

Title of Report:	Refreshed Local Transformation Plan for Children and Young People’s Emotional Health and Wellbeing
Report to be considered by:	Health and Wellbeing Board
Date of Meeting:	30 March 2017

Purpose of Report: To inform the Health and Wellbeing Board of the refreshed Local Transformation Plan for Children and Young People’s Emotional Health and Wellbeing

Recommended Action: To note the progress made in line with Department of Health governance requirements

Reason for decision to be taken: N/A

Other options considered: N/A

Key background documentation: The report of the government's Children and Young People’s Mental Health Taskforce, “Future in Mind – promoting, protecting and improving our children and young people’s mental health and wellbeing”
<https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people>
Transformation plan guidance;
<http://www.england.nhs.uk/wp-content/uploads/2015/07/local-transformation-plans-cyp-mh-guidance.pdf>

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Implications

Policy:	Health & Well-Being Board are required to review and approve local Transformation Plans.
Financial:	West Berkshire Council receives £100,000 investment from Berkshire West CCGs to improve early intervention specifically designed to improve the emotional health of children. This funding is provides joint funding of West Berkshire's innovative Emotional Health Academy.
Personnel:	No change
Legal/Procurement:	No change
Property:	No change
Risk Management:	No change

Is this item relevant to equality?	Please tick relevant boxes	Yes	No
Does the policy affect service users, employees or the wider community and:			
• Is it likely to affect people with particular protected characteristics differently?		<input type="checkbox"/>	X
• Is it a major policy, significantly affecting how functions are delivered?		<input type="checkbox"/>	X
• Will the policy have a significant impact on how other organisations operate in terms of equality?		<input type="checkbox"/>	X
• Does the policy relate to functions that engagement has identified as being important to people with particular protected characteristics?		<input type="checkbox"/>	X
• Does the policy relate to an area with known inequalities?		<input type="checkbox"/>	X
No changes to previous policy position			
Outcome (Where one or more 'Yes' boxes are ticked, the item is relevant to equality)			
Relevant to equality - Complete an EIA available at www.westberks.gov.uk/eia			<input type="checkbox"/>
Not relevant to equality			<input type="checkbox"/>

Executive Report

1. Introduction

- 1.1 This provides an early descriptive indication of the changes to the children and young people's mental health system (through partnership working), following the implementation of Local Transformation Plans. There is insufficient consistency in national or regional comparator information, to enable us to reliably benchmark local performance and the services mentioned in the report have not been subject to independent evaluation. Health & Well-Being Board members are asked to read this report with that context in mind.
- 1.2 The report of the government's Children and Young People's Mental Health Taskforce, "Future in Mind – promoting, protecting and improving our children and young people's mental health and wellbeing", was launched on 17 March 2015 by Norman Lamb MP, the then Minister for Care and Support. It provides a broad set of recommendations across comprehensive Child and Adolescent Mental Health (CAMHs) that, if implemented, would promote positive mental health and wellbeing for children and young people by facilitating greater access and standards for CAMHS services, by greater system co-ordination and a significant improvement in meeting the mental health needs of children and young people from vulnerable backgrounds.
- 1.3 With the requirement for system wide transformation by 2020, all Clinical Commissioning Groups (CCGs) were tasked with creating a Local Transformation Plans. West Berkshire's Health and Wellbeing Board approved the local plans in October 2015 which has enabled additional recurrent funding to be released from NHS England to the West of Berkshire Clinical Commissioning Group (CCG). The latest version can be found at; <http://nwreadingccg.nhs.uk/mental-health/camhs-transformation>
- 1.4 Berkshire West CCGs, with support from all 3 Local Authorities holds a joint meeting once a month to oversee and support the implementation of the Local Transformation Plans. This meeting is now called the 'Berkshire West Future in Mind' group and includes a broad representation of providers of services e.g. Berkshire Healthcare Foundation Trust (BHFT), voluntary sector partners, Royal Berkshire Hospital Foundation Trust (RBH), parent carer representative, Schools, Healthwatch as well as the University of Reading.

2. Areas of Progress Since last Health and Wellbeing report are as follows:

- 2.1 Berkshire Adolescent Unit (BHFT) is now a 7 day, 24 hour a day service that is now a registered tier 4 provision in Berkshire. The number of beds has also now increased from 7 to 9 and so fewer children requiring this level of intervention need to be placed outside of Berkshire.
- 2.2 The Common Point of Entry (CPE) is now open 8am until 8pm Monday to Friday. The current average waiting time for referrals to CPE is 5 weeks. National indications suggest that the national waiting time for a first CAMHs appointment is approximately 9 weeks.
- 2.3 Initial indications suggest a reduction in waiting times, with more children and young people receiving timely evidence based treatment across all 5 care pathways. The

indications from the data also suggest that the number of children waiting for help has also reduced

Newbury and District CCG Q3 2016/17

Newbury					
Pathway	0-4 wks	5-7 wks	8-12 wks	Over 12 wks	Grand Total
CAMHs A&D Specialist Pathway	3		1	6	10
CAMHs ADHD Specialist Pathway	10	7	8	3	28
CAMHs ASD Diagnostic Team	12	5	17	135	169
CAMHs CPE & Urgent care	8	1	2		11
Specialist Community	14	4	2	4	24
Grand Total	47	17	30	148	242

Newbury and District CCG Q4 2015/16- previous year

Newbury					
Pathway	0-4 wks	5-7 wks	8-12 wks	Over 12 wks	Grand Total
CAMHs A&D Specialist Pathway	11	2	4	25	42
CAMHs ADHD Specialist Pathway	3	4	7	40	54
CAMHs ASD Diagnostic Team	11	7	9	199	226
CAMHs CPE & Urgent care	29	12	19	4	64
CAMHS Specialist Community	7	3		3	13
Grand Total	61	28	39	271	399

North and West Reading CCG Q3 2016/17

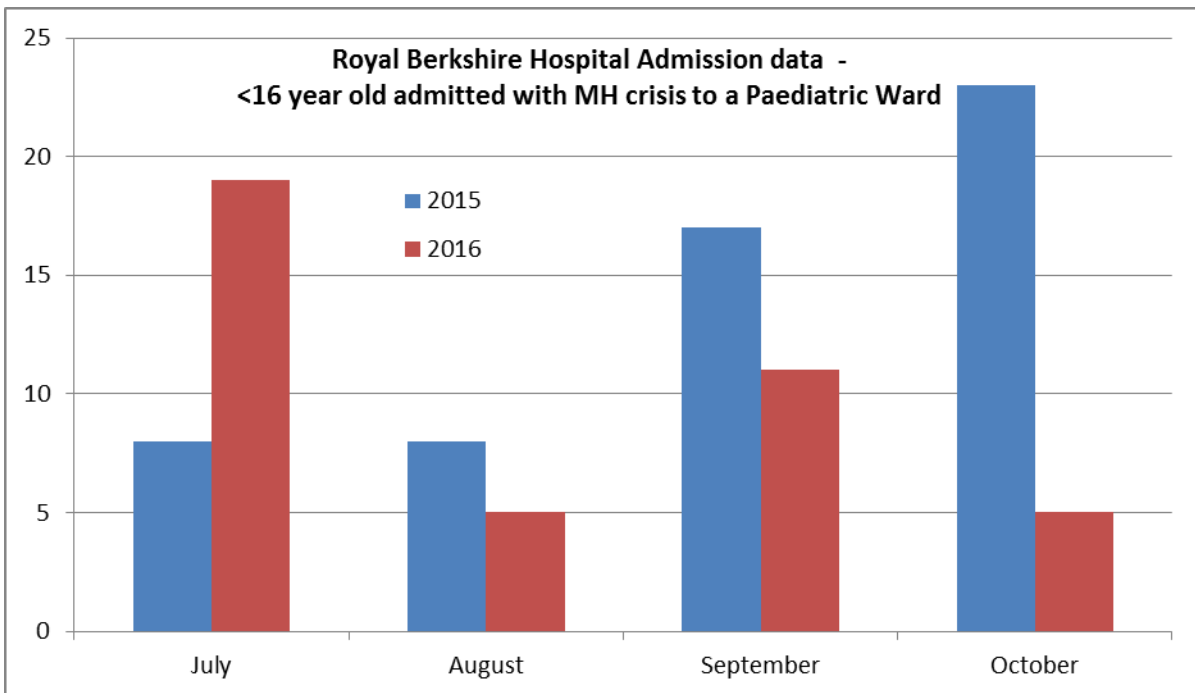
N&W Reading					
Pathway	0-4 wks	5-7 wks	8-12 wks	Over 12 wks	Grand Total
CAMHs A&D Specialist Pathway	2	1	1	1	5
CAMHs ADHD Specialist Pathway	9	5	2	1	17
CAMHs ASD Diagnostic Team	10	3	16	141	170
CAMHs CPE & Urgent care	11	1	1	3	16
Specialist Community	7	2	1	4	14
Grand Total	39	12	21	150	222

North and West Reading CCG Q4 2015/16 – previous year

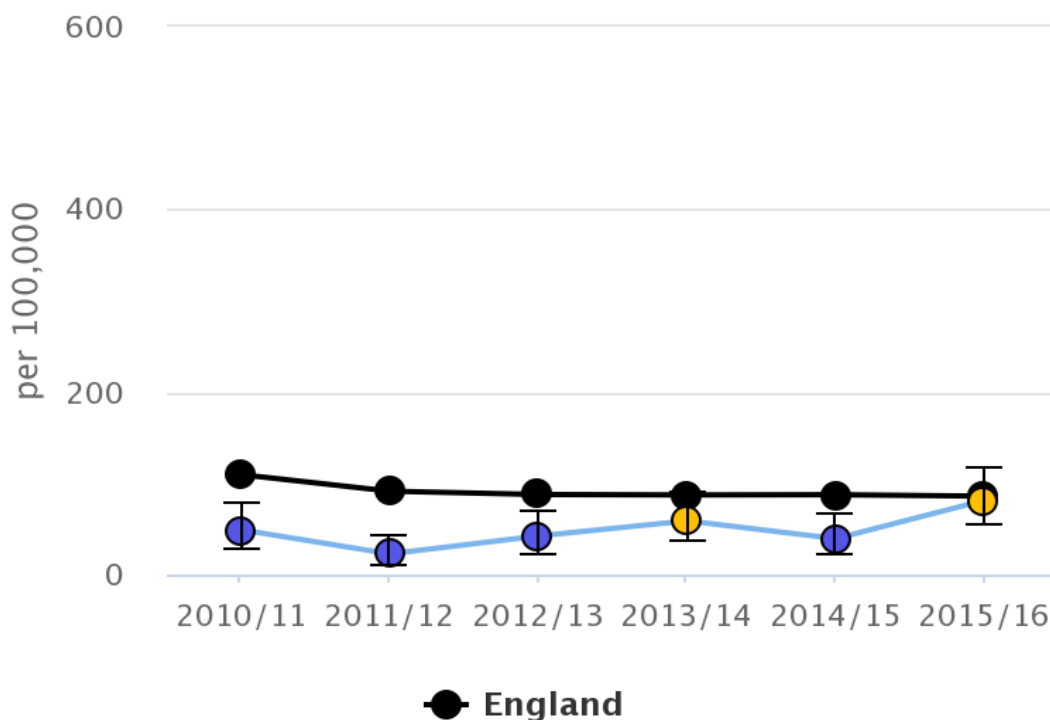
N&W Reading					
Pathway	0-4 wk s	5-7 wk s	8-12 wks	Over 12 wks	Grand Total
CAMHs A&D Specialist Pathway	1	4	7	21	33
CAMHs ADHD Specialist Pathway	3	4	4	37	48
CAMHs ASD Diagnostic Team	13	4	13	158	188
CAMHs CPE & Urgent care	34	17	18	5	74
CAMHS Specialist Community	7	3	2	4	16
Grand Total	58	32	44	225	359

- 2.4 This improvement for children and young people has been delivered against an ongoing high rate of referrals for CAMHs tier 3 support. This is evidenced in the graph below, that outlines 12 of the 18 month having 700 referrals a month for Berkshire West area, but the two line graphs of both total waiting number (green line) and children waiting over 12 weeks (red line) both descending over the same 18 month time frame.
- 2.5 Information suggests that Berkshire West waiting times for autism assessment i.e. 40 weeks is lower than the national average. However waits remain longer than both the commissioner and provider want locally. The current local target is to reduce waiting times for autism assessment to a maximum of 12 weeks by October 2017. Additional funding has been made available to expedite reduction in autism assessment waiting times for children under the age of 5 years by running additional weekend clinics. In addition Autism Berkshire and Parenting Special Children have been commissioned to provide support to families at the pre and post diagnosis stage.
- 2.6 The CAMHs Urgent Response Pilot ran throughout 16/17 and has been commissioned for 17/18. It operates 8am until 8 pm Monday to Friday and 10am until 6pm on Saturdays and bank holidays providing timely mental health assessments and care. A consultant is on call at all other times. Short term intensive interventions in the community are provided to young people who have experienced a mental health crisis with the aim of reducing the number of children and young people who have a second or subsequent crisis. The service also provides wrap around support when there are delays in sourcing a Tier 4 in CAMHS patient bed. Response time to assessment has reduced and length of stay in both A&E and the paediatric wards has reduced with improved facilitation of admission to Tier 4 units when required. Current information suggests a reduction in use of agency Registered Mental Nurses at RBH. There has also been a reduction in the number of minors admitted to the Place of Safety at Prospect Park Hospital.
- 2.7 As an example, the graph below shows apparently reducing admissions to the paediatric wards through August September and October 2016 compared to the

same period last year. This suggests the effectiveness of the team in supporting young people in crisis and alleviating the pressure on acute emergency and paediatric care systems. RBH data for November and December is not yet available but manual data from RBH indicates the improvement has been maintained.



Child hospital admissions for mental health conditions: rate per 100,000 aged 0 -17 years - West Berkshire



- 2.8 We are working with neighbouring CCGs and NHS England Specialised Commissioning to ensure best use of resources and implement a care pathway that reduces the need for out of area placements.
- 2.9 Five support community services have been enhanced or set up:
- Peri-natal mental health service
 - CAMHS Community Eating Disorder service
 - All age Early Intervention in Psychosis service
 - Anxiety and Depression pilot
 - Police and Crime Commissioner has commissioned additional resources to enhance the therapeutic service offer for victims of sexual assault and to other crimes, which includes children/ young people.
- 2.10 Young SHaRON (an online platform) builds on the success of the long standing SHaRON service for adults with Eating Disorders. Expansion of the web based Young SHaRON now also supports women with perinatal mental health issues and their partners. The Young SHaRON online platform has been expanded so that parents and carers of children and young people who have been referred to the Autism Assessment Team can access help and advice. Feedback has been very positive. A further subnet will soon provide online consultation for primary care, community, voluntary sector and school workers who have undergone PEPCare training.

West Berkshire specific arrangements

Emotional Health Academy

- 2.11 The Emotional Health Academy continues demonstrates early impact on improving outcomes for children and young people, and their wider families in West Berkshire. The Emotional Health Academy (EHA) aims to:
- (1) Increase the workforce at Tier 2 providing additional skills and resources to identify and respond to children with this level of need;
 - (2) Support the development of a skilled, responsive and informed wider workforce, by training a range of staff and volunteers in effective, early emotional health initiatives and interventions
 - (3) Reduce the pressure on CAMHS Tier 3 e.g. by reducing inappropriate referrals and enabling CAMHS Tier 3 to focus resources on children and young people with greatest need
 - (4) Engage the wider community, including children and young people, in increasing emotional health
- 2.12 In total the EHA has supported 609 children and young people since 1 April 2016. This is greater than initial expectations and demonstrates the value in engaging earlier and more briefly in order to reach a greater number of children, young people and families. The EHA received 9 self-referrals from CYP between July and December. This is positive given self-referral rates are typically low and may be due

to the EHA delivering a series of workshops at the 2016 Peer Mentor conference in October.

- 2.13 The EHA delivered training to 79 professionals across the sector; in total 237 members of the multi-professional workforce have been trained by the EHA since April 2016, also exceeding initial expectations. The EHA continues to offer bespoke training and development packages, co-designed with leaders in the workforce, which has primarily been taken up by early year's providers and schools and other universal voluntary, community and faith sector providers. The EHA team is keen to extend this training offer to private and independent schools, to parents and foster carers, to Children and Family Social Services, to General Practice and to Health Visiting and School Nursing in the next phase of development.

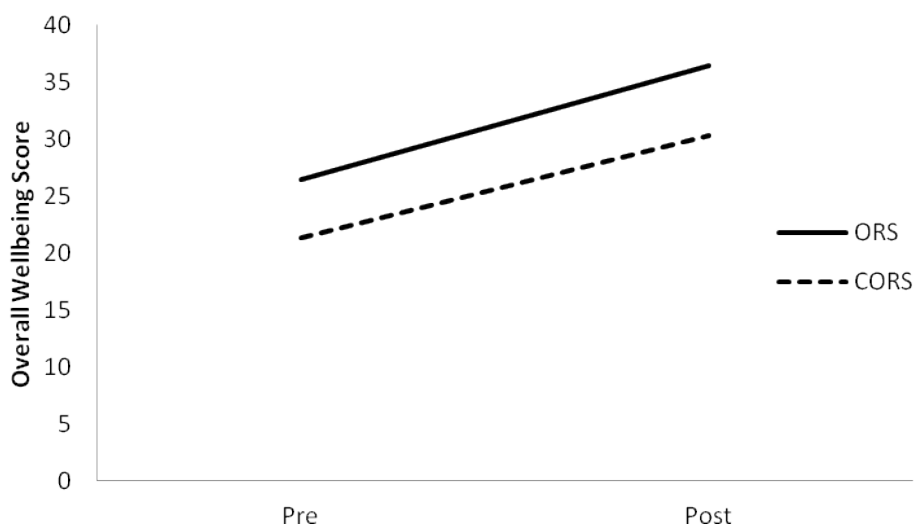
Impact on outcomes for West Berkshire Children

- 2.14 The EHA collects routine outcome measures (ROMS) that help service users track improvements in their symptoms, wellbeing and functioning. The core ROMS include:

- Strengths and Difficulties Questionnaire (SDQ) – A behavioral screening tool for emotional difficulties, as well as problems with peers, attention and concentration, and conduct.
- Outcome Rating Scales (ORS) – A quick self-report measure asking service users to rate their individual, interpersonal, social and overall wellbeing.
- Revised Children's Anxiety and Depression Scale (RCADS) – An assessment tool providing a profile on the clinical significance of specific anxiety and depression symptoms. This tool is used in assessment and to track changes over low intensity anxiety and mood interventions.
- Goal Based Outcomes (GBO) – A self-report tool used to track a service users progress towards their intervention goals.
- EHA Feedback Form – A self-report tool used to provide general feedback on the quality and impact of service.

- 2.15 Initial information yielded from ROMS in combination with feedback from service users and significant others (e.g. parents and teachers) suggest overall interventions are having a positive impact on the initial presenting concerns and quality of life.

- 2.16 For example, the EHA delivered the Overcoming Anxiety Parenting Program to six parents this last quarter. Both parent and child were asked to complete the adult and child version of the Outcome Rating Scales (ORS and CORS). Scores above 30 are indicative of good overall wellbeing; with scores below 30 indicate problems with overall wellbeing. The pre and post test results for both parent and child show that on average overall wellbeing was above 30 at the end of the program. This is illustrated in the figure below.

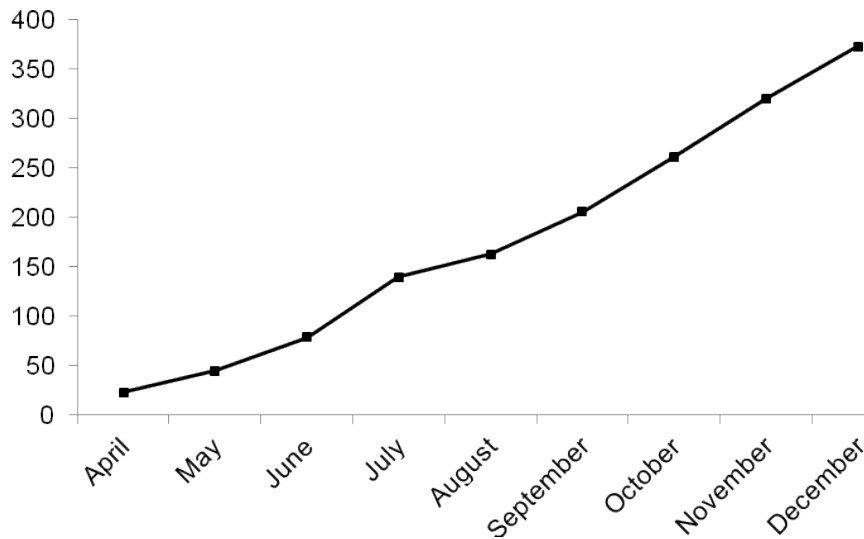


Pre and post intervention Outcome Rating Scale and Children's Outcome Rating Scale scores for parents and children who completed the Overcoming Anxiety Parenting Program

- 2.17 The EHA provides a wide range of brief interventions (individual, small group, classroom based) to children, young people and parents for a variety of different problems. Overtime, the EHA will be able to collect sufficient data to provide a more detailed analysis of the various interventions delivered in community and school settings.
- 2.18 The EHA will continue to collate data from ROM to provide an ongoing and increasingly sophisticated analysis of key target areas of impact identified by the CCG and Future in Mind. The EHA Operations Manager will also be meeting with the lead CAMHS ROMS analyst in February to discuss collaborative analysis of outcome measures across Tier 2 and 3 services.

Multi-agency Emotional Health Triage

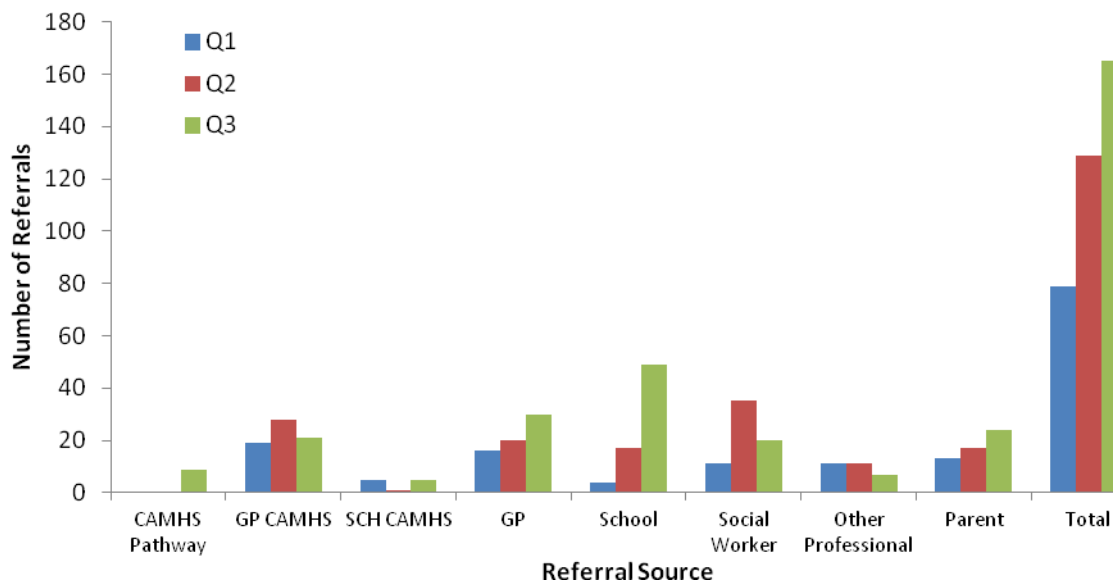
- 2.19 The total number of referrals to Multiagency Emotional Health Triage (EHT) between the 1 April and 30 December was 374. A total of 127 referrals were received between July and September (Q2), a 62% increase from a total of 79 referrals during the previous quarter of April to June 2016. A further 31% increase was observed in Q3 with a total of 167 referrals compared to the 127 in Q2. The volume of referrals exceeded initial modelling during the development of the Emotional Health Academy. However, Multiagency EHT is still being embedded and subsequently it is too early to draw long-term conclusions from these figures. A longer period of analysis is required to establish any increasing or fluctuating patterns in referrals. The total number of referrals by month from April to December 2016 is presented in the Figure below:



The cumulative number of referrals per month between April and December 2016.

2.20 There has been an increase in the volume of referrals to Multiagency EHT over the last three months. An additional Multiagency EHT meeting was held on 20 December 2016 to identify service help and support for these children and families; and to design group interventions that could support children with similar presenting needs.

2.21 A greater number of referrals were received from GPs, schools, parents or guardians. This data is presented in Table 1, and a comparison of referral sources by percentage is represented in the Figure below:



The percentage of referrals by source for the previous (Apr-Jun) and current review period (Jul-Dec).

2.22 The proportion of referrals from CAMHS Common Point of Entry (CPE), originally referred by GPs between July and December, decreased by approximately 50% from Q1.

2.23 There was an increase in referrals received directly from GPs and parents concurrently but this was not proportionally different to Q1. Meanwhile the number of school referrals more than doubled, accounting for approximately 22% of all referrals. Multiagency EHT is receiving a greater number of referrals from sources other than CAMHS CPE including direct referrals from parents and guardians. This suggests that pressures on CAMHS CPE should be experiencing reductions as more referrers come directly to EHT. However, a longer period of analysis and collaboration with CAMHS CPE is required to fully evaluate any impact Triage is having at the Tier 3 level.

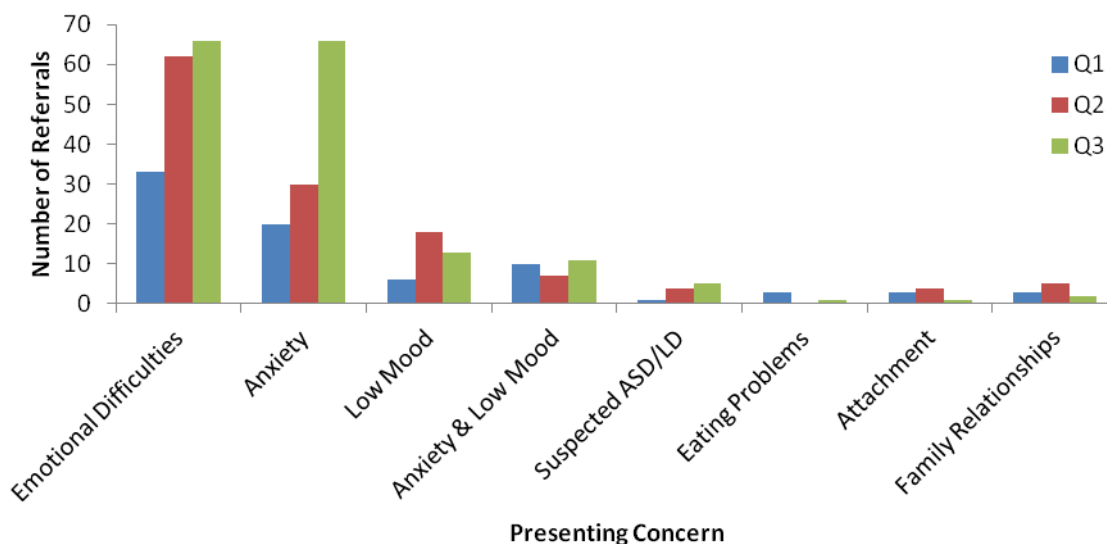
Table 1. The number and percentage of referrals by referral source over the previous (April to June) and current (July to September) quarterly reviews.

	April - June		July - December	
	<i>n</i>	%	<i>n</i>	%
CAMHS Pathway	0	0	9	3.08
CAMHS CPE				
(GP)	29	32.22	50	17.12
CAMHS CPE				
(School)	7	7.78	6	2.05
GP	15	16.67	49	16.78
School	4	4.44	64	21.92
Parent/Guardian	13	14.44	41	14.04
Social Workers	11	12.22	55	18.84
Other				
Professionals	11	12.22	18	6.16

Nature of Need

2.24 The proportion of children and young people referred with emotional difficulties ($n = 60$, 47%) increased from the previous quarter (39%). Anxiety ($n = 29$, 23%) and low mood ($n = 18$, 14%) still made up a significant proportion of referrals. Overall data on the reasons for referral is presented in Figure 3. A total of 27 children and young people referred were on the CAMHS waiting list for an ASD assessment and diagnosis. This continues to reflect the high level of need in this area.

2.25 Emotional difficulties described referrals for children and young people presenting with difficulties managing their emotions and behaviour and reflected the need for family based interventions. Triage has identified parenting/family support as a gap and area for further exploration, particularly for parents of school aged children with emerging emotional difficulties. This was due to the difficulties identifying appropriate support options, leading to often to referrals for an EHA assessment. It is recommended the Children's Delivery Group review this potential gap in service for parenting/family support of school aged children. The Emotional Health Academy will present a proposal for addressing the parenting gap at the March 2017 Children's Delivery Group meeting.



The number of referrals by presenting concern for the previous (Apr-Jun) and current (Jul-Dec) review period.

Quality Assurance

2.26 A BHFT Clinical Lead sits routinely on EH Triage and has recently summarised their view on the effectiveness of Triage, with words to the effect of, “The EHA Clinical Team has set up positive, reciprocal, trusting, respectful and supportive working relationships with the other services that comprise the Multiagency Triage Panel. This facilitates services working together effectively to achieve positive outcomes for children and young people”. This worker also provides clinical supervision to the EHA team and is available to the EHA on a weekly basis. This ensures that the standards of EHT and EHA activity and decision making are clinically overseen.

2.27 In addition, the Quality Assurance and Safeguarding Service (QAAS) were commissioned to undertake a safeguarding audit over the Christmas period which reviewed 38 EHT cases and subsequent EHA records. The outcome of the audit was that the safeguarding practice of both EHT and EHA was identified as good overall.

3. Next Steps

3.1 The refreshed Berkshire West Transformation Plan (January 2017 onwards) has been approved by NHS England as both clear on the progress (as outlined above) and the remaining priorities ahead.

3.2 Our Local Transformation Plans continue to be about integrating and building resources within the local community, so that emotional health and wellbeing support is offered at the earliest opportunity. This will reduce the number of children, young people and mothers requiring specialist intervention, a crisis response or in-patient admission. Help will be offered as soon as issues become apparent.

3.3 Following a visit by the Director of Innovations UK to consider the Emotional Health Academy system change, to which we received excellent feedback, we continue to progress conversations to see how the learning from this model can be shared nationally and if additional national resources investment can be secured for West

Berkshire’s innovative work. Locally, we are also reviewing the sufficiency of mental health support to Looked After Children in partnership with Children & Families and Looked After Children’s Education Services.

3.4 As the plan becomes operational the intended outcomes will be that children and young people and their families are more resilient. There will be fewer children and young people escalating through to urgent or specialist interventions. There will be a positive impact on the perinatal mental health of mothers in the early years of children. There will be more young people reporting positive outcomes at a universal and targeted intervention level, including a positive experience of their services.

3.5 The plan expects these outcomes to be reached over the next 4 years;

- Children and young people mental health needs will be identified early, especially in universal services such as schools, setting and GPs
- Help will be easy to access, it will be coordinated, including the young person and family in the decision making process and provided in places that make sense to them.
- If support is required at a targeted or specialist/ urgent level that this is provided quickly, at a high quality level and safely.

4. Financial information

4.1 Current Tier two funding arrangements for 2016-17 is outlined in the table below. This is a mix of directly provided Local Authority provision as well as funded work in the voluntary sector. This information does not account for all the provision in tier two but the majority that is funded by the Local Authority and the CCG.

Service	Expenditure
Emotional Health Academy	£100,000 from CCGs Match funding of £230,000 from schools and WBC
Youth Counselling service (Commissioned)	£29,500 from CCG
Reading Mencap	£20,000 from CCG
Berkshire Autistic Society	£ 20,000 across Berkshire West from CCGs
Parenting Special Children	£33,974 from CCGs
Autism appreciative inquiry work	£5,225
Total	£
438,699	

- 4.2 Current Tier three funding arrangements for 2016-17 are outlined in the table below. This is solely funded from the NHS Berkshire West CCGs.

Service	Allocation
Tier 3 (specialist CAMHs) funding arrangements from Berkshire West CCGs as a whole, that is, Newbury & District, North & West Reading, South Reading, and Wokingham CCGs.	£ 6,306,000 This is the total 16/17 allocation for specialist (Tier 3) CAMHs.
Community Eating Disorders- this is a pan Berkshire service due to the population size required.	£ 236,000- Berkshire West contribution
CAMHs urgent care pilot project	£208,000 Future In Mind resources plus £150,000 non recurrent system resilience monies from 15/16

- 4.3 Additional CCG funding for perinatal mental health services and Early Intervention in Psychosis (age group 14 years and above) have been made available which are outside the scope of this report.

- 4.4 The recurrent Mental Health transformation funding has been used to improve a range of outcomes for children and young people mental health and spent across tiers 1 to 3 with a range of partners. The money outlined below in the bullet points is released to the 4 named CCG's and managed by Berkshire West CCGs.

- North and West Reading £ £145,265
- Newbury and District CCG £145,265

5. Background Papers

- 5.1 Future in Mind paper; <https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people>

- 5.2 Transformation plan guidance; <http://www.england.nhs.uk/wp-content/uploads/2015/07/local-transformation-plans-cyp-mh-guidance.pdf>

- 5.3 Links to Local Transformation Plans on the CCG websites (includes and easy read version and Frequently Asked Questions section)
<http://nwreadingccg.nhs.uk/mental-health/camhs-transformation>

6. Equalities Impact Assessment Outcomes

- 6.1 Equality Impact Assessment was undertaken in the design and implementation of the EHA.

7. Conclusion

- 7.1 In conclusion, West Berkshire partners have made significant improvements in the quality and sufficiency of emotional health intervention and support available to children, young people and families in West Berkshire.

Appendices

Appendix A – Feedback from service users of the Emotional Health Academy is attached to this report.

Consultees

Local Stakeholders: All Future in Mind stakeholders across Berkshire West; including joint partners in West Berkshire's Emotional Health Triage

Officers Consulted: Head of Service P&DCR and Emotional Health Academy leaders

Trade Union: N/A