

**Buckinghamshire, Oxfordshire
and Berkshire West**

Future in mind

Promoting, protecting and improving our
children and young people's mental health
and wellbeing



Children and Young People' Mental Health Refreshed Local Transformation Plan 2022-24

Berkshire West Place

Lajla Johansson | Assistant Director of Joint Commissioning

Emanuela Cuccureddu | Commissioning Manager – Mental Health (All Ages)

- Local Transformation plan (LTP) – NHS E requirement
- Set out how local services will invest resources to improve children and young people’s mental health across the “whole system”.
- These plans are ‘living documents’
- Local areas are asked to refresh and republish every year
- Describes how we will be delivering the LTP for 22-23 and 23-24

This year – focus on commissioning plan prioritising 12 main Key Lines of Enquiry

1. Transparency and co-production;
2. Whole system working;
3. Understanding local need and advancing health equalities;
4. Wider transformation;
5. Workforce;
6. Improving access to services and outcomes;
7. Young adults – understanding system progress in 2022/23;
8. Urgent and emergency (crisis) mental health care for CYP;
9. Eating disorders;
10. CYP mental health services working with educational settings (incl. MHSTs);
11. Early Intervention into Psychosis;
12. CYPMH digitally enabled care-pathways

NHS England *Long Term Plan* Priorities – Children’s Mental Health

Buckinghamshire, Oxfordshire and Berkshire West
Integrated Care Board

Children and Young People’s Mental Health Community Services

- By the end of 2022/23, at least 768,310 CYP aged 0-25 should access support from NHS funded community mental services and school or college based Mental Health Support Teams, of which 754,277 would be aged 0-18 as outlined in the LTP ambitions tool. Systems are expected to join up their pathways across the whole life course (perinatal MH and adult MH) to deliver the 0-25 ambition

Children and Young People’s Eating Disorders

- Meet the waiting time standards for 95% of children and young people with a suspected eating disorder to start NICE concordant treatment within 1 week if urgent and within 4 weeks if non urgent

Mental Health Support Teams

- In selected areas, continue to deliver MHSTs, offering evidence based interventions and building to at least 20% 25% coverage of school population across the country by April 2022.

Children and Young People’s Crisis Services

- By 2022/23, ensure there is 79% coverage of 24/7 mental health crisis care provision for children and young people, which combines crisis assessment, brief response and intensive home treatment functions.

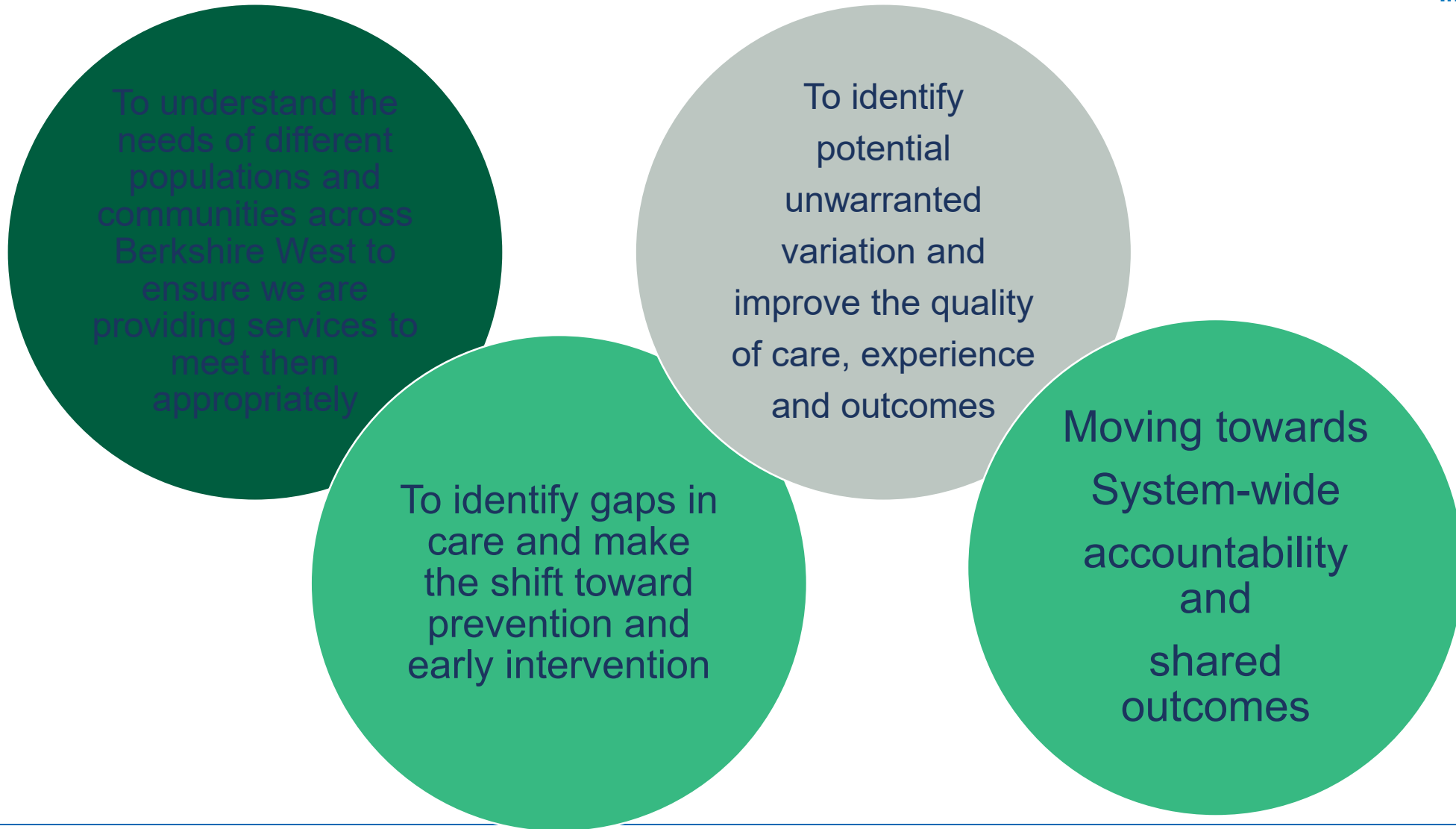
Children and Young People's Inpatient Services

- By end of Q1 2022/23 CYP Mental Health Provider Collaboratives should work with ICSs to produce a clear plan of requirements for CYPMH general adolescent (GAU) and psychiatric intensive care inpatient (PICU) beds, which strengthens local services and eliminates placements outside of natural clinical patient flows for the most vulnerable young people. These will be undertaken on a PC footprint.

Digital

- Providers of services commissioned by the NHS must flow Activity and Outcome Data to MHSDS
- At ICB level: Local systems should be developing digitally enabled care pathways; including self management apps, digital consultations, digitally enabled models of therapy and looking to share and build on learning from the 2020/21 digital transformation programme of work, which developed 4 x modules of service design training and a CYPMH digital playbook, and the 2021/22 digital service design support offer for outcomes projects (one project per region).

Our Ambitions in Berkshire West – What does it mean in practice?



Proposed Priorities

Strategic

- Partnership and Integration
⑩ (A clear joined-up approach in Berkshire West – an integrated, partnership approach to defining and meeting CYP needs)
- Complex Young People
- Suicide Prevention

Operational

- Reducing waiting times for Core/Specialist CAMHS
- Children and Young People's Eating Disorders
- Improving access for our inequality groups (LD and/or ASD/LGBTQ+, BAME) and improve Health Inequalities
- Transitioning - Strengthening our adolescent to young adulthood offer (16 – 25)
- Mental Health Support Teams
- Data and Digital

Co-production

- Strengthening Communications and Engagement with stakeholders
- Focus on embedding Co-production with key stakeholders

This is what you told us

Key themes emerging from our engagement

Organisations keen to retain their own identity

Data management – need to preserve anonymity and independence

Importance of common language

Needs assessment of the people on the waiting lists and options available to support them

Think collaboratively about how we can support young people to access the most appropriate help and information

Enable young people to be safe when interventions are not necessarily the most appropriate

More work is needed to identify and describe in which part of the THRIVE Model each service operates

Need for in-depth understanding of what each service does, is responsible for and how their services operate, as well as where they align within the wider system model and what other pieces of work are ongoing

Level and length of funding causing challenges to staff recruitment/retention

Need for stronger collaboration to work through complexity

Wanting and needing to hear the voices of our Children, Young people, their families and carers

Current Barriers and Challenges

System response/choice/data monitoring

Children and young people may be referred to multiple places and it's hard to capture the flow

Some CAMHS referrals reveal a need which could have been responded to earlier, e.g. using psycho-social rather than purely clinical approaches

Growing waiting lists

Need for a clear understanding of who fits into what quadrant within the Thrive Model

Transparency around who is holding risks and shared risk strategy

Timely early intervention

Workforce - national shortage in specific roles/staff retention

Increased demand

Staff Wellbeing

Governance arrangements (different for each organisation)

Need for reliable information which is easily accessible for CYP and families/carers

This is what we are going to do

Proposed Priorities

A clear joined-up approach in Berkshire West – an integrated, partnership approach to defining and meeting CYP needs



Partnership and Integration

- Review of the CAMHS spec to implement the needs-led Thrive model and focus on early intervention and prevention
- Expanding partnerships with VCSE sector – (Non-medicalisation of mental health support with clear governance) and work towards improving sustainability
- Using a common language – *These are all our children*
- Continue to embed the Trauma Informed approaches
- **Coordinated Front door / Thrive Hub**
- Integration with 0-5 agenda and adults Community MH transformation

Complex Young People

- Exploring an Integrated Care Crisis Facility in Berkshire West between Health and Social Care
- CYP MH in acute environment (Liaison role at RBH)
- Implementing the Thames Valley Complex Children's project in Berkshire West for 23-24
- Review Escalation Protocols across Berkshire West
- Continue to roll out the 24/7 Crisis Response
- Develop clear pathways between Provider Collaborative (Tier 4) and Community Mental Health Services, reducing avoidable admissions, lengths of stay and enabling quicker discharges

Transitioning - Strengthening our adolescent to young adulthood offer (16 – 25)

- Ensuring clinical pathways review findings are focused on transition from CYP to Adult pathways
- Evaluation of the EUPD and Managing Emotions Training pilots
- Piloting the 16+ Children's ARRS Pilot in Primary Care
- Matrix working with the MH Programme (for example 16-25 moving to adult services, Early Intervention in Psychosis, eating disorder FREED model 16-25 etc.)

Mental Health Support Teams

- Continue to develop the model in line with national direction
- Promote resilience and provide early support and intervention to CYP with mild to moderate Mental Health needs

Suicide Prevention

- PHE leading on this
- Suicide audit and needs assessment
- Berkshire Suicide Prevention Summit
- Localised suicide reduction programme
- Suicide bereavement programme (all age)
- Crisis Care available 24/7

Reducing waiting times for Core/Specialist CAMHS & across all services

- Mobilise CIC offer
- Expand digital offer
- Review Core CAMHS service specification
- Continue to invest through the Long Term Plan Funding
- Develop the workforce through the CAMHS Workforce Academy and local integrated workforce planning

Improving access for our inequality groups (LD and/or ASD/LGBTQ+, BAME) and improve Health Inequalities

- Improving the use Data and reviews to make plans for improvement
- Mobilise LD CAMHS service
- Mobilise the Navigator service for CYP with LD and Autism, Care and Education Treatment Reviews and Dynamic Supports register
- Link with SEND strategy

Children and Young People's Eating Disorders

Children and Young People's Eating Disorders

- Meet the waiting time standards for 95% of children and young people with a suspected eating disorder to start NICE concordant treatment within 1 week if urgent and within 4 weeks if non urgent
- Making adjustments for CYP with neurodevelopmental conditions (PEACE pathway and ARFID BOB pilot)



Data & Digital

- Applying a Population Health Management Approach, where possible
- Improving outcomes data for service improvement and commissioning
- Aligning activity and data performance across BOB for service improvement and assurance

Strengthening Communications and Engagement with key stakeholders & Focus on embedding Co-production with key stakeholders



Co-production

- Co-production Workshop with partners
- Healthwatch co-production event with parents and young people and continue regular meetings with Healthwatch
- Strengthening co-production by including stakeholders at design stage, including parents and young people
- Exploring options for a further Berkshire West Youth in Mind conference, following on from this year's success

Priorities Sign off Process

DATE	Event
21 st September	CYP Transformation Executive Delivery Group - <i>engagement</i>
21 st September	CYP MH Wider Network Group - <i>engagement</i>
22 nd September	CYP Forum (to be confirmed) - <i>engagement</i>
23 rd September	Submission Date to BOB for Collation
28 th September	BW ICP MH & LDA Programme Board - <i>sign off</i>
30 th September	Draft LTP to regional team for review and feedback
7 th October	Health & Wellbeing Board in Reading - <i>sign off (papers due 28th Sept)</i>
10 th October	Feedback session with NHS E regional
27 th October	ICP CYP Board - <i>sign off</i>
31 st October	Publication on ICB Website
10 th November	Health & Wellbeing Board in Wokingham - <i>sign off</i>
8 th December	Health & Wellbeing Board in West Berkshire (papers should go through the Steering Group, which would be on 17 November, papers required by 8 November) - <i>sign off</i>

List of Abbreviations

ARFID	Avoidant/restrictive food intake disorder	LGBTQ	Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual
ARRS	Additional Roles. Reimbursement Scheme.	MH	Mental Health
BOB	Buckinghamshire, Oxfordshire and Berkshire	MDT	Multi Disciplinary Team
BW	Berkshire West Integrated Care Partnership	MHSDS	Mental Health Services Data System
CAMHS	Child and adolescent mental health services	MHST	Mental Health Support Team
CIC	Children in Care	NHS	National Health Service
CYP	Children and Young People	NHSE/I	NHS England and NHS Improvement
EUPD	Emotionally unstable disorder also known as borderline personality disorder	NICE	National Institute for Health and Care Excellence
FREED	First episode and Rapid Early intervention for Eating Disorders (FREED)	PEACE	Pathway for Eating disorders and Autism developed from Clinical Experience
GAU	Gynaecology Assessment Unit	PC	Primary Care
ICP	Integrated Care Partnership	PICU	Psychiatric Intensive Care Unit
ICS	Integrated Care System	RBH	Royal Berkshire Healthcare
LD	Learning Disabilities	VCSE	The Voluntary Community and Social Enterprise