Partnership Boards, Education Partnership Boards and the Local Transformation Plan group for mental health (see section 8). Our participation in the survey is therefore an opportunity to put youth voice at the heart of local strategic planning.

During May to July 2020, 3,436 pupils from East Berkshire secondary schools took part in the survey, as well as 634 primary school pupils. (A short video by an Assistant Head at a secondary school in Slough, sharing how pupils took part during lockdown, the importance of stakeholder involvement and how the school then used the survey results can be [seen here](#).) From the results of the East Berkshire survey, we were able to learn about a range of important mental health and wellbeing factors, including pupils' experience of COVID-19, school closures and the associated challenges. The full findings of the 2020 survey can be [found here](#).

When the survey was repeated across education settings from May to July 2021 most students were able to participate as part of a classroom lesson. More than 6,000 young people have completed the survey.

Data is currently being analysed and an online data tool is being set up to go live in the autumn so that schools can access their data. Frimley CCG are also funding a part time assistant psychologist who should be in post in October 2021. This post will be recruited and supervised by the university's research team. The successful candidate will help to formulate and test hypotheses relating to risk and protective factors for school pupils' mental health and wellbeing and present results to schools and partners (such as mental health support teams, public health, commissioners and researchers). The post will also support schools in using the online data tool to access and interpret summaries of the data for themselves. This will, in particular, help to inform in-school interventions such as anti-bullying, physical activity or mental health campaigns, as well as their whole-school approach to mental health and wellbeing.

5.9 Engagement with wider stakeholders

We have continued to engage with wider stakeholders. This has included:

- Through the local implementation groups set up in each area to implement the Getting Help service and MHSTs. In 2021, these groups become a platform for CYP mental health and emotional wellbeing network meetings, at which a range of professionals from across education, local authorities and the third sector came together to discuss emerging local issues, priorities and collaboration.
- Engagement sessions with various stakeholders as part of the development of the proposal for a new Positive Behavioural Support Service for CYP with a learning disability and/or autism and behaviours that challenge. This project worked with families in East and West Berkshire and with stakeholders across health, social care and education to gather views and experience about the needs of affected children and adults, how current services meet those needs and where there are gaps. The focus was on those children or adults whose needs are most challenging and where new approaches could potentially reduce the risk of escalation, avert a crisis and/or avoid unnecessary admission to hospital (or to residential settings in the case of children). The project researched examples of approaches in other areas, sharing information with local stakeholders to inform discussion and shape proposals. Information gathering and discussion took place through:
 - one-to-one or small group interviews and workshops with practitioners and families
 - regular engagement at SEND Boards, the Local Transformation Group (children's mental health), the Learning Disability and Autism Partnership Board and the Joint Operational Group
 - task-and-finish groups in East and West Berkshire to jointly develop the proposal for a children's specialist behaviour service



- online research
- interviews with commissioners and providers in other areas
- two webinars for the Berkshire task-and-finish group members, during which professionals from Coventry & Warwickshire, Oxfordshire and Hertfordshire shared information about their behavioural support services for children
- relevant sections of the draft Case for Development were circulated to stakeholders involved in the development work and comments contributed to the final proposals

5.10 Engagement with children and young people and their parents/carers to inform this LTP refresh

Our continued engagement with children and young people and their parents/carers has fed into this refresh of our LTP and will continue to inform the transformation/design of services. The graphic below provides an overview of what CYP and parents/carers have been telling us, especially in the context of COVID-19 and the impact that it has had on them.



Figure 12: Overview of what CYP and parents/carers have been telling us

We are using detailed feedback from our engagement activities to identify how we need to deliver the services that children, young people and parents/carers want to receive, rather than the services that professionals want to deliver.

5.10.1 Feedback from children and young people

The feedback described in the table below is from a virtual consultation event arranged by Frimley CCG and partners in order to feed youth priorities into this LTP. Held on 1 July 2021, the event was attended by Young Health Champions from Slough, Bracknell Forest and RBWM along with representatives from other youth-participation groups.



Table 24: Summary of feedback from children and young people by theme

Theme
Options other than counselling
Comments
<p>For CYP who need support with their mental health there are currently no options other than counselling. CYP have asked us to consider how sport, music and art can offer an opportunity to alleviate stress levels. Such activities can make it easier to bond with another CYP who has a shared interest, and talking with such a peer helps, as they are more likely to understand how another child or young person is feeling. An example was given of how one young person created their own jewellery company, allowing them to channel their creativity into personalised work. Poetry in Mind helped too. Furthermore, because schools have offered less face-to-face learning recently due to COVID-19, there has been less of an emphasis on intellectual stimulation and some students have been struggling to enjoy academic subjects as much as they would in person. Some young people have found that creative outlets have helped them to feel intellectually stimulated and motivated. However, they would still like emotional support to be offered alongside creative and positive activities.</p>



Theme
Stigma
Comments
<p>Participants emphasised that any alternatives to counselling should not be labelled as such. Events/activities that are labelled as “supporting young people with mental health problems” would not be well received, as CYP would see this as drawing attention to the fact that participants may have a mental health issue. Family members may also may not want their children to be associated with any overt mental health support. Any activities on offer, therefore, should be designed to indirectly help to improve mental health without stating that as an ambition. This could be achieved, for example, by promoting such activities visually using colours or fonts associated with mental health.</p>
<p>It was felt that it would be helpful for parents and those working with children and young people to be able to spot the early signs of anxiety and depression.</p>
<p>There was a view that everyone should be looking after their general wellbeing, physical and mental, so support should be presented in a positive rather than a negative light.</p>
<p>Participants also expressed a sense that poor mental health, especially issues such as anxiety and depression, have been somewhat ‘glamourised’ recently, rather than being balanced against severe mental health disorders. An example was given around OCD – for most people who say that they have got OCD, it is just because they like to be tidy, not because they have a mental health problem. There needs to be a balance and greater understanding about the difference between feeling down compared to having a wider underlying mental health problem. However, genuine concerns need to be addressed.</p>





Theme

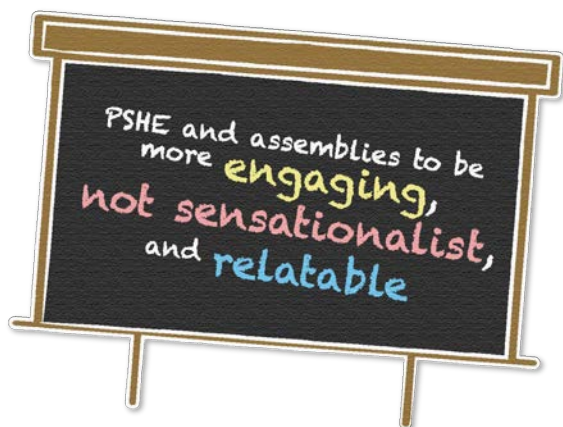
Pros and cons of social media

Comments

The pros and cons of social media need to be addressed. There are many benefits to social media if it is used in the right way. It helps people to stay in contact and find information online. However, it is important to teach children and young people – for example, via workshops – how to use social media in a safe and balanced way. Young children may not understand the potential impact of the use of social media and the internet in general and how to deal with that impact, whereas by the age of around 16 young people are better equipped to deal with it. An example was given of 13- and 14-year-olds who had been engaged in conversations with adults aged 25+ without understanding that they could potentially be being manipulated. When someone tries to warn them about this danger, young people often become very defensive. However, if they do fall prey to online manipulation, they should be supported and not made to feel ashamed about it.



PSHE is a potential method of ensuring that the right message is given, but that PSHE need to be more engaging with up-to-date material that is relevant to young people today. School assemblies could also be used in a creative way to get the message across. For example, students could act out a scenario to make the danger of social media more real for children and young people and show how it is easy to fall into traps. This would be more meaningful and relevant than just providing statistics.



There was a general opinion that TikTok is a toxic platform. Young people cited examples of peers accessing content promoting self-harm and eating disorders, as well as other types of videos that are not good for general wellbeing.

However, participants emphasised that most young people who use social media are not harmed by it and over-amplifying the dangers can create anxiety. Adults do not always use the same platforms as young people and so often do not understand the impact that certain platforms may or may not have.

Consideration must be given to the amount of distressing information CYP are given. Many of them have found the constant flow of information about the negative impact of COVID-19 emotionally exhausting and are feeling powerless to help. It is impossible to have the capacity to care about everything. A solution for this is around resilience and for young people to receive a message that it is normal to feel like that and that there is nothing wrong in it. It really helps to have other like-minded people to talk to.

Theme

Non-judgemental professionals

Comments

Some young people described lived experiences of talking to GPs who were not always helpful. There were instances of GPs telling CYP they were too young to be suffering from poor mental health. Young people saw GPs who failed to take their problems seriously as being very unprofessional. Participants felt GPs should treat every patient as an individual and should take the time to understand why a young person may be struggling with stress or other mental health issues. CYP need professionals to be welcoming and build a rapport with them, rather than invalidating what is a real problem for that young person.



It was felt that GPs should receive training on how to engage with CYP and be non-judgemental about them, given that CYP experience life in a very different way to adults, and often find it more challenging.

GPs should give young people the choice of where and who to go to for mental health support. The option of anti-depressants should be given with a clear explanation of the possible side effects/risks and that the drugs may take three months to have an effect. The young person should be signposted to support they can access during those three months.

By definition, a young person may have not felt anxious or depressed before, so knowing how to cope with such feelings is something that they are not used to. Young people sometimes feel as though they are being dismissed by medical professionals, as though the underlying message is "you are only a kid, so keep quiet".

There was similar feedback about some teachers' interactions with young people, who sometimes felt judged if they brought up mental health issues. CYP also worried that if they told a teacher that they were struggling with their mental health, then it would mean that all the other teachers in the school would know, and some members of staff might then treat that young person differently as a result.

Young people also said that, once they are in contact with a professional, they don't want to have to share too much about their feelings in the first instance.



Theme

Communication

Comments

If the NHS want to promote a wellbeing message it is best to use a peer-to-peer approach and good 'marketing' is vital. Communications should be expressed in a way that young people understand. Short videos are effective – they make issues seem real and get the point across quickly. This requires the use of role models, such as influencers who are looked up to and respected.

If a service/advice is communicated in this way, it will be more acceptable for young people to use/follow it and they won't feel too embarrassed to do so. Participants said that we all go through periods of being low and talking to others about this and making it feel real is crucial.



Theme

Accessing services

Comments

CYP told us about issues they have with engaging with counselling services in schools. Young people often worry they might be made fun of if others know that they are going for help, as there currently seems to be a culture of mocking depression and other mental health conditions. The length of time that it can take to first be seen by a counsellor is another problem. Counselling should be accessible and last for as long as the young person needs, rather than them being told that the funding has run out or that they have a target to reach.

Many young people are not aware of a community offer and do not necessarily know how to access it. Youth Centres (or Family Hubs) can be hidden away and hard to find out about, unless it's through a friend. It can also feel embarrassing to go to a centre; within the boroughs, people tend to know each other, so if a young person is seen at a centre they worry that others will automatically think they have a problem.

The preference would be for all counselling to take place in a space that is as private as possible.



5.10.2 Feedback from parents/carers on CAMHS and neurodiversity services

An online survey was undertaken in June and July 2021 with a focus on exploring how we improve the way we communicate about the services available to local children and young people and understanding, from a parent's perspective, what works well and where improvements can be made. Finally, we asked whether parents would like to be involved in participating in future engagement events to help shape our services.

In total, 247 parents completed the survey, with 150 parents saying that they would like to be involved in future engagement events. Full details of the survey will be distributed in September 2021 – the following is a summary of the questions and responses.



Did you notice improvement in your child's emotional wellbeing and happiness after they used the service?

- **7%** saw a large improvement
- **38%** saw some improvement
- **22%** saw little improvement
- **35%** saw no improvement

As a parent/carers were you happy with the service your child received?

- Very happy – **12%**; Quite happy – **21%**; Mixed – **38%**; Not happy – **29%**

Where is the most likely place you would go to find the information you need?

- Online – **50%** (NHS website – **20%**; Other sources including GP, school, charity and LA websites – **30%**)
- In person or by phone: School – **35%**; GP surgery – **35%**; Family and friends – **10%**

How easy was it for you to find the information you needed?

Very easy – **3%**; Quite easy – **26%**; Quite difficult – **36%**; Very difficult – **24%**; Unable to find the information – **11%**

Table 25: Written views from parents

What do you feel as parents about the services that are available?

I believe CAHMS should have parental support available 24/7 to help us deal with children.

We were expecting to have an assessment for ADHD as well as an autism assessment when my son was assessed but we have been waiting nearly 2 years now for an ADHD assessment.

We are in the first couple of sessions with the Getting Help team which has been so far helpful.

Staff are very helpful on the phone, but waiting times need to be reduced.

Most of the time school issues were resolved with me working with a fabulous and understanding head of year. It took constant communication.

The service he receives is very good. The problem is the time it takes to get it.

Is your child happy with the services they receive?

Everything is a long waiting list. Now we are under the Specialist Team we get lots of support. Only now are we getting help as a family and I don't think anyone understands how physically as well as mentally exhausting it is looking after a child with ASD with suicidal thoughts.

My child liked the one to one, done over the phone which was preferred to doing face-to-face chats.

Long wait and often appointments were cancelled for more urgent ones. So not enough consistency especially when relying on that appointment for help.



Table 26: Summary of feedback from professionals

Priorities	Key messages
Communication	<p>This was agreed as a key factor in getting the right message across at the right time for all stakeholders.</p> <p>A shift towards self-help/self-support requires that parents be offered the right information so that they know where to look and how to access resources. This is most important through the triage process, so that children, young people and families receive the right service at the right place and at the right time.</p> <p>It is important to identify how we can use communication to engage with hard-to-reach parents.</p> <p>Head teachers receive a myriad of emails and contacts every day from organisations offering emotional wellbeing support and often do not know which ones they should pay attention to. They said that they are more likely to take notice of recommendations from other head teachers.</p>
Working in partnership	<p>There was agreement that services need to work in partnership more, with an emphasis on the right person in the right place at the right time.</p> <p>Clear evidence emerged from the discussions showing that professionals are not aware of the availability of each other's services and what the offer is. It is very important not to speak on behalf of another organisation and make assumptions about what they can offer. We need to be clearer around what support should look like through the development of roadmaps (Berkshire Healthcare have started work on this) and better signposting of services is needed.</p> <p>Young people do not always respond to professionals so we need to review our assets and identify who the right person may be to support that young person. However, consideration must be given to the fact that some professionals may not feel equipped to support young people and would not want to take the risk.</p> <p>It should be considered whether a formal partnership arrangement approach offering pathways for levels of support would help. These pathways could include links with experts in the field, such as MIND, to support and help build capacity within the system. A graduated response to support is required, with the ability to spot the signs of mental ill health, along with an exploration of how this can be embedded into our core principles and sustainability of working.</p> <p>It is important for CAMHS to be involved in more multi-disciplinary meetings so that the need of the young person is considered in a holistic manner. This approach had been a positive outcome when there was a consultative/screening/clinical role within the MASH.</p> <p>The Whole School Approach and engagement of parents as part of co-production is crucial, along with the concept of 'doing with' rather than 'doing to'.</p> <p>Children Centres/Youth Centres are the new Family Hubs – we should explore how to make best use of this opportunity and links with Parent Support Networks and Family Friends. These could potentially be part of</p>



Developing a model to suit the current needs of children and young people

our open-access model, as they are already staffed by multi-disciplinary teams. Stakeholders also talked about the positive impact that Health Clinics could offer.

Public Health have been doing work on asset mapping. This should be revised and refined to show how to make the best use of not only our physical assets but our community assets. These include third and voluntary/community sector organisations, such as Barnados and MIND. Through working with such organisations via a true partnership approach we can pool knowledge and resources by building capacity and networking. An example given was the Reaching Out project in Slough (see section 5.7), the goals of which include creating links between the BAME community and community resilience, MHSTs and CAMHS.

It is important to think about how we can engage the non-MHST schools so that they are able to access support on a level comparable with MHST schools.

Youthline has the capacity to offer more support, especially to parents, and to offer to do mental health talks in non-MHST schools.

The DfE Wellbeing for Education Training, due to roll out again after the summer break, provides schools with an opportunity to access and share best practice. Schools should also be supported to implement a Whole School Approach and offered senior leadership training.

The YOS use a trauma-informed approach which is widely regarded as a model of best practice – stakeholders asked whether this could be transcribed into a model of working.

It was also suggested that risk-management panels be helpful.

There was a discussion around the role of School Nursing and 0–19 services and the need to ensure that these are recommissioned on a system approach. It was acknowledged that, whilst School Nurse clinics in secondary schools have worked well in trying to link things together, School Nursing is a small resource.

Professionals are seeing increased anxiety presentations across all support services from early help services through to CAMHS. Also, an increase in parental anxiety is impacting CYP.

CYP are reporting increased anxiety due to uncertainty over exams, transitions, return to school, separation and germs and/or fear of causing harm to their loved ones by bringing infection home. Parents/carers are also struggling with family pressures and stress due to financial difficulties, home schooling, home working, managing challenging behaviours, and domestic violence.

Stakeholders identified a need for:

- a safe and supportive environment for young people
- education on resilience and coping strategies for managing emotions
- improved communications for parents/carers about where to get help
- a better integrated pathway for anxiety



A comment was made that the modelling of services needs to be built around the needs of young people rather than the needs of professionals. We really need to understand the pressures that young people are under from loneliness, isolation, anxiety, bullying, exam stress and the experience of being away from a school regime. For many CYP, going back into school again after long lockdowns is challenging.

Professionals need to be able to spot the early signs of anxiety and know where to signpost families for help. A review is needed of the support to build resilience for the transition into secondary school/changing year groups and adapting to different learning environments (especially in relation to the impact of home schooling).

It was noted that parents can be a barrier to CYP getting support due to mental health stigma.

Some stakeholders suggested the use of school assemblies to engage CYP about mental health and get key messages heard. Consideration is needed of how to help young people who will not engage and how to offer them support through a trusted adult, such as a youth worker or family support worker.

Any new service model needs to include the right outcomes measures so that we can understand what difference we are making. It was pointed out that a one-size-fits-all approach will not work because each young person's needs are unique.

Professionals stated that whatever model is developed needs to include the following:

- resilience-building for young people
- coping strategies
- short-term intensive treatment followed by long-term support
- learning through case studies to understand what we should have done differently through early intervention
- a graduated response and easy access for the whole family, which may help avoid the need for specialist intervention

Bridging gaps between services

It was agreed that there is a need to bridge the gap between the Getting Help offer and core CAMHS. Professionals also need a clearer understanding of referral routes to avoid young people and parents being "bounced" around the system. A seamless approach should be offered.

There is a need to review which universal/targeted services are available to CYP who are waiting for specialist support – there should be an element of choice. Families should receive support tools to help them avoid entering a crisis while they are waiting. It was agreed that we should change the terminology "care of waiters".

There needs to be a stronger universal offer. We should also address the Tier 2.5 gap and long waits for CAMHS.



Impact of COVID-19

Because of COVID-19, a model of online support has been created. However, although this addressed an immediate need for help, the value of face-to-face support and engagement should not be underestimated – many young people are experiencing online fatigue and are still facing a limited choice of support.

The pandemic has impacted on younger children too; professionals are worried about some children becoming addicted to gaming and others falling prey to cyber issues. It was felt that social media should not be over-relied on at a time when some young people are expressing digital fatigue. Stakeholders were also concerned about the negative impact of trolling and CYP's ability to access inappropriate materials online.

Participants wondered how we can prevent problems such as disordered eating from emerging.

Participants expressed their need for help to understand what is ND and what is challenging behaviour. The coronavirus crisis has raised issues around autism/anxiety –disruption to their routines has been particularly difficult for young people with autism, yet there is a gap in the provision of positive behaviour support.

Professionals have seen CYP displaying attachment issues as challenging behaviour; this is a problem, especially in the context of domestic violence cases. (See previous discussion above about the value of using a trauma-informed approach.)

Many children and young people have been experiencing low mood and a lack of motivation during the pandemic. COVID-19 has exacerbated an underlying issue.

Parental capacity

By placing extreme pressures on family life, the pandemic has created real additional challenges for many parents. (An example was given of young people who had never previously been known to social workers entering the social care system.) During the health crisis, parents have not been able to connect with other parents through the usual routes, such as PTAs and other school social events.

Stakeholders raised questions about how to address stigma and build parents' resilience and willingness to seek support. In-reach and outreach support are clearly crucial, as is community engagement and having community champions, both within schools and within communities.

The role of Family Support Workers and the benefits that they could bring were also discussed. A rollout of webinars may be a positive option in giving parents an element of anonymity if they wanted to reach out for support; this could be promoted by schools.

Discussions acknowledged that we need to look at the environment that the young person is in and to consider family-centred practice to understand the reason for the behaviour. Whole-system support should be designed to suit the holistic needs of children, young people and families/parents/carers. A parenting offer is needed; this should be done through a co-ordinated approach that avoids raising expectations but supports and empowers parents.

From a parental perspective, stakeholders wondered whether six weeks' support is sufficient, as it can take longer than that for professionals to build up relationships, especially with children who have an impairment.



Supporting school staff

It was felt that services being commissioned must be reviewed to allow for greater flexibility in supporting the needs of individual children, young people and families. (This is currently not within the core offer of how services are commissioned.) However, there is a need to understand the impact that such a change could have on waiting times for accessing services.

Schools can be the one constant in a child or young person's life. Education staff are often first point of contact for CYP who are struggling with their mental health and staff want to provide the best help they can.

However, serious concerns were expressed for the wellbeing of school staff. Schools are now being viewed as a place to go for help and support, but also, by some challenging parents, as a place to offload. This is putting staff under considerable stress. There is a need to provide emotional support for school staff.

It was felt that webinars for staff would be helpful if they looked at implementing a Whole School Approach (by drawing on work by the Anna Freud Centre) and showed staff how to develop a plan with themes. Again, this approach must be for all schools. Staff also need clarity around their own roles and responsibilities. There was a sense that government guidance tends to be far too general and that schools often wait months for the detail of the guidance to arrive.

A holistic, rounded approach to pupils' mental health is required. Staff need support to gain a basic understanding of the issues and to be able to identify when a child needs more help. Training for some staff in specific areas, such as anxiety and self-harm, was thought to be desirable. The need to agree a shared language about mental health was also highlighted, as was the importance of tackling mental health stigma.

Reflective supervision models should be explored; stakeholders acknowledged that good supervision is required for staff wellbeing, boundary checking and understanding the limits of competency. The importance of Family Support Workers was emphasised.

It was pointed out that communications sent to schools are sometimes information overload and need to be simplified. Ideas to achieve this included support menus, event calendars and a centralised resource bank.

Workforce development

Workforce development was a key discussion on the following levels:

1. Mental health, like safeguarding, is everyone's responsibility. There could be an opportunity to include mandatory basic mental health training within and alongside safeguarding training. This could include the identification of roles and responsibilities and offer mental health training at different levels depending on the need of the professional. A lead and cascade through the DSL network was suggested, coupled with a proposal to the LSCB about training the whole workforce (especially at a school level with NQT and how dovetailing this approach at the beginning). PPEP Care has a history of offering support at this level. Feedback from the WEL programme provided by the DfE within schools was that there was too much content and basic lower-level strategies were needed.



2. There was a clear message that training needs to be face to face, even if via Teams, and not through online modules.
3. Other training suggestions included a consultation/support strategy by bringing cases to drop-in sessions. This may help support a Whole School Approach by offering a sustainability approach to schools using a methodology of known best practice. Schools did not currently feel properly equipped to be able to support parents.
4. The SHaRON platform is another resource suitable for professionals working with children and young people.
5. A six-month pilot with DSLs, currently being evaluated, has included a monthly session and training on reflective practice within the teams.
6. One participant raised the need to develop a shared understanding and language around self-harm in CYP.
7. There are known problems with recruitment to some mental health roles, so a competency-based approach needs to be considered.

6. Delivery plan

This section reflects our determination and that of our partners to ensure that over the next three years local needs and health inequalities are addressed. We will also reinforce data collection and analysis across the system so that we can assess outcomes for children and young people more accurately and drive further improvements in care.





6.1 Overview

Section 1 of this plan includes a summary of the key achievements that have been made around our four Priority Outcomes since 2019. These achievements – many of which have been accomplished despite the challenges of the coronavirus pandemic – have established a solid foundation upon which we intend to build from 2021 to 2024. Our focus will be on embedding the principles outlined in section 1 in all the work we do across the system in order to realise our local priorities.

COVID-19 has highlighted the importance of partnership working both at a national and local level. As we expediate our partnership working through a formal partnership arrangement model, a further shift towards system reform will take place. Coupled with the large-scale transformation investment that has already been made, this will underpin our mission to make mental health everyone's responsibility.

Our main provider, Berkshire Healthcare, recognises the need to undertake transformation across the service in order to:

- enable the most efficient operationalisation of the evidence-based clinical pathways
- achieve reductions in waiting lists and waiting times
- meet targets in the NHS Long Term Plan
- respond to the COVID-19-related increase in demand

Furthermore, our aim to accelerate partnership and collaboration will require Berkshire Healthcare CAMHS to take a lead on some elements of system-wide transformation. The CCG has agreed to the use of some of the new CAMHS investment for clinical-transformation and project-management roles within Berkshire Healthcare.

6.2 Measuring success

As we advance our transformation work over the next three years, we will measure success in two key ways:

- At regular intervals we will ask children, young people and their parents/carers how they think we are doing and whether they feel that we are achieving the goals set out in section 6.3 below, which are based on their feedback.
- In the past we have traditionally been focused on demonstrating impact; we now recognise the need to also produce more measurable outcomes so that we know what makes a difference to children and young people. Furthermore, the formal partnership arrangement model towards which we are now moving is focused on outcomes – in order to align ourselves with that aim, we will reinforce our use of Routine Outcome Measures (ROMs). It is our ambition that all our CYP providers should routinely flow outcomes data so that the percentage of service users showing a reliable improvement can be monitored; this will be a priority area of work in 2021–24.

Our main provider, Berkshire Healthcare, is currently seeking to improve how it records and flows outcomes data through its CAMHS Clinical Care Pathways Programme:

- One of the programme's aims is to ensure IT and operational systems enable monitoring of the efficiency and effectiveness of the clinical provision. This information will be made accessible to individual clinicians and service leads and used to improve care.
- Nine evidence-based clinical care pathways now have mandated and pathway specific ROMs.
- Rio pathways called ePathways are being built, with links to ROMs, to support a recovery focused clinical offer within CAMHS. Tableau dashboards are being developed to monitor the efficiency and effectiveness of the clinical ePathways.



A recent Attain study has recommended that non-NHS (including voluntary sector) providers submit raw data to the Frimley ICS Commissioning Support Unit, who will create a dashboard of key metrics allowing outcomes to be described in a useful way. Over time this will allow existing Berkshire Healthcare reporting to be merged with that of the smaller providers, creating a central dashboard or report for the whole of CAMHS. Work on this project will take place over the next year.

It should be noted that we are aware that sometimes a child or young person with a diagnosable mental health condition may not show an "improvement" in score – we recognise that in some cases maintaining a stable level and managing a condition may still represent a positive outcome.

6.3 Local priorities

The table below represents our priorities and planned deliverables for the next three years. These have been drawn up taking into account:

- the views of children, young people, parents/carers and professionals (see section 5 for information about our engagement activities)
- the impact of COVID-19 (and the resulting exponential rise in demand for support with problems such as emotional wellbeing crises, eating disorders and disordered eating) and the impact the pandemic has had on some of our most vulnerable children and young people

Table 27: Our local priorities and enablers for the three-year lifetime of the Local Transformation Plan (October 2021 to October 2024)

Local priorities	Enablers
1. Strengthening crisis support	✓ Improving timely and quality communications
2. Supporting children with complex needs	✓ Improving the 'front door' to current emotional health and wellbeing services
3. Transition arrangements	✓ Supporting the workforce
4. Addressing eating disorders and disordered eating	✓ Understanding and demonstrating what is working well – Routine Outcome Measures
5. Embedding MHST principles across all schools	
6. Enhanced parenting support	
7. Addressing gaps in provision	
8. Developing formal partnership arrangements as a new model of working	
9. Responding to the impact of COVID-19	

For the purposes of this LTP, table 28 below provides a high-level action plan for implementing our priorities and enablers. As part of the implementation of the priorities, there will be a detailed action plan which will include:

- deliverables
- outcomes and benefits
- key milestones



- risks
- mitigations
- responsible officer
- support required

Table 28: Our high-level action plan for implementing the priorities and enablers from 2021–2024

Local priorities	Enablers
Strengthening crisis support	<ul style="list-style-type: none"> • Phased approach to a Strengthening Crisis Support Plan, which will include: an integrated home-treatment service; challenging behaviour support; multiagency self-harm protocol; and examination of the development of a Safe Haven (see section 3.9.1). • Transform core CAMHS with the allocated funding pot.
Supporting children with complex needs	<ul style="list-style-type: none"> • Evaluate the impact of the autism and ADHD transformation funding. • Develop an emotional wellbeing/CAMHS Children in Care model in line with the Southeast Children in Care Evidence-Based Clinical Review & Practice Guide, November 2020 • Engage with the Thames Valley Complex Children Expression of Interest led by Oxford Health utilising the Framework for Integrated Care
Transition arrangements	<ul style="list-style-type: none"> • Develop an action plan in partnership with Adult Commissioners for implementing the 18-25 Access requirements, including the recommendation to lower the age group to 16+.
Addressing eating disorders and disordered eating	<ul style="list-style-type: none"> • Implement the actions within the East Berkshire June 2021 Eating Disorder Recovery Plan (see table 29 below).
Embed MHST principles across all schools	<ul style="list-style-type: none"> • Continue to develop and embed the MHST Wave 5 and 6 programmes' learning and implementing the Early Evaluation of the Children and Young People's Mental Health Trailblazer Programme July 2021 across all MHST and non-MHST schools.
Enhanced parenting support	<ul style="list-style-type: none"> • Enhance existing LA parenting strategies and the role of Family Support Workers, including a self-care/self-help approach.
Addressing gaps in provision	<ul style="list-style-type: none"> • The first phase of the formalised partnership delivery arrangement will identify the current baseline of service provision. • Identify the gaps in commissioned emotional and wellbeing services through the utilisation of case studies.



- Develop an interim plan for bridging those gaps whilst the formalised partnership delivery arrangement is being implemented.
- The gap in services for 0–5s is currently being reviewed by the Getting Help service.

Development of formal partnership arrangements as a new model of working

- Develop an outcome-based emotional health and wellbeing model which will suit the future needs of children and young people by working in collaboration with partners as part of a formalised partnership delivery arrangement. This arrangement will involve four key phases of work:
 1. Agreeing the baseline
 2. Listening and learning
 3. Designing the future
 4. Delivering change

Responding to the impact of COVID-19 and planning for a surge

- Implement the actions within the East Berkshire June 2021 Eating Disorder Recovery Plan (see table 29 below) and the Strengthening Crisis Support Plan.
- Implement and respond to relevant actions within the Frimley ICS Urgent and Emergency Care Action Plan.
- Continue to implement the Reaching Out Project and the workforce offer to support the most vulnerable groups.

ENABLERS

DELIVERABLES

Communications

Develop a high-level communications strategy (and accompanying strategy delivery milestones) across key stakeholders to:

- raise awareness of all the current and future CAMH services available within schools and in the community as a whole
- describe how CAMH services are going to be integrated in the future
- align communications and engagement messaging and activity across organisational boundaries (health, education and LAs)
- support the onward cascade of communications and engagement feedback through our governance arrangements
- identify the target audiences: who are partners and who do we need to involve and inform, to determine the level and frequency of communication

This communications strategy will be the golden thread running through each of our local priorities.



Improve the 'front door' to current emotional health and wellbeing services

Review referral pathways, triaging, risk-management panels and signposting to services across the system.

Workforce support

- Contribute to the Frimley ICS Workforce Plan 2021–2022 strategy
- Continue to implement the GP Link Programme across the East Berkshire Primary Care Networks
- Amalgamate the Getting Help and Frimley CCG workforce training offer
- Investigate the development of mandatory MH training

Understanding and demonstrating what is working well – Routine Outcome Measures

As part of the Berkshire Healthcare transformation work programme:

- Build on the work currently being undertaken by Berkshire Healthcare to have clearly defined clinical care pathways with paired data scores to enable data to flow to MHSDS.
- New ePathways will provide tools to support clinicians to use ROMS in individual clinical care.
- A clinical lead with responsibility for ROMS to continue to use QI methodology to monitor use and identify areas and action for improvement.
- Continue to develop an existing work programme whereby the same approach can be developed with the third sector, summarising key metrics and outcomes for each of the providers.

Several of the specific development plans referenced in the table above are currently in the process of being finalised. Table 29 below represents our Eating Disorders Recovery Plan, as submitted to NHSE in June 2021.

Table 29: East Berkshire Eating Disorders Recovery Plan, June 2021

Self-assessed RAG ratings:

G = Fully developed: Objectives clearly identified and delivered. All requirements in place.

A = Partially developed: Some requirements in place but some plans/actions require strengthening.

R = Areas for further development: Objectives are not clearly identified with a need for urgent review.

[BHFT denotes our main provider, Berkshire Healthcare]



Questions posed by NHSE

Question 1

Target Date: July 2021

Review of local investment in Eating Disorder services against the MHIS. How has the additional funding for CYP CEDS, allocated in 2019/20 and 2020/21 and over the course of the NHS Long Term Plan, been invested to a) meet the presenting needs (including all types of eating disorders and co-existing MH problems) and b) to further enhance and develop provision, including increase in workforce capability and capacity?

Governance and oversight arrangements: EB Mental Health Steering Group and appropriate ICS governance arrangements ► Lead: CCG

Self-assessed RAG: A

Progress, comments and support required: Investment provided in 19/20 to meet the needs and it took significant time to recruit but has now fully recruited. This has enabled the service to meet demand and LTP targets. However demand has further increased in 20/21 (with impact of COVID-19). Work outlined in point 2 will address future issues. BHFT have bid, with CCG support, for recruit-to-train posts for systemic family practitioners in ED services.

Question 2

Target Date: July 2021

Describe current plans – including in reference to Phase 4 Planning – to develop Children and Young People's Eating Disorder Services in line with Operating Guidance and NHS LTP and including NICE in 21/22. Briefly outline stage of readiness and key deliverables across Qs 1-4 including investment and workforce plans including plans to review and enhance Intensive Home Treatment teams in line with 2019 extended guidance.

Governance and oversight arrangements: EB Mental Health Steering Group and Berkshire-wide Working group on ED (BE/ BW CCG and BHFT) ► Lead: CCG

Self-assessed RAG: A

Progress, comments and support required: Steps to produce a robust plan:

1. Complete the demand management review based on the use of the CReST Tool
2. end of July 2021
3. end of August 2021
4. Recruitment plan - September 2021

The development of both the T4 hospital at home service that includes offer to ED patients as well as the establishment of the Community Home Treatment offer in our Crisis response will provide intensive support for ED and disordered eating CYP. T4 offer is already live with CYP with ED receiving service and continuing to increase capacity to fully mobilised by Dec 2021. The CYP CMHT is planned to go live, in a phased way from Jan 2022.

Question 3

Target Date: July 2021

Describe how CReST modelling will / has informed 3-year workforce planning.

Governance and oversight arrangements: EB Mental Health Steering Group Berkshire-wide Working group on ED (BE/ BW CCG and BHFT) ► Lead: BHFT

Self-assessed RAG: A

Progress, comments and support required: See above – BHFT have identified a resource to complete the demand and capacity tool. BHFT have already been introduced to the CReST tool and this will be using this in the process of demand and capacity within the QI framework that BHFT use.



Question 4

Target Date: December 2021

Describe plans to make adjustments to support CYP and families with suspected ARFID.

Governance and oversight arrangements: EB Mental Health Steering Group Berkshire-wide Working group on ED (BE/ BW CCG and BHFT) ► Lead: BHFT

Self-assessed RAG: A

Progress, comments and support required: No specific plan in place but this is required and this will cover ARFID and disordered eating. The Trust will be proposing the plan in Sept 21 to the CCG referring to the examples shared from other CCGs/ ICS. In the short term we will connect with the regional PM to support in both the planned regional mapping and survey exercise (see question 12) and ensure that there is connection in the ICS. Depending on success of EOI for the LDA response, we anticipate implementing the PEACE model.

Question 5

Target Date: July 2021

Describe current plans – including in reference to Phase 4 Planning – to develop Adult Eating Disorder Services in line with Operating Guidance and NHS LTP and including NICE in 21/22. Briefly outline stage of readiness and key deliverables across Qs 1-4 including investment and workforce plans.

Governance and oversight arrangements: BHFT/EB CCG contract and performance meetings ► Lead: BHFT

Self-assessed RAG: A

Progress, comments and support required: Prior to COVID-19 Berkshire was running a NICE-compliant service, however demand has altered that position. Investment for 21/22 has been agreed and a demand and capacity planning process as point 2 above, with same timeframe. The trust has soft launched the FREED pathway (May 2021) and first signs of its impact will be Dec 2021.

A transformational goal is to improve the co-working with local VCS linked to the community mental health framework implementation.

The Trust has an innovative online/ digital offer using the SHARON Platform that adds value to the service offer.

Question 6

Target Date: March 2022

Describe in summary how both CYP and Adult Plans align to Provider Collaboratives in terms of delivery and design.

Governance and oversight arrangements: TBC ► Lead: BHFT

Self-assessed RAG: A

Progress, comments and support required: TBC

**Question 7****Target Date: July 2021**

Summary of current performance against the Eating Disorder Access and Waiting Time standards and (where required) plans to improve performance (see below).

Governance and oversight arrangements: TBC ► Lead: BHFT

Self-assessed RAG: A

Progress, comments and support required: Latest end of FY position locally:

BW urgent 80%/ Routine 79.1%; BE Urgent 79.9%/ Routine 80.3%

The published position is for March 2021 (from MH Core data pack)

BW Urgent at 80.0%/ Routine at 93.9%; BE Urgent at 80.8% / Routine 86.8%

Continue to experience imbalance of urgent to routine referrals that is impacting on timeliness. The work described above will support the mitigation and reacting to this time. In addition there is planned work in primary care to identify cases earlier to address the late referrals.

Question 8**Target Date: July 2021**

Describe current position regarding waiting lists for current service delivery and the remedial plans in place across commissioner / provider to address this – including risk stratification.

Governance and oversight arrangements: TBC ► Lead: BHFT

Self-assessed RAG: A

Progress, comments and support required: For urgent referrals there is no waiting time for CYP to access initial assessment and onward treatment (family based therapy, or FBT) in Berkshire. For routine referrals there is initial assessment but fuller assessment has a longer wait than expected (over a month longer than expected). However there is a wait (4 months) for individual CYP to access individual therapy treatment if recommended after the FBT completed.

Question 9**Target Date: March 2022**

Outline current arrangements for in-reach support into Paediatric and Adult Wards in Acute and Community Hospitals for patients requiring admission to specialist in-patient beds or discharge to community placements; include reference to consideration of adoption of Colchester protocol (provided).

Governance and oversight arrangements: TBC ► Lead: BHFT

Self-assessed RAG: A

Progress, comments and support required: There is a range of work already in place that covers this topic, e.g. regular acute and ED service liaison meeting about patients, regular on site work in Acute setting by services, phone calls on a daily basis.

Berkshire will review the example provided in the report, at first inspection the majority is in place locally but there is an intention to fully put in place. Agreement to put a similar local Berkshire Protocol by end of 21/22.

We will explore with Ox Health a set of standard procedures to manage both support whilst on the ward as well as discharge arrangement and risk management.

We are planning a BEAT training offer targeted at Acute wards (and primary care) that will help with early identification and risk management and confidence on the ward.

**Question 10****Target Date: N/A**

Outline in relation to all of the above plans to develop / deliver all age Eating Disorders Services via integrated or joined up teams / care pathways / services.

Governance and oversight arrangements: N/A ► Lead: BHFT

Self-assessed RAG: G

Progress, comments and support required: Berkshire already have an all-age service under a single director and service management.

Question 11**Target Date: N/A**

Where relevant please describe in relation to the above plans for CCGs or STPs/ICSs to partner up in the ED cluster? Consideration in plans of this to support workforce and capacity challenges across appropriate footprints, and in all-age models.

Governance and oversight arrangements: TBC ► Lead: CCG

Self-assessed RAG: R

Progress, comments and support required: This needs further consideration for Berkshire as we cover two ICSs, but it will be discussed with relevant parties in the next 3 months. There will be ongoing support and involvement of the Thames Valley network meeting.

Question 12**Target Date: N/A**

Regarding the above points please outline key current challenges and any particular requirements for support from SE Mental Health Regional NHSEI Team.

Governance and oversight arrangements: TBC ► Lead: CCG

Self-assessed RAG: R

Progress, comments and support required: Support with ARFID, e.g. connection to other trusts and systems that are working on this area. A challenge and support role in our response thinking to the presentation of this need.

Support with the acute to ensure there is consistency across our ICS in approach. Support with VCS competency framework for working with ED.

To consider carefully the assurance mechanisms following on from these plans that fit with broader ICS assurance work – locating the right balance of NHS E involvement versus giving time for systems to action the improvements needed.

**Question 13****Target Date: N/A**

Please describe plans to promote child and care-giver friendly resources to encourage CYP and families to seek help and support, to include summaries for primary care.

Governance and oversight arrangements: EB Mental Health Steering Group and appropriate ICS governance arrangements ► Lead: CCG

Self-assessed RAG: A

Progress, comments and support required: There has been good work locally on raising awareness on CYP EWB and mental health, e.g. *Little Blue Book of Sunshine*. There is work with public health colleagues for positive eating and positive self-image work to be finalised.

We are planning a BEAT training offer targeted at primary care that will help with early identification and risk management and confidence on the ward. Launch of local Berkshire version of BEAT/ London consortium leaflet to Schools and Primary care.

Parents and Carers are actively advised and able to use SHaRON to access peer support and psycho-education materials.

Kooth online tool is available for CYP that includes psych-education material and peer support. The Acute and BHFT/ Surrey and borders Partnership NHS Foundation trusts have been partnered to deliver the We can Talk programme in Berkshire.

Question 14**Target Date: N/A**

Plans for adaptation to MHST programme of work to include approaches to prevention and early intervention as well as plans to work collaboratively across primary care and voluntary, community and independent sectors to offer bespoke early intervention for CYP with disordered eating.

Governance and oversight arrangements: N/A ► Lead: CCG

Self-assessed RAG: G

Progress, comments and support required: MHST and other initiatives have been providing training (digitally and face to face) on a range of MH conditions, including eating disorders, many using the PPEP Care approach.

Question 15**Target Date: N/A**

Please describe plans to support sign up to QNCCED (where required).

Governance and oversight arrangements: N/A ► Lead: CCG

Self-assessed RAG: G

Progress, comments and support required: Berkshire are already members of this network.

**Question 16****Target Date: N/A**

Plans to commission medical monitoring provision (with required training) throughout treatment and disseminate clear protocols across the ED pathway.

Governance and oversight arrangements: N/A ► Lead: CCG

Self-assessed RAG: G

Progress, comments and support required: Agreed with primary care that baseline medical monitoring provided by primary care and then the follow up will be managed in house by a paediatrician. Investment has been agreed to improve the service medical monitoring enabling good work with primary care by bringing additional paediatrician time into the service.

Question 17**Target Date: July 2021**

Plans to improve data quality of service.

Governance and oversight arrangements: EB Mental Health Steering Group Berkshire-wide Working group on ED (BE/ BW CCG and BHFT) ► Lead: BHFT

Self-assessed RAG: A

Progress, comments and support required: The QI project as outlined in Q2 will address data quality and produce an action plan to improve data quality issues identified. We plan to use the ED data dashboard to drive performance and quality improvements.

7. Investment and spending

For some areas of transformation, extra investment may be required using the additional funding from NHS England allocated to NHS East Berkshire CCG (which became NHS Frimley CCG in April 2021). The information in this section concerns the finances for transformation-related activity, which includes funding specifically linked to the LTP. The allocation of funding and the spend are documented below.





7.1 Funding allocated to NHS Frimley CCG for East Berkshire

Table 30 below shows all the additional funding allocated to NHS East Berkshire CCG/NHS Frimley CCG to support the transformation agenda. Some of this money is allocated as specific grants for targeted programmes. This includes funding allocated to the eating disorder and perinatal mental health services (rows B and C respectively) and funding allocated by the Health and Justice Commissioner for speech and language support for local youth offending teams* (row D). The funding from Health and Justice Commissioner came to an end and this is now being funded through monies from the CAMHS LTP budget. During 2021/2022 we have also seen an increase in funding from NHSE into the CCG's baseline funding. This has been allocated to Berkshire Healthcare NHS Foundation Trust to support core CAMHS transformation, as well as the delivery of the ambitions in the NHS Long Term plan (rows E and F).

Please note that, at time of writing, CAMHS funding for 2021/2022 (row A) to the CCG has only been allocated on a six-month basis until the end of September 2021**. For this reason, the figures in this table cannot be compared like-for-like with previous years.

Table 30: Total funding for transformation-related activity 2016/2017–2020/2021

		2016/2017	2017/2018	2018/2019	2019/2020	2020/2021
		£	£	£	£	£
A	Funding – CAMHS	827,166	973,437	1,183,060	1,323,259	1,463,775
B	Funding – Eating disorders	208,529	208,529	208,529	208,529	208,529
C	Funding – Perinatal	95,645	351,795	366,970	366,970	366,970
D	Speech and Language funding from Health and Justice Commissioner		48,031	48,031	48,031	0*
Long Term plan baseline funding						
E	Children and Young People's Community and Crisis				170,445	411,322
F	Children and Young People's Eating Disorders				75,067	148,841
TOTAL funding allocation		1,131,340	1,581,792	1,806,590	2,192,302	2,647,469

For 2021/2022 to 2023/2024, the CCG has secured the following:

- ICS Spending Review Funding of more than £850,000 to tackle a wide-scale transformation of core CAMHS; Health Education England, additional capacity within the eating disorder service; £1.2 million ADHD and autism funding to tackle the waiting lists and reduce waiting times to 52 weeks; in-year 2021 investment in a home-treatment service with recurrent £450k for a home-treatment service once fully operational in April 2022.
- Projected £210k investment for Safe Havens from 2022.
- Investment through Learning Disability and Autism Service Development Funding for a specialist behaviour support service scaling up from £200k in 2021–22; £400k in 2022–23; full-year recurrent annual investment of £600k in 2023–24.
- Increased recurrent funding for the rapid response team.
- Funding for Surrey and Borders NHS Foundation Trust for crisis work within Frimley Park whilst a review is undertaken.

**Table 31: Total funding for transformation-related activity 2021/2022**

		2021/2022
		£
A	Funding – CAMHS – 6 months only until end of September 2021	829,320**
Long Term plan baseline funding		
B	Children and Young People's Community and Crisis	845,804
C	Children and Young People's Eating Disorders	106,324
D	Neurodiversity	1,229,551
TOTAL funding allocation		3,010,999

Where funding has been allocated for a specific area, this spend is detailed in table 31 above. Row A shows the anticipated spend in 2021/2022 to help support the implementation of the LTP. For some of the services listed here, the figure shown represents an additional contribution from NHS Frimley CCG and does not reflect the total cost of the service.

In addition to the figures listed here, NHS Frimley CCG also co-funds the cost of the specialist CAMHS services delivered by Berkshire Healthcare NHS Foundation Trust and including PPEP Care training, the CAMHS workers in YOTs and the CAMHS CiC worker post. NHS Frimley CCG also contributes £47,207 towards the cost of paediatric mental health liaison nurses at Frimley Park Hospital, and £63,310 to the crisis team from Surrey and Borders NHS Foundation Trust so that they can see CYP from East Berkshire who present at Frimley Park Hospital.

The budget is £829,320.00, with a total anticipated spend until the end of September 2021 of £530,612.59. Since July, work has been underway to identify the gaps in the level and type of emotional wellbeing support available. It is the intention that unallocated spend will be utilised to bridge the gaps in provision on a short-term basis whilst the larger-scale formal partnership arrangements are developed to create consistency and sustainability within the workforce and provision of services.

7.2 Additional funding allocated to CYP mental health

Berkshire Healthcare NHS Foundation Trust has also been allocated funding for a Mental Health Support Team in Royal Borough of Windsor and Maidenhead, Bracknell Forest and an additional team for Slough.

8. Governance

This section outlines the governance arrangements in place to oversee the delivery of our local mental health priorities. The governance arrangements within East Berkshire are described, as are our links to the Frimley Health and Care Integrated Care System (ICS). As with any transformation agenda, there are challenges, some of which may become presenting risks. We have identified the appropriate controls and mitigating actions against specific risks and challenges – these are also outlined here.





8.1 East Berkshire and Frimley ICS

Following the publication of the White Paper earlier in 2021, the recent NHS Bill will lead to the establishment of statutory Integrated Care Systems (ICSs) from April 2022. As part of this journey, and following on from the recent engagement processes, the Secretary of State for Health and Social Care considered the boundaries of several ICSs across the country.

On 22 July 2021, it was formally announced that the Frimley Health and Care Integrated Care System (ICS) can continue to develop along its existing boundaries from April 2022. As a result, Frimley ICS will become a statutory organisation from that date, and the areas of Surrey Heath, North East Hampshire and Farnham and East Berkshire will remain within the existing Frimley ICS boundaries.

This may mean that our current governance arrangements, as shown in figure 14 may be subject to change, but for the purposes of this Local Transformation Plan (LTP), we will assume that these local governance arrangements will continue until April 2022.

As the ICS develops, the intention is to build upon our effective partnerships with neighbouring ICSs and local authorities to ensure the delivery of the five-year strategy 'Creating Healthier Communities'. The aim is to work with the population and partners to reduce inequalities and create inclusive and compassionate health and care services.

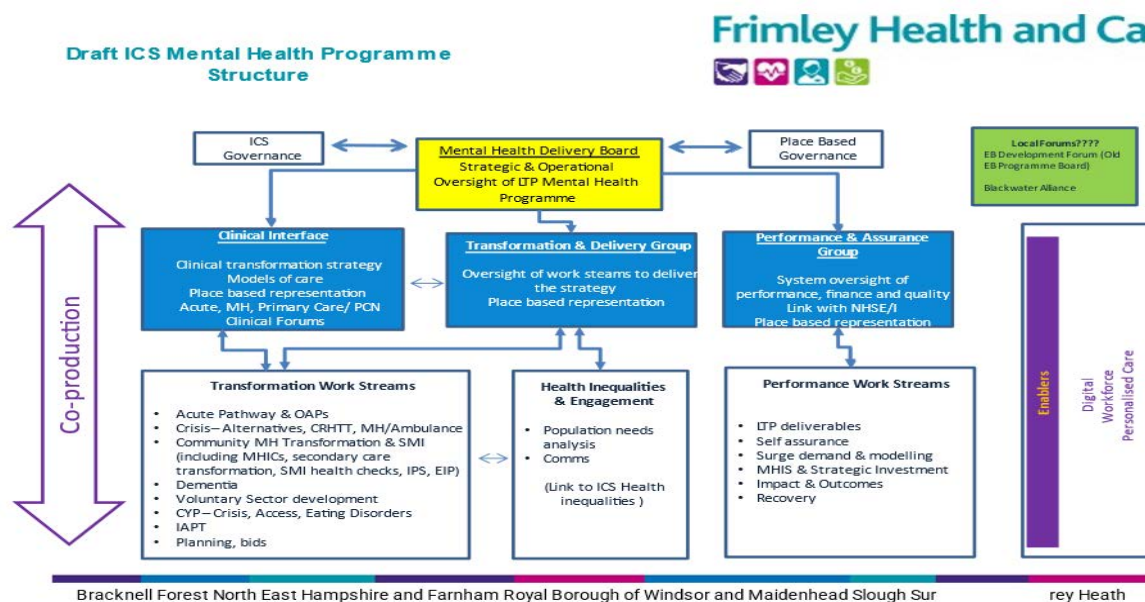


Figure 14: Frimley ICS emerging delivery structure

In East Berkshire we are combining our skills, expertise and resources to support the implementation and delivery of the priorities set out in this LTP for children and young people's mental health and wellbeing. We have been working together to prioritise and plan services to meet those needs in a timely and accessible way using evidence-based methodologies, ensuring value for money.

8.2 Local Transformation Plan group

In our area we have strong multiagency arrangements in place via our Local Transformation Plan group for mental health, which meets bimonthly. The group also acts as a forum to continuously review the mental health needs of East Berkshire's children and young people. The multi-stakeholder LTP group has representatives from health, local authorities, service providers, parents/carers, and the voluntary sector and is chaired by the lead GP for mental health from Frimley CCG. The group reports to the Joint Commissioning Board, which has a responsibility to ensure delivery of the LTP.



8.3 Local boards

Due to the nature of our locality, which spans three different local authorities (LAs), monitoring and oversight is also provided through a range of local partnership boards at which CYP mental health is integrated into overlapping agendas. These boards include the new Place-Based Committees, the Children and Young People's Partnership Board (Bracknell Forest), SEND partnership boards and Local Safeguarding Boards across East Berkshire. In addition, there are three different health and wellbeing boards in our area: Slough Wellbeing Board, Bracknell Forest Health and Wellbeing Board, and Royal Borough of Windsor and Maidenhead Health and Wellbeing Board. All are partnership boards with a shared focus on improving health and wellbeing in each locality, tackling health inequalities and focusing on prevention. The refreshed LTP and updates are presented to these boards on an annual basis.

Place-Based Committees

These provide the reach into each of the LAs and form part of our ICS Integrated System. They will replace the original LTP sign-off from the Health and Wellbeing Boards.

Joint Management Project Board – East Berkshire

This board has oversight and governance of the implementation of the early intervention work, including in East Berkshire. This includes all the MHSTs and the Getting Help teams based in each local authority.

The Chair reports progress and exceptional activity to the Local Transformation Plan group on a quarterly basis.

Once the second Slough MHST team has been implemented, the Joint Commissioning Board will continue its function as a joint governance and assurance board.

Core members of this board include:

- CCG representative/s to include Safeguarding and CYP Mental Health senior leads and comms and engagement managers
- LA representative – Slough (Deputy Chair)
- LA representative – Bracknell Forest
- LA representative – Royal Borough of Windsor and Maidenhead
- Service Manager Specialist Mental Health Service/East Berkshire MHST/Getting Help – Berkshire Healthcare
- Schools representative

The board meetings are held quarterly. Attendance and participation on the board are excellent. Membership throughout the last year has been very consistent, despite the impact of COVID-19 and the fact that all the meetings have taken place virtually.

8.4 Emotional Health and Wellbeing Networks

In November 2019 a Local Implementation Group (LIG) was set up in each local authority. Their original remit was to set up the Getting Help Team (and the MHST for Slough), alongside early intervention teams, from a multiagency, integrated perspective. In April 2021 the LIGs were transformed into Emotional Health and Wellbeing Networks. These networks provide an emotional/mental health strategic golden thread from needs analysis and co-production through to the realisation of our vision to achieve a more comprehensive integrated CAMHS offer. Based on joint working and collaboration, the new pathways act as a single point of entry and an emotional health triage for emerging mental health difficulties via the LAs' Early Help systems.



The Emotional Health and Wellbeing Networks are jointly chaired by Berkshire Healthcare and an assistant-director level LA representative.

Core members of this group include:

- LA representatives, including social care and Early Help managers
- Educational psychologists
- SENCOs
- School nurses
- Public Health
- Youth service
- Voluntary sector
- Head teachers and pastoral care leads
- Parent representative (RBWM)

They meet every four to six weeks.

As our commitment to co-production with children and young people and parents is central to everything we do, the work of these groups is always informed by feedback from our Young Health Champions.

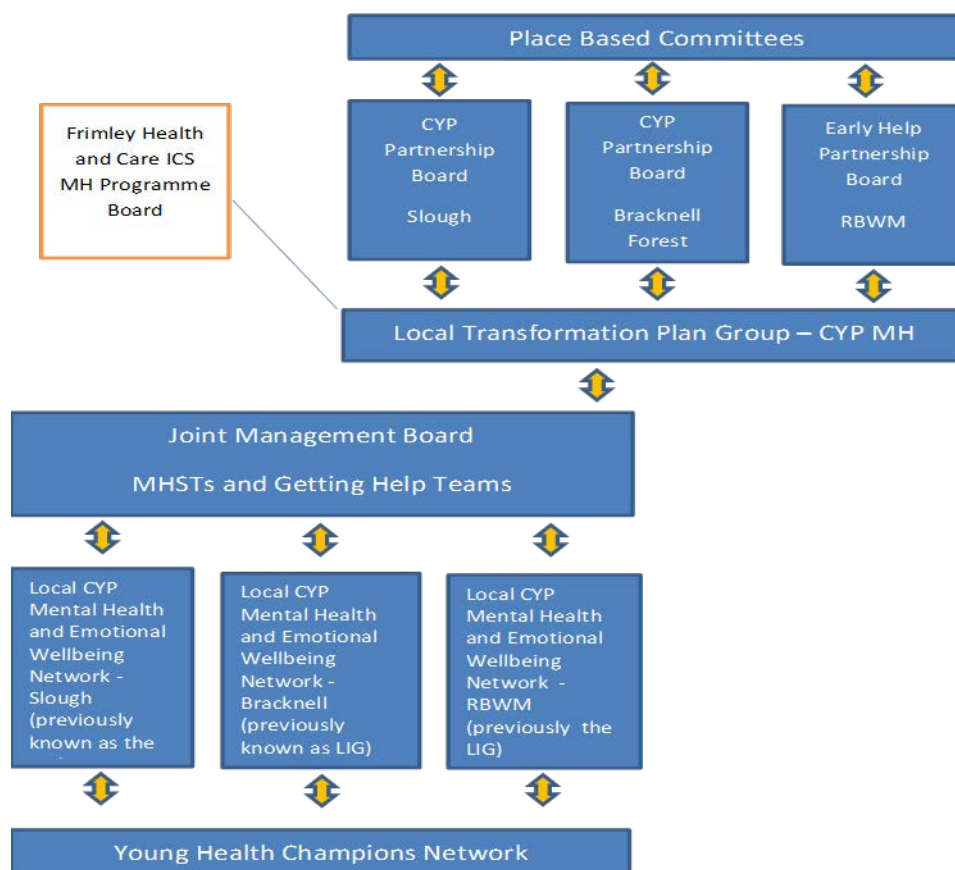


Figure 15: East Berkshire governance arrangements and reporting lines

8.5 Risks and mitigations

Whilst we acknowledge that throughout the system core stakeholders are committed to improving mental health and wellbeing outcomes for children and young people, as with any transformation agenda there are challenges. Across East Berkshire there are a range of different organisations – including schools, the voluntary sector, LAs and health services – all providing some level of



information, advice, guidance, and support. All these bodies are key to driving forward the transformation agenda. Although most recognise the need to change to help achieve transition and are keen to play an active role, external factors may prevent from this happening at pace. The large number of organisations involved adds an extra layer of complexity and means there is a risk of poor cohesion and gaps between services. A focus on strong collaboration and communication, however time consuming, is therefore essential.

Table 32 below outlines the key risks we face as we work to realise the ambitions set out in this LTP and the mitigating actions we will take.

Inevitably, COVID-19 has had an impact on each area identified as a risk. Rather than having a dedicated section for relating to the pandemic, the mitigating actions will include measures that have already been put in place. These risks are maintained through the Frimley CCG risk register. Any risks with a high residual score will be discussed by the LTP group to ensure all mitigating actions have been put in place.

Table 32: Key risks and mitigating actions

Area of risk	Detail of risk	Mitigating action
Complexity of the local system	Frimley ICS covers East Berkshire as well as Surrey Heath and North East Hampshire and Farnham. East Berkshire covers three different localities with three different LAs. Each local place-based system within East Berkshire has a range of different set ups.	<ul style="list-style-type: none"> Frimley ICS Managing Director has the overall East Berkshire lead portfolio for Children, Young People and Families. Three Place-Based Committees are involved in the development of the LTP and will provide final sign-off at a local level. LTP group is East Berkshire wide and has strong representation from each locality. Work is taking place at a locality level (i.e. Slough, RBWM, Bracknell Forest) to address local needs and health inequalities. Improving emotional health and wellbeing in CYP is a multiagency priority for Frimley Health and Care System (ICS) with regular monthly meetings to expediate joint working. Work will start to develop an ICS LTP for 2022/2023.
Competing priorities	Partner organisations may not have time to fulfil commitments needed to continue to transform at the pace required (including our main NHS provider, Berkshire Healthcare)	<ul style="list-style-type: none"> LTP group meetings are now taking place every two months. LTP group will develop a detailed action plan by November 2021 on how to deliver against the new priorities, so the work is planned via a phased approach over the next three years. Dedicated CYP transformation posts are being recruited to and will sit within the governance of the three places. These will report directly to the Directors at Place and work in partnership with members of the relevant Frimley ICS and partner teams/groups to develop an agreed, locally determined work programme.
Crisis offer	Implementing the agreed strands of the	<ul style="list-style-type: none"> A Berkshire-wide crisis group has been established, as well as dedicated provider



Area of risk	Detail of risk	Mitigating action
	crisis offer, which includes the home-treatment service, self-harm pathways, a specialist behaviour support service, development of a Safe Haven.	<ul style="list-style-type: none">support for the development of the crisis home-treatment pathway.A dedicated Frimley CCG project manager role has been approved and is being recruited to progress this workstream at pace.
Pressure on paediatric wards in Frimley and Wexham Park hospitals	Due to the pandemic and the likelihood of RSV surge, mitigating actions are needed to release capacity within the acutes for those children and young people who are medically fit to be discharged in a swift and timely way	<ul style="list-style-type: none">Twice-weekly MDT discussion with acute trust colleagues and partners (paediatric liaison, CAMHS, LA, CCG) from July 2021 about the CYP who are medically fit in both FPH & WP paediatrics wards, but who have been unable to be discharged.Where the child or young person is known to the LA, identifying the current position, needs and actions to take forward.Access to additional CCG funding for those with challenging behaviours made available as part of Alternative to Admission and facilitation to support early discharge.
Eating disorder service	The number of CYP needing support from the CAMHS eating disorders service is exceeding service capacity, with an increase in acuity of cases and higher numbers requiring inpatient care and/or Tier 4 admission; breaches in routine and urgent national NHSE standards	<ul style="list-style-type: none">Additional investment has been made in the eating disorders service.An Eating Disorder Recovery Plan (see 6.3) has been developed which includes risks and mitigating actions.Funding for two recruit-to-train Eating Disorder Family Systemic Practitioner posts was secured in July 2021.The development of both the T4 hospitals' at-home service, which includes offer to ED patients, as well as the establishment of the Community Home Treatment offer in our crisis response, will provide intensive support for ED and disordered-eating CYP.T4 offer is already live with CYP with ED receiving service and is continuing to increase capacity to be fully mobilised by Dec 2021. The CYP CMHT team is planned to go live, in a phased way, from Jan 2022.Berkshire Healthcare is part of a best-practice network for the Thames Valley.There has been good work locally on raising awareness of CYP EWB and mental health, e.g. <i>Little Blue Book of Sunshine</i>.Eating disorder leaflets have been produced in partnership with Public Health.A BEAT training offer targeted at primary care will help with early identification and risk management, and confidence on the ward is being developed.



Area of risk	Detail of risk	Mitigating action
		<ul style="list-style-type: none">• Targeted CPD accredited Beyond the Symptoms training for acutes.• The Acute and Surrey and Borders Partnership NHS Foundation trusts have been partnered to deliver the We Can Talk programme in Berkshire.
Impact of COVID-19 and longer waiting times for specialist CAMH services	The impact of COVID-19 has increased demand across all emotional health and wellbeing services, including the acutes	<ul style="list-style-type: none">• All referrals are risk assessed and managed by Berkshire Healthcare; help while waiting is offered via face-to-face, written, telephone and online resources.• All other providers in the CAMHS partnership are continuing to deliver services but through adapted models (i.e. digital).• Crisis team in specialist CAMHS offering extended hours to cover Sunday and 10pm weekdays; 24/7 helpline is in place.• Partner organisations are commissioned to provide help to families, particularly those pre and post autism or ADHD assessment.• Additional transformation funding (linked to the LTP) has been allocated to early intervention to provide children and young people with additional support services at an earlier stage, which should, in the future, reduce the demand on CAMHS.• Additional funding allocated via NHSE for waiting-list initiatives, including digital interactive online assessments (autism) and additional funding for the anxiety and depression pathway.• Full review of autism and ADHD completed. A task-and-finish group set up to implement several recommendations. Demand and capacity and modelling exercise is being carried out on the health pathways.• Additional funding to develop a specialist behaviour support service with interim spot-purchase arrangements.
Finance	There are insufficient funds available to cover all required investments	<ul style="list-style-type: none">• CCGs and partners working collaboratively across Berkshire/ICS to identify opportunities for economies of scale.• CCGs and partners proactively bidding for grants and resources, both regionally and locally.• We are working with partners at the early help stage to reduce the number of cases that require a specialist CAMHS response (the evidence base for the economics of low-intensity versus high-intensity interventions is well established).• CCG has secured: ICS Spending Review




Area of risk	Detail of risk	Mitigating action
		<p>Funding of more than £850,000 to tackle a wide-scale transformation of core CAMHS; Health Education England, additional capacity within the eating disorder service; £1.3 million ADHD and autism funding to tackle the waiting lists and reduce waiting times to 52 weeks; in-year 2021 investment in a home-treatment service with recurrent £450k for a home-treatment service once fully operational in April 2022.</p> <ul style="list-style-type: none"> • Projected £210k investment for Safe Havens from 2022. • Investment through Learning Disability and Autism Service Development Funding for a specialist behaviour support service scaling up from £200k in 2021–22; £400k in 2022–23; full-year recurrent annual investment of £600k in 2023–24. • Increased recurrent funding for the rapid response team. • Funding for Surrey and Borders NHS Foundation Trust for crisis work within Frimley Park whilst a review is undertaken. <p>(See section 7 for an overview of the funds secured to cover required investments.)</p>
Integration	Difficulty of providing an integrated model and bringing together health, LAs and education and wider stakeholders for new ways of working and ensuring we work in an integrated way to reduce the fragmentation in the current system	<ul style="list-style-type: none"> • Key priority within the LTP to develop a formal partnership arrangement by 2024. • Focus on place will ensure local integration arrangements based on need and to suit the local population. • We are jointly commissioning work, e.g. our digital offer and the Getting Help teams. • For Mental Health Support Teams and Getting Help teams, a new Joint Management Board is in place. A memorandum of understanding (MoU) has been developed between the CCG, LAs and Berkshire Healthcare (for MHSTs, the MoU will be in place between education settings and the LA/Berkshire Healthcare).
Recruitment and retention of staff and workforce stability	Difficulty in recruitment and retention of workforce within our main provider	<ul style="list-style-type: none"> • Completion of the national 2021 CYP mental health workforce stocktake that NHS Benchmarking Network are undertaking for Health Education England. This stocktake was a key part of implementing the targets in the NHS Long Term Plan, which aims to significantly expand capacity in children and young people's mental health services. The workforce benchmarking exercise produced a profile of all CYP staff groups and will inform local and national workforce and




Area of risk	Detail of risk	Mitigating action
		<p>delivery plans, and the national investment strategy.</p> <ul style="list-style-type: none">• Workforce summit being planned to support the emotional wellbeing and health of all staff.
Data and reporting	Providers not being able to flow access data to the national Mental Health Services Data Set (MHSDS) in line with national reporting standards – linked to access and routine outcomes measures	<ul style="list-style-type: none">• We respond to all performance and data requests from NHSE in line with stipulated deadlines; we use performance dashboards that are produced using this data to inform commissioning decisions; we regularly monitor and report on performance against eating disorders and mental health waiting times.• Ongoing work with our third-sector providers to ensure that accurate CYP access data is uploaded to the MHSDS. Intention to set up a local data flow for data to be loaded directly from providers to the data warehouse.• Berkshire Healthcare are working on all clinical care pathways and have clearly defined and mandated ROMS; where not already available the ROMS are being built into the RiO EPR and monitoring will be undertaken using the Tableau dashboard, once completed (see section 6.2). This will enable oversight and discussion with individual clinicians in caseload review and supervision, but will also provide team- and service-wide data to inform service improvement, transformation and development.
Communication	There is ineffective communication about the availability of emotional wellbeing services, how to access them and providing the right level of information to different stakeholders	<ul style="list-style-type: none">• Development of an integrated communication strategy with partners to ensure timely communication of key messages to all stakeholders via agreed platforms by October 2021.



Appendix 1: Berkshire Healthcare NHS Foundation Trust activity and waiting times data







CAMHS & NDT Activity & Waiting Times Summary Frimley CCG with Place level splits (where available)

Data sources :
MHSDS Data to July 2021
Provider Local data
NHSE Eating Disorder Data to Q1 2021/22

Chris Sneller, Insight Lead MH, LD & CYP, Frimley CCG
Graham Bertolotti, Business Intelligence Advanced Analyst, SCW

Bracknell
North East Hampshire and Farnham
Royal Borough of Windsor and Maidenhead
Slough
Surrey Heath

Notes / Assumptions

Eating Disorders
Data from NHSE nationally published data set is presented. This is a 12 month rolling figure based on time to treatment collected and published quarterly. Data is also presented on eating disorder waits extracted from MHSDS for East Berkshire but the parameters here are different in that it is an "in month" figure & not a rolling 12 months and definitions for clock stops are different. Data from MSHDS cannot exactly replicate the national data; but gives a broad over view of waits at more local granular level.

East Berkshire - MHSDS data Scope
All Referrals, Discharges, Contacts and Open Caseload reported by BHFT on MHSDS from Jan 2020 to July 21.
CYP are seen by the CAMHS service in East Berkshire, provided by BHFT, on a risk and clinical needs basis and as such interpretation of wait times split at place level must be considered with caution.

The East Berkshire data presented utilises the local contract service codes written to MHSDS. It also utilises the full open case load provided by BHFT for each month. Reconciliation against local data sets undertaken from October 2019 demonstrated a 98% match at referral ID and contact ID. We now have over 1 year of data so can report trend over 12 month period, from Feb 2020. the data is therefore considered reliable.

Note : The "Under 5s Autism" for East Berkshire CCG is reported in the Community Services Data Set (CSDS) because it is a service provided by Community Paediatricians. Work is underway with BHFT to identify this activity as a separate service from the CSDS.

Data for NDT in this report does NOT therefore include the "under 5s" for Autism for East Berkshire and so wait times are slightly under reported.

Waiting times are subject to interpretation. Presently all waiting times are related to the first and second contacts, which are assumed to be clinical contacts. Times will be understated if the first contact is administrative and not clinical.
There are a number of waiters still waiting 2+ years that may require removing from the open case load after an investigation with BHFT (ongoing). These may be spurious.

Other Providers, such as, Parenting Special Children, Solutions4Health, Healios, Kooth, Autism Berkshire, Autism Group, W&M Youth Counselling, Youthline, University of Reading are not as yet included but work is a foot via NHSE initiative to improve access and submission to MHSDS.

NEHF (Hants CAMHS) / SH (Surrey CAMHS) Data
Data from Sussex Partnership SPFT for Hants CAMHS (Aldershot Team) is presented from local reports. This is all CAMHS activity and not split into specialist Teams. As yet this has not been verified in MHSDS.
Data from SaBP for Surrey CAMHS has not been available to us & therefore is not represented in this pack.
Other Providers including Psicon, Children's Family Health Surrey, Barnardos & No Limits are to be included in a future iteration of MHSDS report under development where data available in MHSDS will be presented for verification against local contracts. Currently first sight of this indicates many gaps.

Bracknell
North East Hampshire and Farnham
Royal Borough of Windsor and Maidenhead
Slough
Surrey Heath



CYP Eating Disorders Wait Times; Frimley CCG; Q1 2021/22

Source : NHSE Statistics Data

Not available at Place level from this source

Fig: Frimley CCG; NHSE Statistics; CYP Eating Disorder waiting times for Urgent & Routine; to Q1 21/22

CYP Mental Health				Frimley CCG				
National ID	Metric	Target	Reporting Frequency	M03 20/21	M06 20/21	M09 20/21	M12 20/21	M03 21/22
EH11	CYP Eating Disorders Urgent Referrals started treatment within 1 week	95%	Quarterly (rolling 12 months)	85.7%	86.2%	83.3%	84.6%	86.0%
EH10	CYP Eating Disorders Routine Referrals started treatment within 4 weeks	95%		82.7%	83.1%	77.4%	74.2%	76.0%

CYP Mental Health				East Berkshire CCG			
National ID	Metric	Target	Reporting Frequency	M03 20/21	M06 20/21	M09 20/21	M12 20/21
EH11	CYP Eating Disorders Urgent Referrals started treatment within 1 week	95%	Quarterly (rolling 12 months)	88.9%	87.5%	85.2%	80.8%
EH10	CYP Eating Disorders Routine Referrals started treatment within 4 weeks	95%		93.9%	97.1%	89.7%	86.8%

CYP Mental Health				NEHF CCG			
National ID	Metric	Target	Reporting Frequency	M03 20/21	M06 20/21	M09 20/21	M12 20/21
EH11	CYP Eating Disorders Urgent Referrals started treatment within 1 week	95%	Quarterly (rolling 12 months)	*	66.7%	66.7%	88.9%
EH10	CYP Eating Disorders Routine Referrals started treatment within 4 weeks	95%		*	63.9%	58.5%	58.1%

CYP Mental Health				SH CCG			
National ID	Metric	Target	Reporting Frequency	M03 20/21	M06 20/21	M09 20/21	M12 20/21
EH11	CYP Eating Disorders Urgent Referrals started treatment within 1 week	95%	Quarterly (rolling 12 months)	*	100.0%	100.0%	100.0%
EH10	CYP Eating Disorders Routine Referrals started treatment within 4 weeks	95%		*	100.0%	100.0%	100.0%

Observations

Wait time threshold for both urgent (1 week) and routine (4 weeks) referrals is set at 95%. With small numbers of patients, it is not difficult to miss the target. It often only needs 1 or 2 patients to miss the wait time target to reduce overall performance to < 95%.

For Q1 21/22:

Urgent cases for Frimley CCG 21/26 (86%); Routine cases for Frimley CCG is 33/38 (76%). This is a very similar position to Q4 20/21.

Waiting time is time to treatment and is reported nationally as a rolling 12 months.

National ED wait times data is not split to Place.

Bracknell North East Hampshire and Farnham Royal Borough of Windsor and Maidenhead Slough Surrey Heath

CYP Eating Disorders Routine & Urgent Wait Times; BHFT; East Berkshire; RBWM, Slough & Bracknell Forest Place; July 21

MHSDS Data

	LOCAL SERVICE CAMHS Specialist Eating Disorders	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	2021-07
Routine - 4 weeks	East Berks CCG	3.2	3.2	3.4	3.7	4.1	4.5	4.4	4.1	4.5	4.7	4.8	4.5
	RBWM Place	2.6	2.8	2.8	3.0	3.3	4.2	4.1	4.0	4.2	4.9	5.1	5.2
	Slough Place	6.3	5.2	6.3	6.3	6.1	7.4	6.8	6.8	5.8	2.4	2.4	2.0
	Bracknell Forest Place	3.2	3.2	3.4	3.9	4.4	4.2	4.2	3.5	4.4	4.7	4.8	4.2
Urgent & Emergency - 1 week	East Berks CCG	0.9	1.0	1.0	1.3	2.0	2.0	2.0	1.8	2.0	2.2	2.0	2.1
	RBWM Place	1.1	1.4	1.1	1.7	2.0	1.9	1.9	1.8	2.1	2.2	1.8	1.9
	Slough Place				1.1	2.5	3.2	3.2	1.1	2.1	2.3	2.3	2.3
	Bracknell Forest Place	0.7	0.6	0.7	0.8	1.9	1.7	1.8	1.9	1.9	2.0	2.1	2.3

Observations

Wait Times : Both Urgent (1 week) and Routine (4 weeks) are calculated from MHSDS data to July 21.

Data for East Berkshire / BHFT is robust and reliable. Data for NEHF & SH Place (SaBP) is not complete or validated & thus cannot be reported.

Waiting time is measured from referral to second contact as a proxy for waiting times to treatment. This is the nearest alignment to national waiting to treatment times reported on previous slide.

MHSDS data is "in month" whereas national CYP ED wait times data are reported as "12 month rolling".

East Berkshire Place splits are calculated using GP registered place.

Average wait times in weeks for East Berkshire is comparable to national reported waiting times for Q1 21/22.

Place splits must be viewed with caution as CYP Ed service is a Berkshire wide service and within East Berkshire children will be seen on the basis of need and is therefore irrespective of Place. Higher waits for Slough is not necessarily an indication there are longer waits just that a child in more need in BF or RBWM was seen first. However there is merit in monitoring this to ensure equity across all 3 Places.

Activity data for CYP ED is shown in the next slide giving more detail on referrals, caseload, discharges and DNA's.

Bracknell North East Hampshire and Farnham Royal Borough of Windsor and Maidenhead Slough Surrey Heath

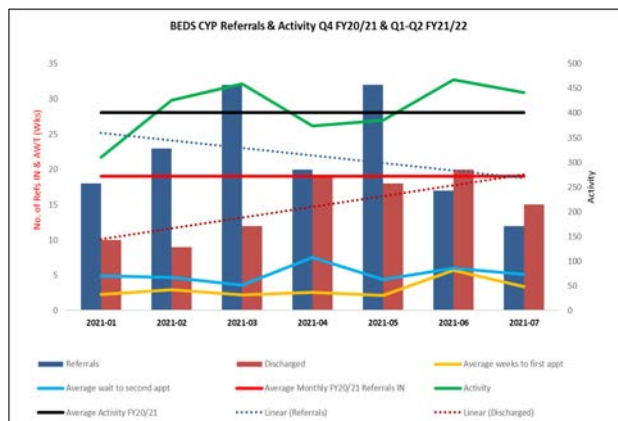
CYP Mental Health CAMHS Eating Disorders – BHFT Source – BHFT Trust data July 21



Frimley Health and Care



Berkshire Healthcare NHS Foundation Trust



Updated July 21

BHFT – data in chart opposite represents BHFT Berkshire wide CYP Eating Disorders service (BEDS) data.

There is a notable decrease in number of referrals received in CYP ED in the month of July compared to previous months. This is likely to be the usual seasonal reduction in referrals and may be misleading due to the delay in processing of some referrals through the Health Hub.

Average waited time for first appointment has increased in June & July and average waited time for second appointment also increased at 5 weeks (both urgent & routine).

BEDS CYP is placing increased emphasis and resource on skilling and supporting parents to manage the children the service is not able to treat in a timely way.

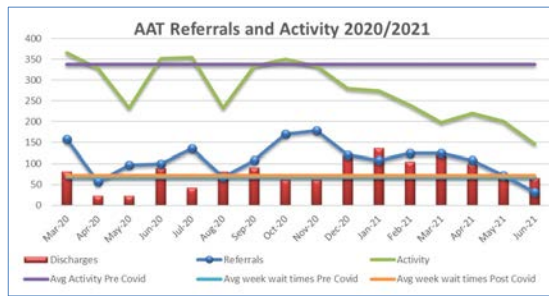
Short term discharge funding has been secured and is helpful in recruitment to short term posts to support current pressures.

The new alternative to inpatient CAMHS Tier 4 service which opened on 4th May is working closely with CYPF BEDS team and acute hospitals to provide support and treatment for young people presenting with eating disorders.



CYP Mental Health Neurodiversity Referrals & Activity – Berkshire wide

Source BHFT Trust data & MHSDS data Jun 21



Referrals in CPE (pending transfer to the team): 578

BHFT - Jun update – BHFT wide

AAT – Autism Assessment Team

Activity continues to decline due to the reduced clinical team, although all available clinical capacity has been fully utilised throughout the pandemic.

Activity continues to be impacted by:

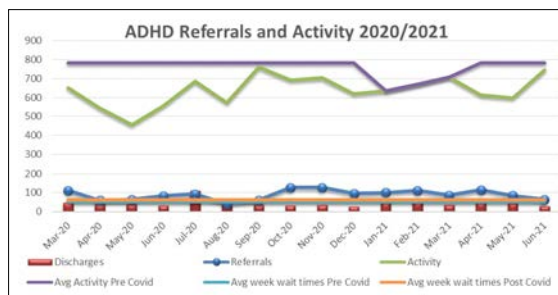
- a shortfall of 5 wte made up of vacancies, 1 wte maternity leave and significant sickness
- reduction in NHSP shifts during June
- as staff numbers are reduced, pressure increases on existing staff and need to support becomes very important - or risk losing more staff.
- new assessment methods requiring 2.0 clinicians per appointment instead of 1:1
- suspension of school visits during Covid-19 (started to resume in June)
- team is unable to offer usual one stop clinic assessments resulting in almost all assessments taking more time and additional appointments to conclude
- team is still working hard to complete all partial assessments started during C-19 (when there were more clinical staff in place)

Mitigation in place:

- Action plan in place to utilise new investment from Frimley CCG to work towards a 12 month wait for autism and ADHD by the end of March 2022
- A recruitment campaign is underway for 13.1 WTE appointed across the ND service (including Assistant Psychology and Admin posts) with further interviews scheduled.
- 200 additional autism assessments within our flexible contract with Healos (600 in total over this financial year).
- NHSP and Part time locum (clinical) in place and agreement secured for further NHSP/agency clinical cover (not able to secure over a long period due to lack of candidates.)
- Continued focus on staff well-being and support
- Online ADOS-2 and BOSAS in regular use - focus is prioritising booking appts for those waiting for the 2nd part of their assessment, meaning that the waits for assessment will rise until we have increased the team capacity
- Admin consultation now completed, and the service will be moving towards a fully integrated ND admin team with greater streamlining more effective cover for leave Caseload currently 934 (In Treat + Assessed + Waiting)

Mental Health CAMHS Neurodiversity Referrals & Activity – Berkshire wide

Source BHFT Trust data Jun 21



Referrals in CPE (pending transfer to the team): 151

BHFT - Jun update – BHFT wide

ADHD

Activity has increased due to resumption of Qb tests (diagnostic screening tool)

Following previous vacancies the Nursing team is now fully established.

There is also an ongoing focus on data quality i.e. ensuring all clinical activity is entered and outcomed so that the full team activity is captured accurately.

However even when fully staffed demand outstrips capacity.

Some additional clinical time has needed to be devoted to triage due to the numbers waiting. The team currently has 0.8wte consultant psychiatry vacancy.

The main impact on waits is from the amount of historic vacancy and caseload capacity. Once caseload has reached capacity, the clinician is not able to offer new assessments/ medication initiation (to ensure safe prescribing).

Not included in the reported wait times are children and young people waiting for medication initiation (both following transfer of care and after the team have completed assessment).

Consultant psychiatry vacancy has resulted in reduced supervision, reduced capacity for complex assessments and medication initiation.

Mitigation in place :

- Action plan in place to utilise new investment from Frimley CCG to work towards a 12 month wait for autism and ADHD by the end of March 2022
- A recruitment campaign is underway 13.1 WTE appointed across the ND service (including Assistant Psychology and Admin posts) with further interviews scheduled.
- Finalising service specification with private provider to deliver up to 225 new assessments and/or medication titration and review on BHFT behalf
- Transfer of consultant psychiatry sessions agreed with SCT to ensure optimal use of psychiatry cover across ADHD and SCT - this will take place over the coming months and provide a total of 1.8wte consultant psychiatrist sessions (currently 0.3wte in place).
- 1.0 wte Specialty Doctor has joined the team and the 2 other substantive Specialty Doctors have been offered permanent additional hours

MHSDS Data

CYP CAMHS Teams; East Berkshire CCG; (BHFT) – Wait times; Jul 21

Source MHSDS - Experimental data still undergoing validation

Fig: East Berkshire / BHFT / All CAMHS Services / Jul 21

Average waiting times to assessment / 1st contact



	CAMHS Average Weeks Waiting to Assessment / 1st Contact	2020-07	2020-08	2020-09	2020-10	2020-11	2020-12	2021-01	2021-02	2021-03	2021-04	2021-05	2021-06	2021-07
East Berkshire	CAMHS Anxiety and Depression A+D	8.9	11.6	10.4	9.1	9.3	6.7	6.1	7.3	7.5	6.9	6.9	6.7	6.2
	CAMHS Common Point of Entry CPE	12.4	7.6	5.5	4.5	7.4	11.0	13.3	14.1	15.1	12.9	11.3	9.9	8.2
	CAMHS Getting Help					6.1	6.5	4.3	5.6	8.8	11.9	10.5	11.6	11.2
	CAMHS Mental Health Support Teams					3.9	3.8	9.6	12.4	10.5	9.9	8.2	6.7	4.6
	CAMHS Rapid Response Team RRT			3.1	0.8	0.0	0.7	4.1	4.6	8.7	3.8	3.3	3.4	2.0
	CAMHS Specialist Community Team SCT	33.3	33.3	31.3	29.1	25.8	25.7	23.7	23.2	20.8	20.8	18.9	19.2	17.7

Average wait times for assessment (to first contact) in CAMHS services are detailed above. Average waits are a useful way of comparing services and teams but hide the longest waiters.

BHFT provide an East Berkshire service and CYP will be seen in terms of risk & clinical need. Thus waiting times defined by Place only may not represent the true picture

- CPE average wait times is reducing back down to 8 weeks average but above the target 6 weeks wait time.
- A&D Specialist Team report stable average wait times at 6 weeks
- Getting Help team average wait times appears to be increasing and requires investigating.
- MHST average wait times have reduced recently but appear volatile within the 9 months of data we now have
- Rapid Response average waits are at 2 weeks.
- SCT having reported very long waits are now seeing some reduction in average wait times.

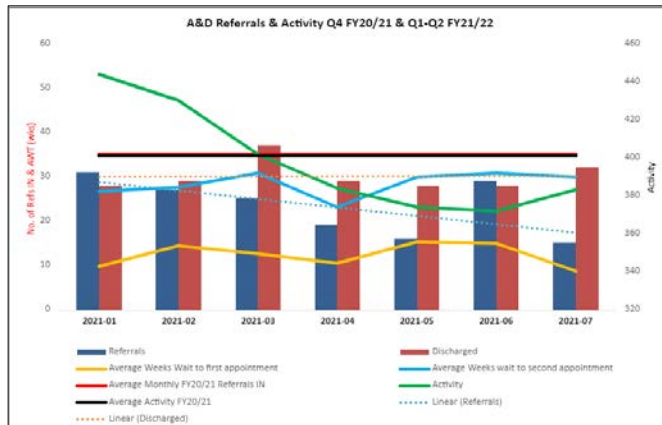
However it must be noted that there is a significant number of CYP in CPE backlog which when move through will impact caseload and waiting times in most recent months.

Bracknell North East Hampshire and Farnham Royal Borough of Windsor and Maidenhead Slough Surrey Heath



CYP Mental Health CAMHS A&D – BHFT

Source BHFT Trust data, Jul 21



Updated Jul 21

BHFT – data in the charts opposite represents BHFT Berkshire wide CAMHS Anxiety & Depression (A&D) service data.

CAMHS Anxiety and Depression (A&D)

Referrals to this team continue to be lower in 2021 than in 2020 however there is a lag of up to 3 months in processing routine referrals through CPE due to the high demand on this team. Referral numbers for this financial year are therefore still likely to increase.

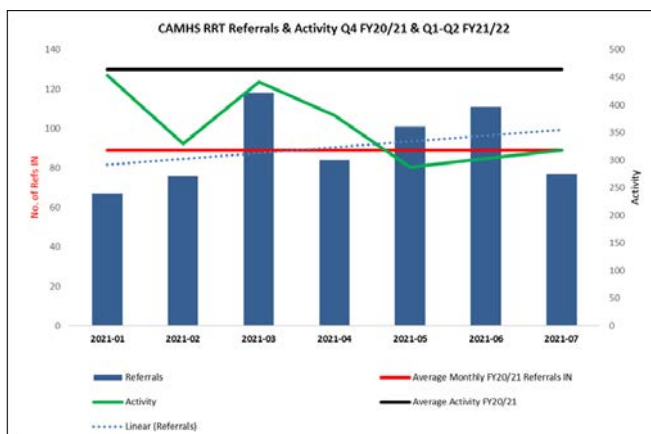
Waiting times for this team are high with second appointments being upward of 30 weeks. A growing number of complaints have been received as a result & have identified possible opportunities for efficiency improvements in team processes.

Team Lead post for this service has been vacant for over 12 months due to a series of recruitment challenges.

A number of complex YP continue to present to this team with increased complexity in disordered eating, in context of an anxiety presentation. As with SCT, they require a multidisciplinary clinical care pathway for this cohort that often require additional resource, from services across CYPF, impacting wait times.

CYP Mental Health CAMHS Rapid Response / Crisis Referrals & Activity - BHFT

Source – BHFT Trust data Jul 21



Updated Jul 21 for BHFT

BHFT – data in chart opposite represents BHFT Berkshire wide Rapid Response Team service data.

The number of referrals in CAMHS Rapid Response in July have decreased slightly giving welcome rest bite to a Team that is experiencing high turnover with majority of posts covered by Agency.

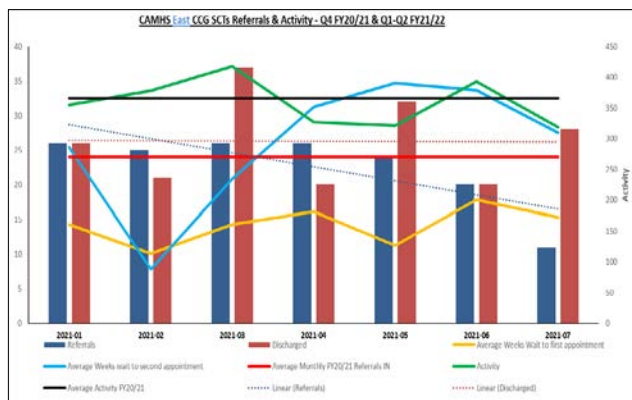
BHFT have lost agency staff also to higher rates of pay from other Trusts and flexible working offered via digital provision. Agreement has been reached to remove the cap on agency rates to allow recruitment of appropriately skilled staff.

It is anticipated that referrals will increase again through august in line with exam results period and once schools return in September.

There is much anxiety about the expected pressure on acute paediatrics and high demand on CAMHS to prevent mental health presentations to these services. Plans are being worked up to pilot access to telephone advice and support 24/7 and an information campaign and training for schools' staff to assist in preventing emergency service presentations. BHFT anticipate completing the design phase of the new "crisis intensive community & home treatment service" this quarter.

CYP Mental Health CAMHS SCT – BHFT

Source BHFT Trust data ; East Berkshire split Jul 21



Updated Jul 21

BHFT – data in the charts opposite represents BHFT East Berkshire split for CAMHS SCT service.

CAMHS Specialist Community Teams (SCT)

The downward monthly trend on number of referrals received in SCT teams continues into the Q2 of this FY although referrals for May and June were higher than usual for those months. It is anticipated that July referrals will increase once the backlog in CPE is processed.

CAMHS Specialist teams continue to receive increased complexity cases for RR and Eating Disorders services. These cases require a number of clinicians (MDT approach) to manage the level of risk and complexity. Such cases often require a number of meetings, and liaison work.

Staff vacancy has an impact on the teams being able to meet the demands of the increasing level of support required for these young people.

Proposed monies and investments will target meeting demand and reducing wait times.



Data Icons



Validated

The **Validated** label indicates that the data are from published sources, often publicly available and/or subject to sign off by multiples organisations.



Provisional

The **Provisional** label indicates that data are drawn from live daily or weekly sources and are classed as not validated. Figures can change retrospectively. The final versions may be made available by NHS England and are the authoritative source. Data published here should be considered indicative and used for internal management information purposes only.



Experimental statistics

Experimental statistics are series of official statistics that are in the testing phase and not yet fully developed.



Local

The **Local** label indicates that the data are from local, not published sources, and may not be publicly available or subject to any sign off.



For more information please contact chris.sneller@nhs.net and scwcu.analytics.frimley@nhs.net



Appendix 2: Mental health provision at a glance for 0–25 year-olds

CYP Services	Service Description	Cohort	Referral link
Berkshire Healthcare Online	CAMHS: Common point of Entry (CPE) Rapid Response Team (Crisis) Anxiety and Depression Team Specialist Community Team Berkshire Eating Disorder Service (BEDS) Early Intervention in Psychosis Willow House – Tier 4 provision ADHD Pathway Autism Assessment Team (for young people who are experiencing significant, severe and complex difficulties with their mental health)	Young people up to 18 Self-Referral (16+) or HCP Referral	Online referrals- Click here or CAMHS form via DXS Call CPE on 0300 365 1234
	CAMHS Getting Help Service- employed by BHFT but working in LAs early Help, (mild to moderate mental health issues)	CYP and families can self-refer via LA's Early Help services (see Early Help services row below)	



Kooth kooth.com	Online counselling and emotional well-being platform for children and young people, accessible through mobile, tablet and desktop.	11-18, 18-25 with SEND or care leavers in East Berkshire. Self-Referral	No referral necessary, instant and anonymous access to children and young people at www.kooth.com
Number 22 number22.org	Youth Counselling in RBWM and Slough	All age from 11+ Self-Referral or HCP Referral	Online referrals - Click here Call 01628 636661
Youthline youthlineuk.com	Youth Counselling in Bracknell Forest	Young people aged from 11+ to 25, plus parent/ carers and professionals working with young people. Self-Referral or HCP Referral	Online referrals- Click here Call 01344 311200 Email ask@youthlineuk.com
GEMS (Solutions for Health in partnership with the Autism Group and Parenting Special Children). gems4health.com	Pre and post assessment support for Autism and ADHD. Parent Helpline, workshops	Parent/ carers, children, young people and adults 25+ Self-Referral or HCP Referral	Call 01753 373 244/0800 999 1342 Email gems.4health@nhs.net HCP referral form - Click here
Talking Therapies online	Can support people with mild/moderate anxiety and depression including phobia, health anxiety, stress, worry and sleep difficulties. Support is online or video/ teleconference.	17+ registered with a GP in East Berks Self-Referral or HCP Referral	Call 0300 365 2000 Email talkingtherapies@berkshire.nhs.uk HCP referral form Click here Self-referral form Click here
SilverCloud (Talking Therapies Instant Access)	SilverCloud is a free online NHS service supporting adults within Berkshire who may be struggling with stress, sleep issues and low mood and anxiety		SilverCloud (online therapy) access Click here



Friends in Need (Younger adults' group 17-25) bucksmind.org.uk	Provides peer support and activities for people who are lonely, anxious or depressed (mild to moderate mental health support needs)	17+ registered with a GP in East Berks Self-Referral or HCP Referral	To join or to find out more about their Friends in Need service in your area: Call Ansa Khan on 07496 874882 Email ansa.khan@bucksmind.org.uk
LA Early Help services	Family support services, parenting programmes and children's centres or family hubs. These are provided by Local Authorities as universal or targeted services	Children and young people up to 18, Parents and carers	Bracknell Forest Borough Council: Bracknell Early Help Website Royal Borough of Windsor & Maidenhead (RBWM): RBWM Early Help Website Slough Borough Council: Slough Early Help Website
LA Family Information Services	Provide FREE impartial information and guidance about a wide range of services for children, young people and their families	Children and young people up to 18, Parents and carers	Bracknell Forest Borough Council Royal Borough of Windsor & Maidenhead Slough Borough Council
ChildLine childline.org.uk	You can contact a ChildLine counsellor for free about anything - no problem is too big or too small	Young people up to 19	Online counselling or email service via website Call 0800 1111 (7.30am - 3.30am - Monday to Friday, 9am - 3.30am - Saturday to Sunday)
Samaritans samaritans.org	Provides confidential, non-judgemental emotional support for people experiencing feelings of distress or despair, including those that could lead to suicide	All age service	Email: jo@samaritans.org Call 116 123 (24 hours a day)
Young Minds Parent Helpline youngminds.org.uk	Experts can answer questions about a child's behaviour, emotional wellbeing, or mental health condition	For parents/ carers of a child or young person under 25	Call 0808 802 5544 (9.30-4pm, Mon -Fri)
The Mix themix.org.uk	Provides judgement-free information and support on a range of issues including mental health problems	Young people aged 13-25	Email: Helpline email form Call 0808 808 4994 (3pm-12am daily)



Shout – National Crisis text service giveusashout.org	24/7 text service, free on all major mobile networks, for anyone in crisis anytime, anywhere. It's a place to go if young people are struggling to cope and need immediate help. Can help with urgent issues such as suicidal thoughts, abuse or assault, self-harm, bullying, relationship challenges	All age service	Text: SHOUT to 85258 (24/7)
#littlebluebookofsunshine	Includes information about where teenagers can get help when they need it. The book explains some of the things they can do right now to feel better including sharing lots of tips on how to deal with many problems such as anxiety, body image, relationships and anger and who to turn to if things feel too much	Booklet aimed at secondary school age young people	Berkshire PDF version available here Also available on DXS Free eBook also available from apple books or google play books
#Coping Guides	Contain information and advice to support family life during the pandemic as well as a guide for young people themselves. These guides pull together the best resources, promote self-help and include information on local services, national helplines and apps	Guide for children and young people Guide for parents/ carers	PDF versions are available here



Adult Services	Service Description	Cohort	Referral link
Talking Therapies	Can support people with mild/moderate anxiety and depression including phobia, health anxiety, stress, worry and sleep difficulties. Support is online or video/teleconference.	17+ registered with a GP in East Berks Self-Referral or HCP Referral	talkingtherapies.berkshirehealthcare.nhs.uk Call 0300 365 2000 Email talkingtherapies@berkshire.nhs.uk GP referral form Click here Self-referral form Click here
Silvercloud (Talking Therapies Instant Access)	SilverCloud is a free online NHS service supporting adults within Berkshire who may be struggling with stress, sleep issues and low mood and anxiety.		SilverCloud (online therapy) access Click here
Friends in Need	Provides peer support and activities for people that are lonely, anxious or depressed.	17+ registered with a GP in East Berks Self-Referral or HCP Referral	www.bucksmind.org.uk To join or to find out more about their Friends in Need service in your area: Call Ansa Khan on 07496 874882 Email ansa.khan@bucksmind.org.uk
CPE/Gateway	Single point of referral for secondary mental health services.	18+ registered with a GP in East Berks Self-Referral or HCP Referral	Call 0300 365 0300 Email referral form (DXS) Bks-tr.referralhub@nhs.net
Mental Health Crisis Team	Mental health crisis support within 4 hours.	18+ registered with a GP in East Berks Self-Referral or HCP Referral	Call the mental health crisis team/Common point of Entry on 0300 365 0300 or for emergencies call 999.
Perinatal	Specialist assessment and treatment service for women experiencing mental health problems during pregnancy and up to 2 years post-partum	18+ registered with a GP in East Berks HCP Referral	Call 0300 365 0300 Email referral form (DXS) Bks-tr.referralhub@nhs.net



CMHT	Joint health and social care mental health teams for working age adults with severe mental illness, requiring specialist intervention from multi-disciplinary team.	18+ registered with a GP in East Berks HCP Referral	Call 0300 365 0300 Email referral form (DXS) Bks-tr.referralhub@nhs.net
Citizens Advice Slough Advice Centre	Support & Advice for finances, relationships, benefits etc.	16+ in the respective locality area Self-Referral or HCP Referral	Slough - Click here Maidenhead & Windsor – Click here Bracknell – Click here
Younger people with Dementia	Provides support to carers and younger people 65 or under with dementia	65 years or under registered to a GP in East Berks Self-Referral or HCP Referral	Email contact@ypwd.info
Mental Health Integrated Community Service (MHICS)	Mental Health support for those with a serious mental health issue from a multi-disciplinary team including mental health practitioners, pharmacists and community connectors.	Registered with a GP in East Berks HCP Referral	Selected PCN's only. Referrals can be made via Gateway referral form
HealthMakers	Long term condition self-management courses and advice (including fibromyalgia, chronic pain and medically unexplained symptoms)	18+ registered with a GP in East Berks Self-Referral or HCP Referral	Email: HealthMakers@berkshire.nhs.uk
Number 22 number22.org	Community Counselling service in RBWM and Slough	All age service Self-Referral or HCP Referral	Online referrals - Click here Call 01628 636661



Appendix 3: Abbreviations

A&D	anxiety and depression
AAT	autism assessment team
ACE	adverse childhood experience
ADHD	attention deficit hyperactivity disorder
AfC	Achieving for Children
AnDY	anxiety and depression service at Reading University
ARFID	avoidant restrictive food intake disorder
ASD	autism spectrum disorder
BAU	Berkshire Adolescent Unit (Willow House)
BEDS CYP	Berkshire Healthcare eating disorder team
Berkshire Healthcare	Berkshire Healthcare NHS Foundation Trust
BHFT	Berkshire Healthcare NHS Foundation Trust, also referred to as Berkshire Healthcare
CAMHS	child and adolescent mental health services
CBT	cognitive behavioural therapy
CCG	clinical commissioning group
CETR	Care, education, treatment review
CfD	counselling for depression
CIN	child in need
CLA	children looked after (same as looked after children)
CMHT	community mental health team
CP	child protection
CPD	continuing professional development
CPE	(CAMHS) Common Point of Entry
CQRM	Clinical Quality Review Meetings
CQUIN	commissioning for quality and innovation
CRHTT	crisis resolution and home treatment team
CTR	care treatment review
CYP	children and young people
CYP-IAPT	children and young people's improving access to psychological therapies
DBT	dialectic behavioural therapy
DIT	dynamic interpersonal therapy
ED	Emergency Department
EDU	eating disorder unit
EHC	education, health and care plan
ELSA	emotional literacy support assistant
EMHP	education mental health practitioner



EP service	educational psychology service
F2F	face to face
FBT	family based therapy
FFLM	Faculty of Forensic & Legal Medicine (of the Royal College of Physicians)
FREED	first episode rapid early intervention for eating disorders
FYFV	Five Year Forward View
GAU	General Adolescent Unit
GP	general practitioner
HCP	health care practitioner
HEE	Health Education England
HNA	health needs assessment
HT	home treatment
IAPT	improving access to psychological therapies
ICS	integrated care system
IPT	interpersonal psychotherapy
JCB	Joint Commissioning Board
KLOE	key line of enquiry
LA	local authority
LAC	looked after child (same as CLA, or children looked after)
LGBTQ+	lesbian, gay, bisexual, transgender or questioning
LOS	length of stay
LTP	Local Transformation Plan
MH	mental health
MHFA	mental health first aid
MHIS	Mental Health Investment Standard
MHSDS	Mental Health Service Data Set
MHSTs	Mental Health Support Teams
MOOCs	Massive Open Online Courses
ND	neurodiversity
NEET	not in education, employment or training
NHS LTP	NHS Long Term Plan
NHSE	NHS England
NICE	National Institute for Health and Care Excellence
OCD	obsessive compulsive disorder
OHFT	Oxford Healthcare NHS Foundation Trust
ONS	Office for National Statistics
PH	public health
PPE	personal protective equipment
PPEP Care	psychological perspectives in education and primary care



PSHE	personal, social, and health education
PTSD	post-traumatic stress disorder
RBWM	Royal Borough of Windsor and Maidenhead
ROMs	routine outcome measures
RRT	rapid response team
SABP	Surrey and Borders Partnership NHS Foundation Trust
SaLT	speech and language training
SARC	sexual assault referral centre
SCIE	Social Care Institute for Excellence
SCST	Slough Children's Services Trust
SCT	specialist community team
SEND	special educational needs and disabilities
SHaRON	Support Hope and Recovery Online Network
TCP	Transforming Care Partnership
TT	talking therapies
TVSCN	Thames Valley Strategic Clinical Network
WPH	Wexham Park Hospital
YHC	young health champions
YOT	youth offending team