Refreshed Future In Mind Local Transformation Plan for Children and Young People's Mental Health and Wellbeing - Update

Report being considered by:	Health and Wellbeing Board
On:	25 January 2018
Report Author:	Sally Murray/ Andrea King
Item for:	Discussion

1. Purpose of the Report and executive summary

1.1 To provide an overview of the refreshed Future in Mind Local Transformation Plan (LTP) which was published in October 2017 in accordance with national Future In Mind requirements. The LTP provides an update on service development and improvement across the comprehensive Child and Adolescent Mental Health Service (CAMHS) system. Current whole system challenges are described.

1.2 A young person friendly version is currently being co-produced with service users and this will be published in due course.

1.3 A wide range of initiatives across the system are underway to improve emotional health and wellbeing of children and young people. Initiatives reflect the THRIVE model

1.4 Like most other areas of the country, demand for emotional health and wellbeing services have increased and the complexity of presenting issues is increasing. The increase in demand and complexity is being seen across voluntary sector, schools and specialist services. Nationally there are specialist CAMHs staff shortages.

1.5 While waiting times for specialist CAMHs have reduced since 2015, the service is now at full capacity and waiting times are likely to increase unless demand can be managed better at an earlier stage across the system and additional resources in terms of staff and finance can be secured.

1.6 Waiting times for specialist CAMHs in West Berkshire are generally better than the national average.

1.7 The Government Green Paper Transforming Children and Young People's Mental Health Provision has just been published. This is welcomed. Recommendations made are similar to actions already contained within our refreshed Local Transformation Plan. However the Green Paper does not make clear how possible additional resources will flow (via health or education) or where additional staff capacity will be sourced.

2. Recommendation

2.1 The Board is asked to approve the refreshed Local Transformation Plan.

3. How the Health and Wellbeing Board can help

3.1 The Health and Wellbeing Board are asked to review and respond to the Green Paper as individual agencies.

Will the recommendation require the matter to be referred to the Executive for final determination?	Yes: ☐	No: ☒

4. Introduction/Background

4.1 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 CAMHS that, if implemented, would promote positive mental health and wellbeing for children and young people by facilitating a greater access and standards for CAMHs by greater system co-ordination and a significant improvement in meeting the mental health needs of children and young people from vulnerable backgrounds.

4.2 With the requirement for system wide transformation by 2020, all CCGs were tasked with creating a Local Transformation Plans. The Health and Wellbeing Board approved the original plan and the subsequent refreshed plan in 2017. The latest refreshed plan can be found at: http://www.newburyanddistrictccg.nhs.uk/our-work/children/camhs-transformationThe refreshed plan was co-produced with statutory and voluntary sector partners as well as families and experts by experience.

4.3 An easy read version suitable for young people will shortly be available. This is currently in co- production with young people. The 16/17 version can be found here: http://www.southreadingccg.nhs.uk/component/edocman/refresh-local-transformation-plan-for-children-and-young-people-s-mental-health-and-wellbeing-yp-version/download

4.4 Community and stakeholder engagement 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 Plan. This meeting is 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 and the University of Reading.

4.5 Working Together for Children with Autism is a subgroup that reports to the Future In Mind group. While autism is not a mental illness, a high percentage of children and young people with autism also experience emotional and mental health issues.

5. Highlights of the Refreshed Future In Mind Local Transformation Plan

5.1 The Refreshed Local Transformation Plan provides an overview of a local paradigm shift from a traditional tiered model to a whole system THRIVE framework (reference Anna Freud Centre http://www.annafreud.org/media/3214/thrive-elaborated-2nd-edition29042016.pdf)

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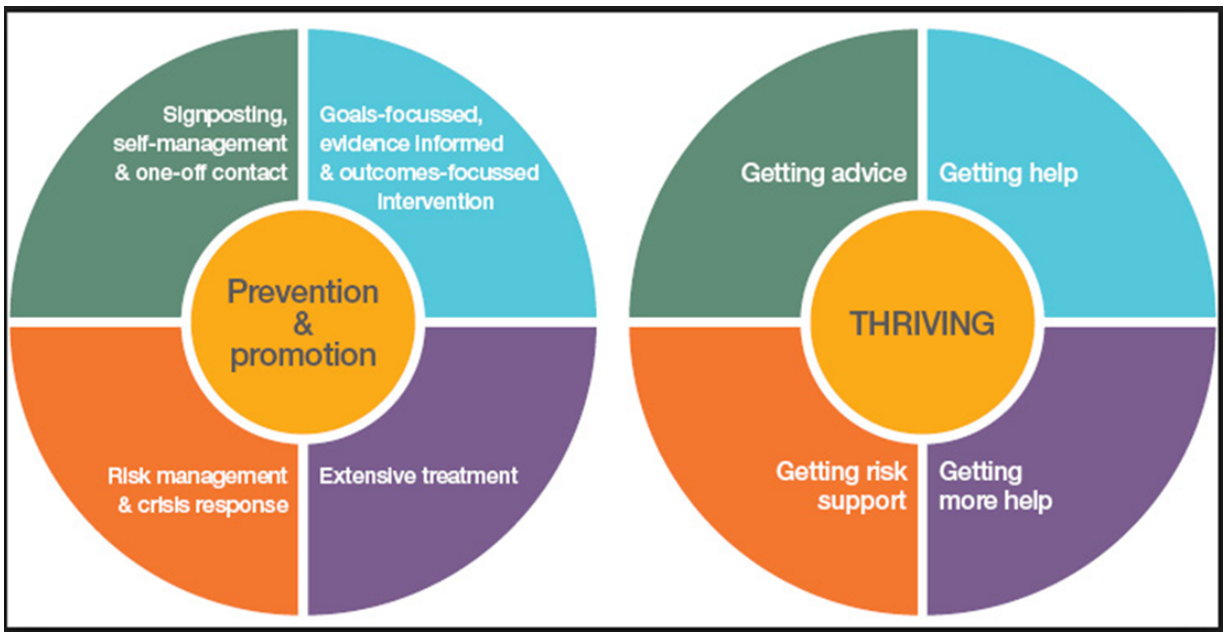


5.3 We are promoting a whole system framework of care away from specialist mental health teams to families, communities, schools, public health, social care and the voluntary sector sharing the same vision and working together on prevention, early help and building resilience, as well as attending to complex mental health difficulties and mental health crises among children and young people. These are all key features of Future in Mind (2015) and the recent Green Paper. Inter-professional collaboration and coproduction will support a cultural change in the language used, the way in which systems and agencies work together, and the way in which children, young people and their families access support, care and mental health treatment

5.4 We are working to deliver a children's mental health system which:

(1) Is designed for children and built to meet their needs.

(2) Supports children in the right place at the right time.

(3) Provides high quality, evidence based services, from the classroom to hospital care.

5.5 All of these design features were recommended by the Children's Commissioner for England in her evidence to the Health Select Committee in November 2017.

5.6 Our refreshed Local Transformation Plan describes why each of the five THRIVE areas are important, states what whole system actions have been undertaken to date to meet the particular THRIVE area, and what further work needs to happen. Further work required is then collated into a work plan to 2021. This work is whole system in nature and forms part of the wider Special Education Needs and Disabilities and Transforming Care programmes.

5.7 Broadly the 5 areas are

(1) Thriving- ensuring that every child benefits from a home, teaching and school environment which helps them build up emotional resilience

(2) Getting advice- children, young people, families and the children's workforce are able to easily access evidence based advice and signposting to appropriate services

(3) Getting help- ensuring that any child who needs it can access evidence based early support for problems when they first start to emerge. This could include parenting support or a short course of therapy

(4) Getting more help- any child with a more serious mental health condition is able to access high-quality, specialist support in a timely manner

(5) Getting risk support- when there is a clear need for help in a developing crisis, in-patient or enhanced community based health and social care is accessible without delay, as close to home as possible, and for no longer than is necessary. For this to happen, in-patient services need to be integrated with community services.

5.8 Schools have a vital role to play in enabling children to access services, not least because we know that children are up to 10 times more likely to access support if it is offered within schools.
https://publications.parliament.uk/pa/cm201415/cmselect/cmhealth/342/342.pdf

5.9 Many schools provide youth counselling. The CCGs and West Berkshire Council both commission Time to Talk (West Berkshire) youth counselling. Future In Mind resources have been used to jointly commission the Emotional Health Academy. School Link projects are commissioned in Reading and Wokingham schools (West Berkshire pupils may attend some of these schools). We are working to improve links and joint working between the voluntary sector youth counselling, schools, Primary Mental Health Workers and Specialist CAMHs to provide better support to children and young people before needs escalate. PPEPCare training is being delivered to schools, partners and Primary Care funded through Future In Mind resources to upskill the wider workforce. This forms part of the demand management work described below.

5.10 A further focus of work over the coming year is to review emotional health and wellbeing provision for Looked After Children (LAC). There needs to be agreement across the system what the care pathway for this group of children and young people should look like and how we assure ourselves that it is being delivered. This group of children require a different whole system approach given their difficulties present within the context of historical abuse and neglect, and poor familial relationships. This negatively affects their social, emotional, and behavioural development across most life domains. Difficulties do not manifest in typical mental disorders (e.g. anxiety and mood conditions) but a broad range of maladaptive internalised and externalised behaviours, which means they are unlikely to meet the criteria for services operating under a diagnostic model.

5.11 The Emotional Health Academy (EHA) employs a part-time Clinical Mental Health Worker to work with West Berkshire LAC. The EHA worker provides systemic and integrated interventions under a structured model tailored to the mental health needs of LAC. This model integrates the strengths of the Evolve Interagency Service (EIS), an interagency therapeutic service established in Queensland,

Australia after the 2004 report: Protecting Children: An Inquiry Into Abuse of Children in Foster Care.

5.12 *"Evolve aims to enhance the mental health, behaviour support and participation in education for C/YP in the care of the Department of Communities, Child Safety and Disability Services (DCCSDS) through a collaborative interdepartmental response by DCCSDS, Queensland Health (QH) and the Department of Education and Training. The QH component of the collaborative, Evolve Therapeutic Services (ETS) sits within a continuum of service delivery by Child and Youth Mental Health Services (CYMHS) provided by Hospital and Health Services and works within the overarching interagency model to provide specialist intensive trauma informed mental health interventions for C/YP in out-of-home care with severe and complex mental health support needs." (Evolve Therapeutic Services Performance Review, 2015).*

5.13 A separate arm of EIS was later established, namely Evolve Behaviour Support Services, to support those LAC with disabilities, and families of children with disabilities (including children with Autism Spectrum Conditions) at risk of being relinquished into care.

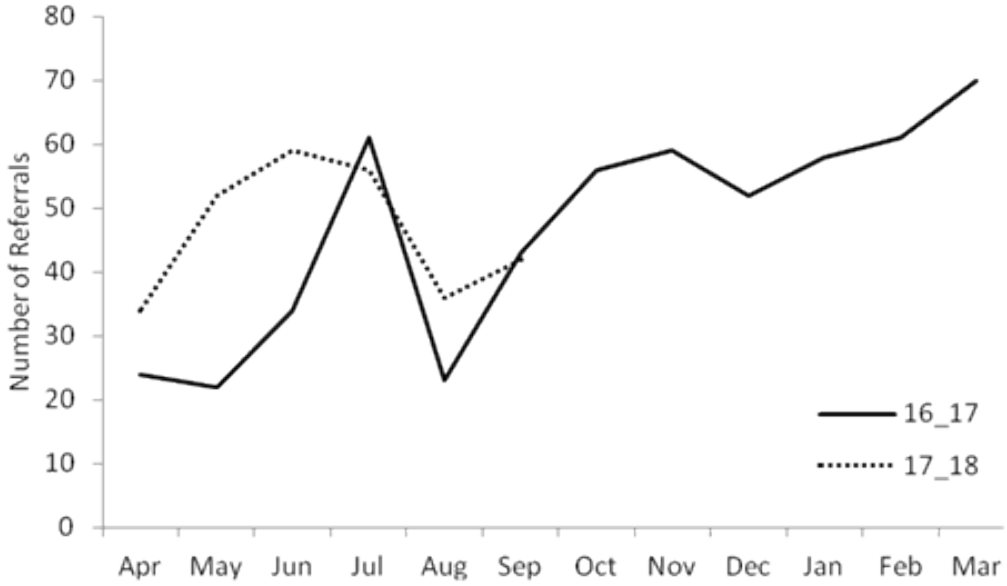
5.14 In the recent performance review of ETS (2015) statistically significant improvements were observed from pre to post treatment on measures of overall functioning and wellbeing, engagement in educational activities, relationships with carers, peers and the wider community. The majority of LAC were involved in the development of their care plans, and there were reductions in placement changes from pre to post treatment. Higher rates of collaboration and communication across the Teams around the Children was reported by carers and clinicians.

5.15 The EHA has adapted the structured systemic approach of Evolve which involves holistic mental health assessment and partnership working, with outcomes evaluated through regular reviews of a therapeutic plan (added to the LAC Care Plan). A summary impact report is provided in Appendix 2. Therapeutic work includes a combination of individual therapeutic work, psycho-education, and dyadic child-carer work in line with NICE guidelines. This model and the EHA's impact provide opportunities to think differently about how we support LAC as well as opportunities to invest to save.

5.16 The CAMHS Urgent Response Service integrated with Royal Berkshire Hospital (RBH) has now been commissioned recurrently. Some work is also beginning to get underway across the Thames Valley and Wessex footprint to scope better integration of in-patient and community services.

5.17 The total number of referrals to Emotional Health Triage between 1 July and 30 September was 137. This was a decrease of 6% (n=8) in referrals from the previous quarter (n=145) of April to June 2017. This is however a 9% increase over the number of referrals for the second quarter of the previous financial year (n=127). The number of referrals per month is illustrated in the Figure below alongside the number of referrals per month for the previous financial year.

5.18 The total number of referrals per month between April and September 2017, and April to March 2016/17.



5.19

5.20 This year's figures are broadly following the pattern for the previous year. There were 564 referrals to EHT in the 2016 and 2017 financial year. During this quarter there were more referrals in August compared to the previous year. The increased referrals from GPs and Social Workers are the reason for this and could be explained by a wider awareness of EHT across the community.

Emotional Health Academy

5.21 The EHA received 29 self-referrals between April and September 2017. This is a very positive sign that young people are actively seeking out direct support from the EHA. We continue to see an increase in the number of self-referrals from young people with these two quarters alone just short of the 31 received in the first 12 months of operation.

5.22 The EHA delivered the following emotional health programmes:

(1) Emotional Wellbeing Group

(2) Overcoming Anxiety Programme

5.23 A second EHA worker commenced the IAPT Enhanced Evidenced Based Practice Course, and two workers completed the PPEP Care Train the Trainer course.

Outcomes

5.24 The number of children and young people (new service users) engaged in some form of individual, group or classroom intervention between April and September 2017 was 474. Numbers were largely made up by group and classroom activities, however the EHA closed 137 direct intervention cases.

5.25 79 service users saw outcome improvement.

5.26 14 service users were stepped-up to and accepted by CAMHS due to persisting needs.

5.27 12 service users disengaged from support at the point of assessment due to not requiring any direct EHA support.

5.28 The EHA engaged 828 children, young people and parents in some form of individual, group or classroom based intervention in the 2016 and 2017 financial year.

5.29 EHA workers completed an additional 50 assessments where the child or young person agreed to be signposted to a more appropriate service to meet their needs.

5.30 Evaluation of ROMS indicate that children and young people who received an individual intervention from the EHA experienced decreases in the severity of their symptoms (RCADS and SDQ scores) and increases in their self-reported wellbeing (ORS scores). The mean post intervention ORS score was above the cut-off of 30. This indicated that over the course of intervention service users wellbeing increased to a level associated with good wellbeing across their personal, interpersonal and social lives. Children and young people also reported that the intervention they received helped them make significant progress towards their goals (GBO scores).

5.31 Feedback provided by service users was overwhelmingly positive. Feedback from children and young people was that the support received had a positive impact on their difficulties, that the EHA understood their concerns, that they were able to work on their goals, that they would access support in the future and that overall the experience of being supported by the EHA was very positive.

Reach to Vulnerable Communities

5.32 The West Berkshire PRU has committed to ongoing commissioning of a full-time Mental Health Worker, a unique model supporting the most vulnerable students. Since March the PRU Mental Health Worker has worked with over 60 individual students plus groups across the iCollege/Reintegration Service. There were over 35 closures, the significant majority of these had made positive improvements in their Mood, Family Relationships and/or School Behaviours. The biggest reason for a student dropping out of support was due to a shift in their timetable i.e. they were not available for the support. A minority (3 students) did refuse direct support. However, for one of these cases successful work was completed with their family that positively impacted the child returning to school. There was 25 students receiving weekly/fortnightly support at the time this report was written.

5.33 The Overcoming Anxiety Programme is a six session course over eight weeks for parents of children with emerging anxiety difficulties. The program is CBT based and seeks to enhance parents' capacity to respond to and alleviate their child's anxiety. Currently the EHA delivers the programme to parents of children who do not have an anxiety diagnosis but who do have emerging anxiety related problems. This is unique in West Berkshire.

5.34 The EHA has delivered three groups to 52 parents. Feedback from parents and completed outcome measures revealed that the program had a positive impact on the anxiety and wellbeing of the child. Parent wellbeing did not change significantly. This was not unexpected given the program is child focused. Both parent and child wellbeing scores were below the optimal cut-off at the end of the program, despite noted improvement in child wellbeing. This indicated that further time might be needed for the full impact of the program to take effect, or that the program did not

fully meet service user needs. Longer-term follow-up will aid in answering this question.

5.35 The EHA developed and delivered the Emotional Wellbeing Group in partnership with the Integrated Youth Support Service. The programme targets young people (11 to 18 year olds) and draws on the 5 Ways to Wellbeing model covering anger, anxiety, body image, social issues, resilience and action planning. The pilot groups were delivered to vulnerable young people that were either on a CiN, CP or LAC plan, with five girls attending the first group and four attending the second.

5.36 Feedback given by group participants was:

(1) Overwhelmingly positive in regards to the format and content of the programme.

(2) That most left the sessions knowing more about each topic.

(3) Attendance was very high given the vulnerable population it was delivered too and the distance some young people travelled (e.g. across the county).

(4) That the in-group discuss was very helpful irrespective of any prior knowledge about the session topic.

(5) That the programme itself was not long enough.

(6) That the group helped them to overcome worries and low confidence about participating in a group with their peers.

(7) That the group helped them to make new friendships.

5.37 Outcomes of the pilot were:

(1) That the programme fills a gap, in that there are few local groups for young people to discuss and learn about emotional health issues.

(2) That the programme was a success and is worth refining and expanding delivery to other settings (e.g. secondary schools).

6. Remaining Issues- Demand

6.1 There has been a focus on reducing waiting times for specialist CAMHs since additional investment was invested in the service in 2015. While waiting times for specialist CAMHs have reduced since 2015, the service is now at full capacity and waiting times are likely to increase unless demand can be managed better at an earlier stage across the system and additional resources in terms of staff and finance can be secured.

6.2 The vast majority of additional posts are recruited to with staffing gaps filled as far as possible by interim staff. In line with the national picture, demand for services has increased and this has an impact on waiting times.

6.3 According to NHS England, the average waiting time for specialist treatment is 73 days. Nationally 6.1% of children access treatment within 6 weeks (source:

http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-committee/child-and-adolescent-mental-health-services/written/73900.html)

6.4 The waiting time situation for specialist CAMHs in Berkshire West is currently generally better than the national picture but we would like to see this improved further. Demand for youth counselling and other emotional wellbeing services has also increased locally.

6.5 There is also an increase in complexity of cases being seen in specialised CAMHs.

6.6 The current average BHFT CAMHs waiting times are (as of end September 2017)

CAMHs CPE & Urgent care	All referrals are risk assessed in Common Point of Entry (CPE) within 24 hours. 100% urgent cases seen by the urgent care service within 24 hours. The current average waiting time for more in depth triage of routine referrals in CPE is 3 weeks. 80% of referrals complete assessment at CPE within 6 weeks. All referrals breaching the 6 week target are referrals to the Autism Assessment Team.
CAMHs Specialist Community	The current average wait time for referrals to the Specialist Community Teams is 6 weeks
CAMHs Anxiety & Depression Specialist Pathway	The current average waiting time for referrals to the Anxiety & Depression Team is 10 weeks.
CAMHs ADHD Specialist Pathway	The current average waiting time for referrals on this pathway is 17 weeks. This is skewed by the long waiters. A significant number of these are referrals for young people who have a diagnosis, have transferred in to service on a routine review programme and do not require an appointment within the 6 week timescale. All have been allocated to the relevant locality clinic and added to the review clinic protocol so should be excluded from the waiting list. BHFT are working with the informatics team to implement a change to our recording system to enable this. Families are also offered help while waiting – service commissioned from Parenting Special Children
Eating Disorders	Eating disorders- urgent- within 1 week Eating disorders- routine- within 4 weeks.

CAMHs Autism Assessment Team	The average waiting time for those currently waiting an assessment is 44 weeks. The national average wait for assessment according to National Autistic Society is 3 and a half years. Families who are waiting for assessment are offered help via the Young SHaRON subnet and support commissioned from Autism Berkshire

6.7 Demand for emotional and mental health services is increasing across all providers both locally and nationally.

6.8 Graph 1 shows the trend in terms of all external referrals to CAMHS through CAMHS CPE from the 4 Berkshire West CCG's year to date with data reported for 2014/15, 2015/16 and 2016/17 for comparison purposes. Total referrals for 2016/17 had increased by 12.8%.

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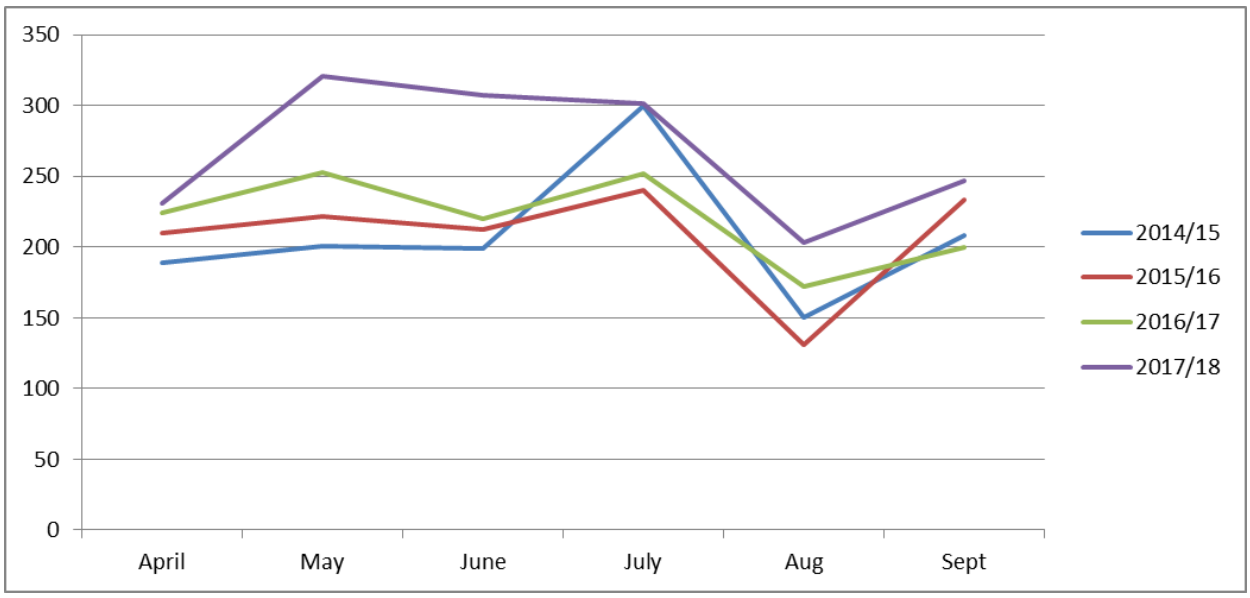

Graph 1 - External Referrals to CAMHS Common Point of Entry

6.10 BHFT saw a spike in referrals in March 2017 which was put down to the timing of the Easter school holidays and a further spike in May which may have been due to numbers of self-referrals from parents following the go-live of the self-referral option on the new integrated referral form and also to an increase in referrals for Autism Assessments. However the trend has continued through Q2, with referrals for the quarter up 20% on the same quarter last year, despite the usual seasonal reduction in August, and 27.5% higher than the 2014/15 service baseline.

6.11 A positive sign is that we are seeing an increase in appropriate and good quality referrals from SENCo's following our work to disseminate the message that the right person to refer is the person who knows the most about the child or young person's difficulties.

6.12 Information to date shows that BHFT continue to see numbers of self-referrals from parents and that a number of those do not require BHFT CAMH services and would be better supported by local early intervention or targeted services. Parents (and other referrers) are clearly signposted to BHFT CAMHS referral criteria within the on-line referral process and the CAMHS and referral sections of the CYPF website include links to the local offer for each locality and guidance about other appropriate services and how to access those. This information has been further improved with the launch of the CYPF on-line resource, which went live on October 5th https://cypf.berkshirehealthcare.nhs.uk/

6.13 Accepted Referrals to CAMHs. BHFT are now able to demonstrate the increase in referrals to the specialist teams, which combined have shown an increase of 10% in the months April-August compared to the same time period last year and 20% from the same period in 2015/16. This is in line with the year on year increase of 10% being seen nationally according to the latest information from the CAMHS benchmarking group.

6.14 The graphs below give a pictorial representation of the increase in referral rates within these teams individually.

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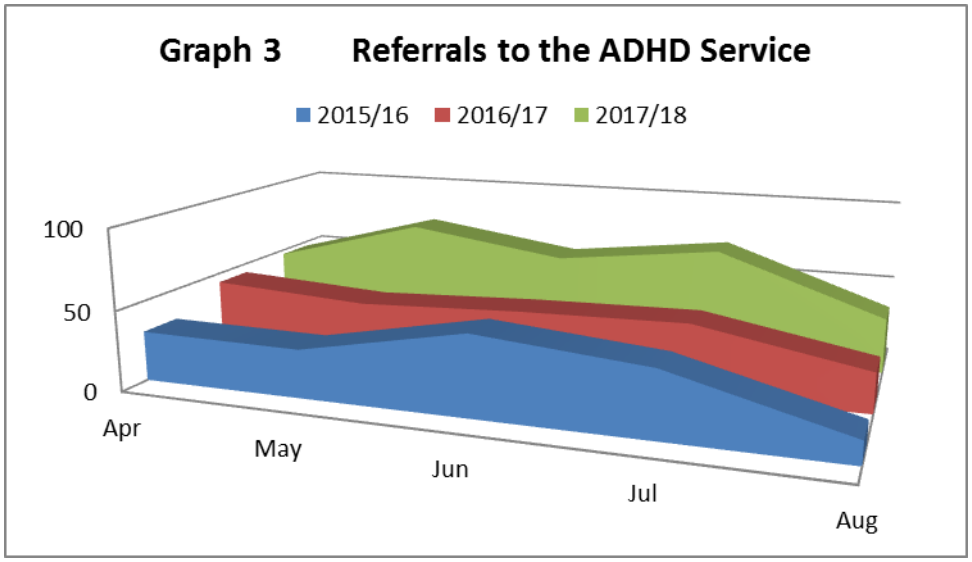

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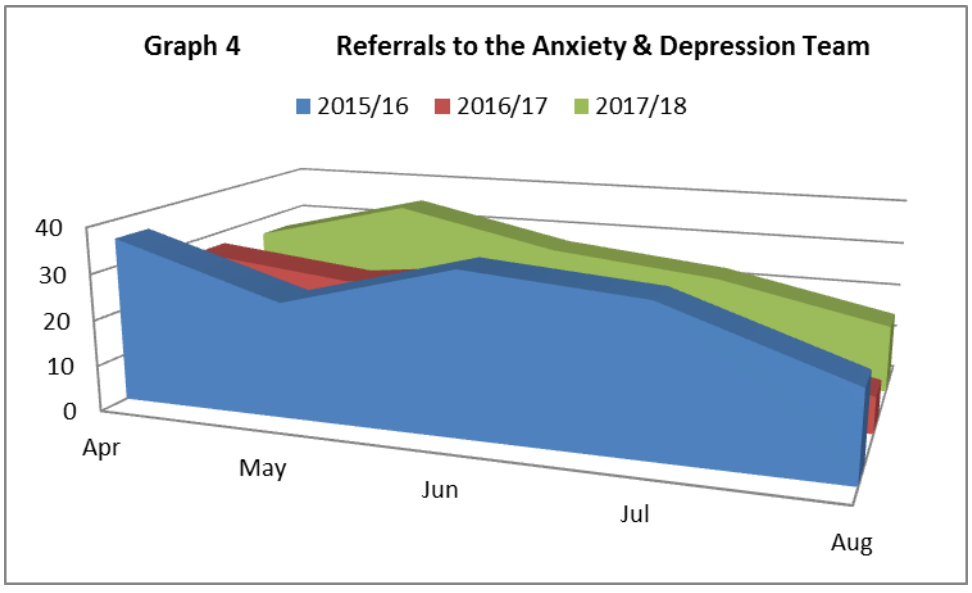

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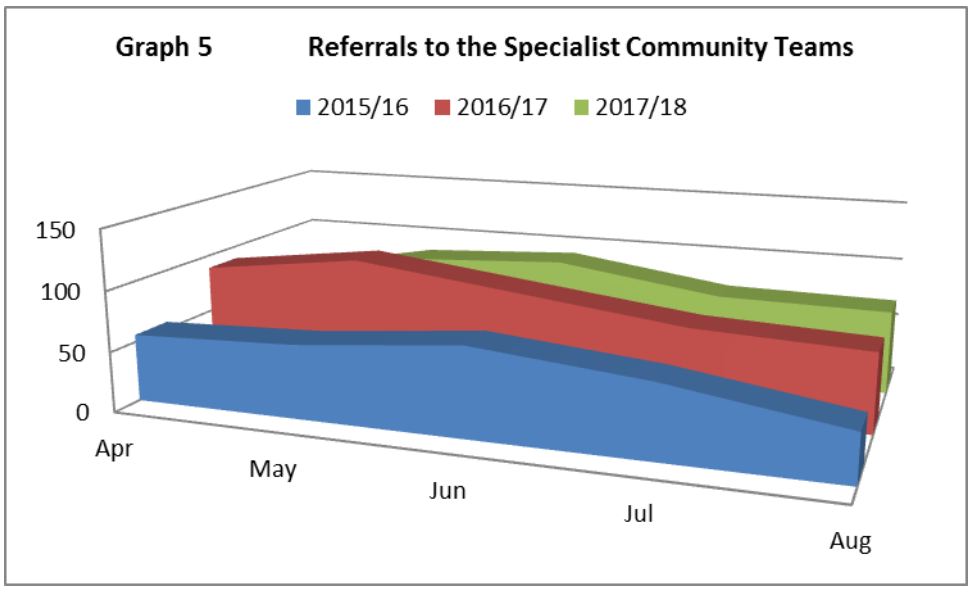

6.18 Note that the numbers for the Specialist Community Teams would have included referrals for young people with an eating disorder in 2015/16 and 2016/17. These referrals are now seen by the dedicated CAMHS Eating Disorders Service so the real increase in numbers of young people with complex mental health difficulties other than an eating disorder is greater than is indicated by this graph.

6.19 While autism is not a mental illness, a high percentage of children and young people with autism also experience emotional and mental health issues. Anxiety issues are particularly common.

6.20 Berkshire West waiting times for autism assessment remain lower than the national average (Berkshire West average is 44 weeks, the national average according to National Autistic Society is 3 and a half years). However waits remain longer than both the commissioner and provider want locally. Demand for autism assessment continues to rise locally and this drives up waiting times. Additional non recurrent funding was made available to expedite reduction in autism assessment waiting times for children under the age of 5 years by running additional weekend clinics. CCGs continue to work with BHFT to reduce waiting times. Approximately 60% of referrals accepted for autism assessment convert into a diagnosis. Of the remaining 40% about half will be diagnosed with a social communication disorder.

6.21 Autistic spectrum condition (ASC) is the most common primary need amongst children and young people with a statement or Education and Health Care plan maintained by West Berkshire Council.

6.22 The next most common primary need for children and young people with a statement or EHC plan maintained by West Berkshire Council are social, emotional and mental health (SEMH).

7. Financial Considerations and Managing Demand

7.1 According to evidence provided by the Children's Commissioner for England to the Commons Health Select Committee (October 2017) https://www.childrenscommissioner.gov.uk/wp-content/uploads/2017/10/Childrens-Commissioner-for-England-Mental-Health-Briefing-1.1.pdf National analysis shows just over 200,000 children received CAMHS treatment last year, 2.6% of the age 5-

17 population. Comparing this to recent research on the number of children with a mental health condition the Office of the Children's Commissioner for England estimates that between 1 in 4 and 1 in 5 children with a mental health condition received helped last year.

7.2 The overwhelming majority of national NHS mental health spending goes towards those with the most severe needs. Analysis by the Office of the Children's Commissioner for England shows that:

(1) 38% of NHS spending on children's mental health goes on providing in-patient mental-health care. This is accessed by 0.001% of children aged 5-17.

(2) 46% of NHS spending goes on providing CAMHS community services, these are accessed by 2.6% of children aged 5-17.

(3) 16% of NHS spending goes on providing universal services. This need to support the one in ten children who are thought to have a clinically significant mental health condition but are not accessing CAMHS. It also needs to support a – currently unknown – number of children with lower level needs, who would be less likely to develop a more serious mental health condition if they were provided with timely support.

7.3 This is despite the fact that early intervention is much cheaper to deliver:

(1) £5.08 per student – the cost of delivering an emotional resilience program in school

(2) £229 per child – the cost of delivering six counselling or group CBT sessions in a school

(3) £2,338 – the average cost of a referral to a community CAMHS service

(4) £61,000 - the average cost of an admission to an in-patient CAMHS unit

7.4 The Department of Health estimate that a targeted therapeutic intervention delivered in a school costs about £229 but derives an average lifetime benefit of £7,252. This is cost-benefit ratio of 32-1.

7.5 There is a clear moral, financial, and workforce case to manage demand across the system by meeting the emotional health and wellbeing needs of children and young people before needs escalate to requiring a medical intervention.

7.6 The Green Paper: Transforming children and young people's mental health provision (Dec 2017) makes a number of recommendations which are very closely aligned to our Refreshed Local Transformation Plan. This is very encouraging.

https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper/quick-read-transforming-children-and-young-peoples-mental-health-provision#about-the-green-paper

7.7 The Green Paper recommends

(1) A mental health lead in every school and college (West Berkshire has the Emotional Health Academy in place partly funded through Future In Mind, delivered by WBC staff and supported by PPEPCare training)

(2) Mental health support teams working with schools and colleges (West Berkshire has the Emotional Health Academy in place supported by PPEPCare training plus youth counselling in many schools- this model could be extended further)

(3) Shorter waiting times- this is more complicated as it will require additional national investment. There needs to be a focus on how the workforce should be structured in terms of number of trained staff available, skill mix, generic versus specialist staff, training, recruitment, retention and supervision. This needs to be combined with improved demand management across the system to ensure that robust early intervention and prevention is in place and that partners are providing evidence based support early enough prior to referral to specialist CAMHs- as per the THRIVE model.

(4) Mental health of 16 to 25 year olds- this will comprise of a new national partnership to improve mental health services for young people aged 16 to 25. The partnership will start by deciding which areas to focus on. This might be student mental health, and looking at how universities, colleges, local authorities and health services work together. This work should align to the local Special Education and Disabilities (SEND) work.

(5) Improving understanding of mental health- national work will be undertaken to explore the impact of the internet and social media on the mental health of children and young people; research how best to support families and research how to prevent mental health problems.

7.8 The Health and Wellbeing Board are asked to review and respond to the Green Paper as individual agencies.

7.9 https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper

8. Conclusion and Next Steps

8.1 The Health and Wellbeing Board is asked to endorse the refreshed Local Transformation Plan.

8.2 The Health and Wellbeing Board are asked to review and respond to the Green Paper as individual agencies

8.3 For West Berkshire the focus continues to be on supporting and strengthening collaborative working from these and other developments in integrating mental health into children social care to ensure that local children thrive and grow up to be confident and resilient individuals. This will be endorsed by :

(1) Joining up the system to engineer a new model of delivery that tackles access and prevents young people being lost in the system.

(2) Sustaining a culture of evidence based services improvement delivered by a workforce with the right mix of skills, competences and experience.

(3) Investment in our staff and workforce, strengthening the working culture and level of support at all levels of service delivery, but in schools in particular.

(4) Building a stronger Early Intervention offer that builds the resilience in children and young people and providing support as early as possible.

(5) Improve transparency and accountability across the whole system, including resource allocation and ensuring collaborative decision making.

8.4 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 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.

8.5 The plan expects these outcomes to be reached over the next 4 years:

(1) Children and young people mental health needs will be identified early, especially in universal services such as schools, setting and GPs

(2) 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.

(3) If support is required at a targeted or specialist/ urgent level, this is provided quickly, at a high quality level and safely.

9. Consultation and Engagement

9.1 The Refreshed Local Transformation Plan was developed in partnership via the multi-agency Future In Mind and Together for Children with Autism groups; through discussion at West of Berkshire Special Education Needs and Disabilities strategic and operational groups; discussion with Parent Forum representatives; engagement through the CAMHs service users group.

10. Appendices

Appendix 1 – Acronyms used in the report.

Appendix 2 - EHA LAC Summary Impact

Background Papers:

Future in Mind paper: 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

Evidence provided by the Children's Commissioner for England to the Commons Health Select Committee (October 2017) https://www.childrenscommissioner.gov.uk/wp-content/uploads/2017/10/Childrens-Commissioner-for-England-Mental-Health-Briefing-1.1.pdf

The Green Paper: Transforming children and young people's mental health provision (Dec 2017) https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper

https://www.gov.uk/government/consultations/transforming-children-and-young-peoples-mental-health-provision-a-green-paper/quick-read-transforming-children-and-young-peoples-mental-health-provision#about-the-green-paper

https://publications.parliament.uk/pa/cm201415/cmselect/cmhealth/342/342.pdf

BHFT CYPF on-line resource https://cypf.berkshirehealthcare.nhs.uk/

Evidence provided to the Commons Health Select Committee http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/health-committee/child-and-adolescent-mental-health-services/written/73900.html)

Link to Local Transformation Plans on the CCG websites http://www.newburyanddistrictccg.nhs.uk/our-work/children/camhs-transformation

Anna Freud Centre- THRIVE model http://www.annafreud.org/media/3214/thrive-elaborated-2nd-edition29042016.pdf

Health and Wellbeing Strategic Aims Supported:

The proposals will help achieve the following Health and Wellbeing Strategy aims:

- ☒ Give every child the best start in life
- ☒ Support mental health and wellbeing throughout life
- ☐ Reduce premature mortality by helping people lead healthier lives
- ☐ Build a thriving and sustainable environment in which communities can flourish
- ☐ Help older people maintain a healthy, independent life for as long as possible

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Appendix 1 – Acronyms used in the report

Acronym	Full description
CAMHs	Child and Adolescent Mental Health Service
CCGs	Clinical Commissioning Group
JSNA	Joint Strategic Needs Assessment
ASD	Autistic Spectrum Disorder
BHFT	Berkshire Healthcare Foundation Trust
CATs	Children's Action Team
CPE	Common Point of Entry for BHFT
EHWB	Emotional Health Wellbeing
LSCB	Local Safeguarding Children's Board
DoH	Department of Health
HV	Health Visitor
YOS	Youth Offending Service
ADHD	Attention Deficit Hyperactivity Disorder
RBHFT	Royal Berkshire Hospital Foundation Trust
ELSA	Emotional Literacy Support Assistants
PMHW	Primary Mental Health Workers

Appendix 2 – EHA LAC Summary Impact

EHA LAC REPORT

Quarter 3, October to December 2017

Cases		Treatment Goals	n	%
Ongoing	7	Partially Successful	8	21.62
Closed	4	Successful	21	56.76
New	1	Unsuccessful	1	2.70
Total Open	8	Carried Over	7	18.92

78.38% of treatment goals were successfully achieved by the scheduled EHA LAC Plan review.

21.62% of these were partially successful and will continue into the next plan.

The difference made by individual treatment goals is described in the child or young persons' EHA LAC Plan.

2.70% of treatment goals were evaluated as unsuccessful, with 18.92% carried over to be actioned in the following review period.

Quarter 2, July to September 2017

Cases		Treatment Goals	n	%
Ongoing	7	Partially Successful	13	28.26
Closed	1	Successful	25	54.35
New	4	Unsuccessful	3	6.52
Total Open	11	Carried Over	5	10.87

82.61% of treatment goals were successfully achieved by the scheduled EHA LAC Plan review.
28.26% of these were partially achieved and will continue into the next plan.
The difference made by individual treatment goals is described in the child or young persons' EHA LAC Plan.

6.52% of treatment goals were evaluated as unsuccessful, with 10.87% carried over to be actioned in the following review period.

Quarter 1, April to June 2017

The LAC Mental Health Worker supported 12 looked after children, and has closed a further 9. Support involved either assessment or consultation to the child or young person's support network or via direct intervention. SDQs are routinely collected by Children and Family Services, and reduced scores were observed for those supported and

closed by the EHA worker during this quarter. Reduced SDQ scores were commensurate with improved educational outcomes (e.g. improved behaviour and attendance, completing GCSE) as described in individual case plans.

Open Cases

Individual Intervention: Direct therapeutic input (i.e. talking therapy) has been implemented in three (3) cases.

- Two (2) cases are undertaking direct work around their anxiety and coping.
  - Both have attended 100% of their sessions (6 and 7 sessions respectively). A significant period of investment in the therapeutic relationship and supporting one case in particular through a placement breakdown has been required to progress to this level of intervention.
  - Both are reporting improved personal, interpersonal, school and overall wellbeing on the Outcome Rating Scale (ORS).
    - First case score of 40/40 – "LAC Clinician is an amazing person, definitely recommend to others".
    - Second case score of 17/40. Reduced outbursts and leaving classroom at school, and ongoing difficulties associated with adjustment to new placement and reconciling previous breakdown. Progress is steady despite setbacks but young person has now engaged positively with individual therapeutic input.
  - Both have reduced anxiety, reduced difficulties in school, reduced SDQ scores, and increased involvement in pro-social activities (e.g. sport).
- One (1) case, is receiving targeted support with anxiety and low mood.
  - Has attended all 9 sessions of his individual intervention.
  - Is receiving a combination of CBT and mentalisation input and is presently reporting improved overall wellbeing according to the Outcome Rating Scale.
  - This young person has been attending all classes and meeting their academic responsibilities.

Consultation/Assessment Support: A combination of mental health assessment, consultation and some direct support is provided to the remaining four (4) cases. This includes ad hoc support and supervision to LACES and Children and Family Services professionals, as well as regular attendance at PEP Care meetings and LAC reviews.

- **Case 1 :** OOA case receiving telephone support. This support has involved specialist consultation to carers, which has resulted in ongoing placement stability and education outcomes. This has been provided while specialist therapeutic support is being linked in in the young person's local area.

- **Case 2 :** LAC Clinician has been providing support to the system as the young person transitions into a therapeutic residential model. The focus has been on stabilising his modified school curriculum between mainstream school and alternative curriculum. The young person has re-engaged with learning, has reduced absconding and behavioural difficulties. The next step will be a move to a new mainstream school while sustaining his education outcomes in the alternative curriculum.

- **Case 3:** The focus has been on stabilising a placement which provides good material support but due to carers' own difficulties, concerns have been raised regarding their capacity to provide nurture and care. The LAC Clinician has

provided direct support and challenge to the team around the child to respond to the young person's recent indirect request for help (text messages left on his phone that is handed into his carer each evening). As a consequence an independent therapeutic support package is being set up around the carers. Engaging young person in therapeutic support is an ongoing goal. Improving educational outcomes is also a priority moving into the next review period.

Case 4: Initial EHA assessment and intervention plan is currently being completed.