

Report of the Children's Mental Health and Emotional Wellbeing Task and Finish Group

(July 2025)

Executive Summary

The Health Scrutiny Committee (HSC) established a Task and Finish Group to look at Children's Mental Health and Emotional Wellbeing. This report presents the findings of the review undertaken by the Task and Finish Group and its recommendations for improvement.

The review focussed on three key areas:

- Part 1: Assessment of the current needs and provisions in West Berkshire.
- Part 2: The system approach to prevention, early intervention and mental health support for young people.
- Part 3: Extensive, evidence informed treatment and crisis services.

The Task and Finish Group identified a number of recommendations arising from this work, which are set out in Section 5 of this report. The Health and Adult Social Care Scrutiny Committee is invited to review the recommendations and consider whether these should be referred to the Executive and to the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board.

1. Introduction

- 1.1 There is an increasing and worsening trend of school pupils with social, emotional and mental health needs in West Berkshire. Good mental health and wellbeing for all children and young people (CYP) is a key priority in the Health and Wellbeing Strategy. Poor mental wellbeing in childhood increases the likelihood in later life of poor educational attainment, anti-social behaviour, drug and alcohol misuse, teenage pregnancy, and involvement in crime, along with wider mental health problems.
- 1.2 The task group reviewed the accessibility and provision of support for children and young people at all levels of need and whether the current provision was able to meet their diverse needs. Throughout the review the task group considered evidence including public health data, survey results, service provisions and best practice. With consideration to the impact of neurodiversity on emotional wellbeing and mental health needs, the review included the services that are in place to support those who have a neuro difference (whether diagnosed, awaiting assessment or neither).

2. Purpose and Membership of the Task and Finish Group

- 2.1 The HSC established a Task and Finish Group to look at Children's Mental Health and Emotional Wellbeing in September 2024. The Terms of Reference were drafted in collaboration with officers in Public Health, Children's Services and Health service providers. A copy of the terms of reference is provided in Appendix A.
- 2.2 The scope of the review was focussed on three key areas:
1. Assessment of the current needs and provisions in West Berkshire.
 2. The system approach to prevention, early intervention and mental health support for young people.
 3. Extensive, evidence informed treatment and crisis services.
- 2.3 The Task and Finish Group comprised the following Members:
- Councillor Martha Vickers (Chairman)
 - Councillor Martin Colston (Vice-Chairman)
 - Councillor Paul Dick
 - Councillor Owen Jeffery
 - Councillor Stephanie Steevenson
 - Councillor Clive Taylor

3. Meetings and Witnesses

- 3.1 The Task and Finish Group held five sessions between November 2024 and May 2025 to hear evidence from a wide variety of key stakeholders. These included Council officers and representatives from the Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board (BOB ICB), Berkshire Healthcare NHS Foundation Trust (BHFT), Berkshire Youth, Time to Talk, Swings and Smiles, and local schools. A full list of witnesses is provided below.
- 3.2 To understand the local landscape of needs and provisions in West Berkshire, the Task and Finish Group convened witnesses from public health, youth services, education, children's services, counselling services, and health. Members were provided with public health data, youth survey results, service provision information and best practice guidance. The evidence shared and discussed enabled Members to gain a thorough understanding of the approaches of local organisations who worked with children and supported their mental health and emotional wellbeing.
- 3.3 To drill down on the experiences of young people and the provisions available for early help and support, the Task and Finish Group brought together witnesses

from a local primary and secondary school, the Local Authority's Mental Health Support Team, and the Emotional Health Academy. Youth services, health, early years, education and voluntary sector colleagues supported the discussions. The evidence shared included service provision information and the experience of two local schools, as well expertise shared on local opportunities and constraints faced.

3.4 Health colleagues shared with Members detailed evidence on the wide-ranging services provided by Berkshire Healthcare NHS Foundation Trust (BHFT) for supporting children and young people with more complex mental health needs. Members reviewed detailed reports provided on service delivery, performance, concerns and barriers faced.

3.5 During the sessions, partners shared experiences and expertise with Members and colleagues. Through the discussions partners collaborated, shared ideas and learnt from one another. This helped to build relationships and generate ideas and actions for change. Members of the Task and Finish Group would like to thank all of the witnesses who took part in the review.

3.6 The three key evidence gathering sessions were:

Date	Focus of Meeting	Witnesses
28 Jan 2025	Part One - Assessment of current needs and provisions in West Berkshire.	Steven Bow (Consultant in Public Health) Nerys Probert (Senior Programme Officer, Public Health) Paul Trinder (Public Health) Paul Graham (Health and Wellbeing in Schools Coordinator) Sarah Emery (Berkshire Youth, Chief Executive Officer) Kelly Leach (Berkshire Youth, Youth Worker) Davina Nicholson (Time to Talk, Clinical Director) Louise Noble (Service Director, Children, Families and All-Age Services, BHFT) Helen Alderman (Service Director for Universal and Specialist Children's, Family and Neurodiversity Services, BHFT) Jody Gordon (Emotional Health Academy Team Manager) Stephanie Coomber (Team Manager Children's Services)
25 Feb 2025	Part Two - Thriving, Getting Advice and Signposting, and Getting Help: Review	Jody Gordon (Emotional Health Academy Team Manager)

	the system approach to prevention, promotion, early intervention and mental health support for young people.	<p>Neal Ridley (Mental Health Support Team Manager)</p> <p>Rhiannon Dargon (Assistant Headteacher Thatcham Park Primary School)</p> <p>Owen Joyce (Senior Mental Health Lead, Kennet School)</p> <p>Rhonda Nicklin (Chief Executive Officer, Swings and Smiles)</p> <p>Beth Kelly (Head of Early Years)</p> <p>Steven Bow (Consultant in Public Health)</p> <p>Nerys Probert (Senior Programme Officer, Public Health)</p> <p>Paul Graham (Health and Wellbeing in Schools Coordinator)</p> <p>Neil Goddard (Service Director Education and SEND)</p> <p>Sarah Emery (Berkshire Youth, Chief Executive Officer)</p> <p>Kelly Leach (Berkshire Youth, Youth Worker)</p> <p>Louise Noble (Service Director, Children, Families and All-Age Services, BHFT)</p> <p>Helen Alderman (Service Director for Universal and Specialist Children's, Family and Neurodiversity Services, BHFT)</p> <p>Lajla Johansson (Lead for CYP, Learning Disability and SEND, BOB ICB)</p> <p>Vivienne Okoh (Head of Children's Commissioning, BOB ICB)</p>
25 Mar 2025	Part Three - Getting More Help Services and Getting Risk Support: Extensive, evidence-informed treatment and crisis services.	<p>Louise Noble (Service Director, Children, Families and All-Age Services, BHFT)</p> <p>Helen Alderman (Service Director for Universal and Specialist Children's, Family and Neurodiversity Services, BHFT)</p> <p>Dave Wraight (Service Manager, Youth Justice Support Team & Supporting Families)</p> <p>Vivienne Okoh (Head of Children's Commissioning, BOB ICB)</p> <p>Steven Bow (Consultant in Public Health)</p> <p>Jody Gordon (Emotional Health Academy Team Manager)</p>

4. Findings

Part 1: Assessment of the current needs and provisions in West Berkshire

4.1 This part of the review considered:

- The current mental health and emotional wellbeing needs of the young people in West Berkshire.
- The underlying causes of increasing mental health needs among children and young people (CYP).
- The local landscape for meeting those needs.
- Current issues, concerns and barriers.
- Relevant public health principles and models.
- An understanding of the THRIVE Framework.

4.2 Members of the Public Health Team were invited to provide data on the current needs and provisions in West Berkshire. They shared an overview of public mental health, a summary of the mental health and emotional wellbeing needs of CYP in West Berkshire and the strategic context. The results of the latest Berkshire Youth Survey (2023) were also shared. Throughout the session, key stakeholders shared their experience and knowledge to add breadth to the evidence. Points of key learning were:

4.3 The 2024 West Berkshire 0 – 19 Health Needs Summary was shared with Members to provide insight into the current status. This included demographic data such as deprivation and housing, maternal and infant health indicators as well as data on the health of primary and secondary school children. Specific evidence was shared in relation to adverse childhood experiences and the number of children in West Berkshire experiencing parental separation, abuse, domestic abuse and mental illness. The overall picture shared was one of significant concern around a worsening trend of school age CYP with social, emotional and mental health needs. In 2023, it was estimated that around one in every five children and young people aged 8-25 had a mental health difficulty (a probable mental health disorder that may be undiagnosed) in England. In West Berkshire it is estimated that 1098 primary-aged children had a diagnosed mental health disorder along with 1,940 11 to 16 year olds in 2022/23. In addition, 2616 children in secondary school were estimated to have emotional, behavioural, hyperactivity or other disorder relating to their mental wellbeing. The number of hospital admissions as a result of self-harm amongst CYP aged 10 – 24 years was a higher than the England average. Witnesses advised that there had been rapid and sustained increases in demand for early help services, mental health services and neurodiversity assessment pathways since 2020 and the most significant barrier for CYP accessing support was waiting times. It was advised that enquires to the Children's Services Early Response Hub had increased hugely since it was set up and that the overwhelming risk factor for enquiries were children's mental health and emotional wellbeing. It was advised by a witness that the impact of significant and sustained reductions in funding for

youth services for 10 to 15 years was starting to be seen in the current generation of CYP.

- 4.4 Information was provided on public mental health including the wider determinants and root causes of poor mental health. There were various risk factors in society such as the local environment, poor quality housing, poverty, people's experiences and physical health that impacted on mental health. Protective factors included the support services delivered, such as early years support, family and parenting support, as well as factors such as good quality housing, community assets, outdoor space, education and community cohesion. These all had an impact on a person's mental wellbeing.
- 4.5 It was highlighted that by addressing the root causes, such as poverty and poor nutrition, through an integrated evidence-based approach, sustainable improvements could be made to children's physical and emotional health. It was of particular note that the first 1001 days of a child's life were crucial for shaping brain development and long-term health outcomes. The importance of Early Years was identified as key to prevention and how fundamental Health Visitors were in supporting parents of younger children. Data was shared that the percentage of children with free school meal status achieving a good level of development at the end of Reception was particularly low in West Berkshire. The proportion of children on child protection plans and child in need plans was also above the England average.
- 4.6 It was advised that the most critical aspect of focus should be on trauma. Evidence showed that trauma (the result of events or circumstances ranging from abuse and neglect to unmet emotional needs such as parental disconnection or isolation) profoundly affected a person's emotional and psychological development. Such trauma could alter brain development, affect physical health and lead to negative patterns of behaviour. Key principles of healing from trauma were shared along with the role of relationships, the environment and social connections in preventing trauma. It was stressed throughout that having a trauma-informed approach was essential to improving children's mental health and wellbeing. It was suggested by witnesses that West Berkshire become a trauma-informed district. This means that through providing policies, training and resources, adults can create supportive, understanding, and healing-centred environments. With stronger community relationships, CYP feel safe, valued, and empowered to thrive.
- 4.7 The evidence highlighted that 44% of households in West Berkshire were deprived on at least one dimension of deprivation (education, employment, housing or health). 10% of children under the age of 16 were living in poverty in West Berkshire and this was increasing. In light of the Government's Fair Funding review, there is concern that West Berkshire is not recognised as having as high areas of deprivation compared to other Council areas. The task group also reviewed data showing an increase of Children in Need in West Berkshire over the last three years along with those on Child Protection Plans and Looked after Children. Pupils meeting a good level of development at the end of Reception year was much lower for children who were eligible for free school meals.

- 4.8 The task group considered the mental health support needs of young carers. It was advised that although there is no specific mental health support provided for this group, by being identified as young carers it means that professionals around them would be more aware of their caring role and therefore more able to identify when they are struggling. This may then lead to improved access to services and other support from professionals working with the young carer such as at school. There is also a respite offer available for young carers.
- 4.9 Members heard about the work of Berkshire Youth who provide support for young people through a wide range of approaches including outreach services, targeted programmes within schools, a young leaders programme and mentoring, as well as providing a wide range of pastoral activities for young people. Berkshire Youth work across West Berkshire in schools, towns and villages. The Berkshire Youth's Waterside Centre in Newbury is a youth and community centre that is a safe place for young people to access support, activities and opportunities whilst also providing a hub for the local community to connect and network. Berkshire Youth work in a network with other youth service providers across West Berkshire to provide advice, support and services. It was advised that funding for youth services had been significantly reduced over the past 15 years, and this had affected the impact of youth services across the district. This meant that only a small proportion of young people accessed youth services across West Berkshire, with particular gaps in provision in more rural areas. In addition, it was raised whether those most in need were being reached and noted that the long-term impact on the young people and their communities would grow exponentially as they became adults.
- 4.10 Members heard about the work of Time to Talk which is a charity that provides counselling services for people aged 11 to 25 and their families. Time to Talk support 600 young people in West Berkshire each year through one to one sessions, group work and online support. Time to Talk also work in partnership with schools and colleges such as to provide an onsite counsellor or assemblies and talks.
- 4.11 The results of the 2023 West Berkshire Youth Survey were shared with the Task and Finish Group. The two-yearly survey was completed by 50% of secondary school pupils in West Berkshire. The Task Group discussed in detail the survey results which included questions around happiness, local services and amenities, concerns and support, experiences online, personal safety and the future. Mental health was a key theme that emerged from the survey. When asked '*What do you think are the most important concerns facing you and other young people at the moment?*', more than 50% of respondents selected mental health and wellbeing and it was the second most chosen option after school pressure and exams. 33.3% of young people wanted more information on mental health and wellbeing. The majority of young people reported feeling safe and happy in the area that they lived. This highlighted how central mental health and wellbeing are to CYP and to have access to support and resources.
- 4.12 During the discussion, witnesses highlighted additional key points that young people shared with them and that they noted through their work with young people. It was reflected that mobile phones and increased connectivity made it hard for CYP to have respite from the pressures in their lives. Secondary schools

had very high conformity requirements and expectations that could contribute to anxiety. In addition, it was noted that CYP's brains are still developing and many find academic study challenging for a number of reasons. It was advised that it is somewhat normal for children and young people to dislike school and to feel pressure in terms of education and friendships. There is a risk of inadvertently medicalising a young person's difficulties. Destigmatising mental health was welcome progress, but it was important not to disempower young people.

- 4.13 The Youth Survey found that the cost of activities locally could be a barrier to participation with 48% of young people ranking these as fair or poor. This was particularly the case for older teenagers. It was noted that young people did not have access to the same facilities that adults do. They may not be welcome in large groups or may need to pay such as at coffee shops. Communities needed a focal point for young people, such as that the Youth Café at the Waterside Centre in Newbury. This did not need to be a purpose-built facility but required youth ambassadors to consider the use of available spaces for young people to use. It was noted that this was particularly difficult for children who lived in rural areas.
- 4.14 There was discussion around what had led to the high numbers of children experiencing mental health issues. It was advised that this cohort of young people had grown up with a reduced provision of universal services. The soft skill development of trying new things, building skills and building resilience were protective factors around mental health. The lack of services and places for young people to go meant that what we see today was the outcome for young people. This impacted on families living in deprived areas in particular and lead to inequalities in mental health.
- 4.15 78.1% of youth survey respondents advised that they would speak to a parent or carer if they were worried about something bad happening, and so supportive networks were essential for parents and carers. Support and training for parents was needed as with any health concern. It was advised by a witness that early interventions for mental health challenges were often focussed on the young person, and that very little family therapy was available. Witnesses agreed throughout the session that prevention was key and that being trauma informed and addressing parenting and support for families was essential. It was also advised that continuity of relationships with a trusted adult was fundamental.
- 4.16 The strategic context was explained in that promoting good mental health and wellbeing for all children and young people was a key priority of the Health and Wellbeing Strategy 2021-2030. Under this priority expanding the trauma informed approach was identified.
- 4.34 The THRIVE framework that was used to structure this review is a needs-led and data informed approach used by partners to encourage shared decision-making and to help identify opportunities for improvement. The THRIVE framework sets out 5 domains (Thriving, Getting Advice, Getting Help, Getting More Help and Getting Risk Support). It is recognised that children and young people may move between domains or occupy more than one. THRIVE promotes cross agency working and a shared language and understanding across health, education, and social care.

Part 2 - Thriving, Getting Advice and Signposting, and Getting Help: Review the system approach to prevention, promotion, early intervention and mental health support for young people.

4.18 This part of the review considered:

- Early intervention provisions and opportunities.
- The experiences of children and young people.
- The Council's role.
- The approach and services within schools.
- The role of community organisations.
- The legal, ethical and professional requirements relevant to service delivery.
- How the system worked together.
- The interventions in place for people who are neurodivergent.

4.19 Members were joined in this session by representatives from Education, Health, schools and the voluntary sector. Throughout the session, key stakeholders shared their experience and knowledge to add breadth to the evidence provided. Public Health provided an overview of the service provisions available locally including local support providers and voluntary organisations. Points of key learning were as follows:

4.20 Members were provided with an overview of the services provided by West Berkshire Council's Emotional Health Academy (EHA) and the Mental Health Support Team (MHST). These services provide evidence-based early interventions for CYP and their families. The EHA also coordinate the multiagency triage process which directs CYP and their families to appropriate early support. Both the EHA and the MHST work in a variety of community settings including schools and provide direct therapeutic work as well having a training and preventative role. They provide parent workshops, parent group interventions and hold drop-in sessions for awareness campaigns. The MHST works with Senior Mental Health Leads (SMHL) in schools to help develop whole school approaches and to provide advice and support to schools in supporting young people with mental health or emotional wellbeing challenges.

4.21 It was advised that there had been a substantial increase in the number of referrals to the EHA and the MHST since 2021 and that the most significant barrier for CYP to access support was waiting times. Between September 2023 and August 2024, 1,861 referrals were made requesting support.

4.22 It was advised that schools had access to a number of opportunities to support students with their mental health and emotional wellbeing. These included Emotional Literacy Support Assistants, Counselling (in school or through a provider such as Time to Talk), Social and Emotional Mental Health Practitioners from the Council, and traded services such the Emotional Health Academy and the Education Psychology Service. Most secondary schools provided a peer-to-peer support programme as well as engaged in school campaigns such as children's mental health week and other initiatives such as friendship benches

and buddy schemes. Schools also have a statutory duty to teach relationships and health in schools and teachers are encouraged to engage with local networks, understand best practice and access training from national organisations. The Council's Health and Wellbeing in Schools service also enables continuous professional development opportunities.

- 4.23 Members heard from representatives of a primary and a secondary school about their experiences of supporting young people with their emotional wellbeing and mental health and how they access the opportunities and accessed services. It was noted that schools take a proactive approach to mental health by providing opportunities for CYP to build skills and resilience. Dedicated teachers and other professionals work collaboratively to engage the right environment for each young person. An example was shared where the House system and tutor teams at a secondary school were there to ensure every child had a trusted adult they could go to and provided a sense of belonging. A wide-range of activities, out of school hours clubs and events were offered. There were weekly meetings to discuss the support and learning needs of children in need of extra support. They could then access MHST, counselling or other local services as appropriate. This prevention and early intervention work was essential in supporting CYP. It was highlighted that the capacity of schools to access these opportunities varied due to the sizes of the schools, links to other schools and budget constraints.
- 4.24 Members heard that there are a wide range of local services that young people can access for support. These include healthcare services, counselling, social and mental health practitioners at the Council and services provided by charitable organisations such as Swings and Smiles, The Corn Exchange, Berkshire Youth and the Watermill. These organisations provide various opportunities and programmes to support the wellbeing of young people and their families. These include youth clubs, training for parents, programmes of support, counselling, signposting and support / advice opportunities. The local early intervention services work collaboratively together and with schools to prevent, promote and support mental health and emotional wellbeing in children as well as build skills and resilience.
- 4.25 Through the discussions a number of key areas of note and challenges were identified. The biggest challenge was the rapid increase in referrals for early interventions services such as the EHA and MHST between 2022 and 2024. The increase in demand for services were multifactorial including the impact of Covid restrictions, improved awareness of mental wellbeing, reduced stigma, increase in costs of living and increasingly complex needs such as emotion-based school avoidance and high anxiety and stress for children with autism.
- 4.26 It was highlighted that the MHST did not cover all schools in West Berkshire with particularly gaps in the east of West Berkshire. Whilst the EHA picked up some of that it was noted that these schools were missing out on opportunities provided to schools with MHST coverage. It was advised that the geography of the schemes was determined by the funding agreement. The BOB ICB, who allocated the funding for the service, advised they were awaiting further details about the NHS plan to fund MHST's in the future.
- 4.27 The role of a Senior Mental Health Lead (SMHL) in schools is fundamental. They are responsible for overseeing and promoting mental health and wellbeing for all students and staff. They lead the development and implementation of a whole-

school approach and ensure timely and appropriate support for students' mental health need. 59 out of the 80 schools in West Berkshire have a SMHL who received training through a government grant funded scheme. The reason that not all school had a SMHL was because of capacity or the member of staff leaving the school. It was advised that this grant funding scheme had now ended. Schools could still access the training but would need to fund it from their budgets. Members noted the dedication by schools to support CYP mental health and emotional wellbeing, but it was asked whether all schools have the capacity to provide the opportunities, how they learnt from each other and what was in place across all schools. SMHL's in West Berkshire meet twice per year at an event to network and learn from each other.

- 4.28 The importance of sport and activity on mental health was discussed. It was noted that a safe and inexpensive environment outside of school hours was difficult to access and it was asked whether schools provided access to their facilities outside of school. It was noted that many schools provided after school clubs at no or minimal cost. It was raised whether there were any schemes that enabled young people to access school facilities out of hours.
- 4.29 It was highlighted that the upskilling of young people was crucial and so by providing opportunities for CYP to build resilience and develop tools to navigate life was essential. This was best achieved by working with parents and families as well as schools. There were various programmes provided by local organisations that provided opportunities. Examples shared included Berkshire Youth (In schools and at the Waterside Centre) and Swings and Smiles who were providing a Building Resilience Programme for children aged 3 -11 who had recently received a diagnosis with their families.
- 4.30 Parenting support was an emerging theme throughout the task group where it was identified that supporting parents was key to prevention and early intervention for CYP with mental health or emotional wellbeing concerns. There were numerous opportunities locally for parents to access support and training for example at family hubs, through Swings and Smiles, Berkshire Healthcare, schools, the Emotional Health Academy, the Mental Health Support Team and others. It was identified that a great deal of support was available for parents for children in early years and a concern was perhaps access to support for not so easy for parents of older children and teenagers.
- 4.31 Members discussed the support available for children that were homeschooled. It was advised that whilst there was not a duty for parents to respond to offers of support, the Local Authority encouraged parents to be involved. New legislation was being considered in this area.

Part 3 - Getting More Help Services and Getting Risk Support: Extensive, evidence-informed treatment and crisis services.

- 4.33 This part of the review considered:

- The specialist services available for complex mental health difficulties.
- The opportunities to improve.
- Services for targeted population groups.

- The skills mix of professionals and resources.
 - How services work together.
 - The transition arrangements for young people aged 18 onwards.
- 4.35 Members were provided with detailed reports on the services provided by Berkshire Healthcare NHS Foundation Trust (BHFT). These included the wide range of mental health services provided by Children and Adolescent Mental Health Services (CAMHS) and pathways provided by the Children and Young People's Neurodiversity Service for Autism and ADHD. Throughout the session, key stakeholders shared their experience and knowledge to add breadth to the evidence. Points of key learning were:
- 4.36 Following a long period of significant underfunding, a programme of investment began along with a requirement for local areas to collaborate and develop a Local Transformation Plan. Investment was made in early health services such as the EHAs and MHSTs along with youth counselling services and other specialist services. For BHFT this included specialist CAMHS services that they provide across the county. Local Transformation Plans (LTP's) set out how local services will invest to improve children and young people mental health. The plans are refreshed annually and report on agreed priorities for the area and set out ambitions for development and improvement across the whole system.
- 4.37 There is a single point of access into CAMHS. The aim is to identify need and difficulties early so that CYP can access the appropriate services earlier. This could be for school support, MHST, youth counselling or BHFT services.
- 4.38 The services provided by CAMHS are for Getting Help and Getting Risk level support for mental health issues. Getting advice level support, such as that provided by the Emotional Health Academy, was commissioned by BHFT in West Berkshire. CAMHS include targeted services such as for youth justice and learning disabilities as well as universal services such as intensive treatments, eating disorder services and the anxiety disorder treatment team. The broad range of services provided by CAMHS has developed over the years with the new investment and focus from NHS England, this has resulted in a complex picture of services. Work is ongoing to streamline the structure to make it easier to understand.
- 4.39 In all service areas, CAMHS work very closely with partners such as children's social care or the youth and justice service.
- 4.40 To manage waiting lists and to drive improvements in the services, BHFT have a quality improvement programme and staff are trained in quality management.
- 4.41 CAMHS are undertaking three pilots in primary care across Berkshire West (West Berkshire, Reading and Wokingham areas) for a children and young people's (CYP) mental health worker employed under the additional role reimbursement scheme (ARRS) in GP surgeries. The pilots have been very effective as they support CYP with low level anxiety and identified CYP with behaviour related to neurodiversity. This enables CYP to be directed to the right

service earlier. The pilots are currently being reviewed for their impact and then BHFT may look at how this could be resourced within current funding.

- 4.42 It was highlighted that feedback from all services was good. Once children were seen by the right service, the outcomes were good. There was range of different outcome measures.
- 4.43 BHFT were finding that many CYP were presenting with complex needs and high-risk behaviour but who did not have a mental health disorder. The services supporting these young people such as youth and justice and children in care were working with different targeted groups of young people. BHFT were looking at how they could work with a wider group of young people in the same way.
- 4.44 It was advised that the workforce was used flexibly where possible to address services that had longer waiting times. However, staff recruitment and funding could be a challenge. There were also digital tools that could support the services.
- 4.45 It was noted that the evidence shared showed a correlation between deprivation and the urgent referrals. Reducing health inequalities was a key objective for BHFT. Their approach to inequalities was relatively new, but they were unpicking where there might be problems and how to address them.
- 4.46 BHFT were doing some research with the University of Reading in relation to sign posting. They were looking to understand whether young people were getting to the right services for them and whether the process was effective.
- 4.47 It was confirmed that BHFT worked in a reactive way to mental health needs. This was due to funding. The Emotional Health Academy and the MHST did more proactive work and resilience building activities.
- 4.48 The CYP Neurodiversity service was commissioned by BHFT and was separate to CAMHS. It provided the diagnostic pathways for Autism and ADHD and medication provision for ADHD. It was a multidisciplinary team who worked in partnership with various local organisations.
- 4.49 Demand for the service had increased 215% in the last four years. Despite significant investment in the service, including an increase in workforce and improved efficiency, it was a balloon service where demand outweighed the number appropriate to discharge.
- 4.50 Average waited times for ADHD assessment was 115 weeks and 99 weeks for Autism assessments. The data showed that if nothing changed in the process, there would be 17322 CYP waiting for assessments by February 2026 (which equals 7% of all Berkshire CYP).
- 4.51 The Autism pathway was an assessment only service and the wider system provided the support. Of the ADHD referrals, 80% were accepted into the service and would require medication and some workload for the service (medication reviews and annual reviews). It was advised that there was work to do around

the transition from children to adult services. There was equal or longer waits for adult services.

- 4.52 The service was also seeing more children with very complex needs that wasn't only neurodiversity. There could also be mental health issues, learning disabilities and other complexities affecting the child's life and education.
- 4.53 The CYP Neurodiversity service recently made changes to the referral process to a more needs-led system approach where CYP received the right support, at the right time and in the right place, regardless of a diagnosis. Referrals were now made jointly by families and early years settings / schools in partnership. Referrals needed to be after a minimum of a six-month support plan fully implemented and evaluated by the school. This ensured that early needs-led help was provided and CYP were not added to the waiting list without help in place. This approach aligned with the SEND Code of Practice. It was confirmed that this was to provide an informed picture of all environments for a CYP because many CYP will mask at school and the challenges may be only visible at home or not at all. It was advised that the support provided by schools, and the outcome of that support, informed the assessment.
- 4.54 Since the new process went live, there has been feedback from parents, carers and education colleagues. In response to that, BHFT built a platform for online resources on the BHFT website with clear guidelines on how to support a child. They were continuing to look at this and at how to streamline the forms required for schools. The referral process brought all the paperwork to the beginning of the process and so initially it was taking more time for schools.
- 4.55 For the majority of CYP presenting to CAMHS in crisis it was their first presentation to local health services. They weren't CYP in a service struggling and in need of extra support nor were they on waiting lists. The two biggest reasons were parents and CYP themselves being unable to cope with their behaviour which was generally related to neurodiversity, or the second reason was challenges in school. This new process ensured that CYP would not be advised that they need a diagnosis before accessing support and a support plan could be put in place. And so, from a mental health perspective, this rationale had the potential to have a very beneficial impact.
- 4.56 The six Local Authorities in Berkshire, the two ICB's and Berkshire Healthcare were working together to bring in and embed a profile tool for teachers to identify needs and strengths to help a child in school.
- 4.57 Families and CYP on waiting lists for assessments were offered support. This included an online platform called SHaRON which was a social network for parents and carers to communicate. It was moderated by clinicians. There were also specific SHaRON networks for example for parents of children with anxiety. It was available 24 hours a day, 365 days a year.
- 4.58 The reasons for increased referrals for ADHD and Autism assessments were not known. It was a national issue that was being researched. There was a dramatic increase during and after Covid. CYP often mask at school and so when children

were home during the pandemic it began to show more. In addition, there is increased awareness of neurodiversity.

- 4.59 The diagnosis of neurodiversity can be very important for an individual to understand themselves and can be essential for their wellbeing. The earlier they had this understanding the better. People diagnosed as adults often reflected that a diagnosis earlier in life would have helped them. However, the timing was important, and many may not want to seek a diagnosis. Therefore, where young people really needed an assessment because it was impacting on their emotional wellbeing and their sense of self, then they need to be able to access an assessment sooner.
- 4.60 An initiative where health and education specialist workforces support mainstream schools to improve their offer for neurodiverse children was being rolled out by the Government for another year as it had shown to make an impact.
- 4.61 BHFT had been successful in recruitment recently despite a national shortage of qualified staff. Their workforce was a skill mix that integrated well with schools to identify strengths and needs of CYP.
- 4.62 Keeping in touch was part of the BHFT quality improvement methodology. All levels of the organisation actively spent time observing and being part of the process. Managers of the EHA and MHST were involved in the delivery of therapeutic work. The MHST manager provided direct parent-led interventions, and the EHA manager provided direct therapeutic support.
- 4.63 CAMHS provided support for CYP who offend and have a mental health difficulty. There was a mental health practitioner, a physical health nurse and a speech and language therapist supporting children coming into the justice system. This was for assessments and identifying mental and emotional health needs. It was a multidisciplinary team including a teacher, social worker and police. The health professionals helped to upskill the team and educate parents. There were parent groups and courses which benefitted from the health practitioners' input. It was noted that LINK and Forensic CAMHS supported more complex children who were displaying particularly problematic and harmful behaviours. These services were extremely helpful. It was highlighted that many of the children worked with were from relatively deprived communities. Parents were struggling to navigate the system and the CYP needed to be assessed quickly and supported to break the cycle of despair. By having colocation of a skilled workforce, they could support children. For example, a CYP self-medicating with illegal drugs could be supported collectively by colleagues. It was highlighted that relationships with trusted adults were essential.
- 4.64 There was an NHS England commissioned liaison diversion service which helped to identify CYP early in the justice system who may have a mental health need. This was a signpost service that supported children when they went into police custody.
- 4.65 Public Health provided a core offer of commissioning support to the NHS which included bringing evidence and a data driven approach. Public Health also had a role in facilitating collaboration and coordination across the system. By looking

at the gap between population health needs and the services being delivered in a systematic way, Public Health could provide support. In addition, they could look at the flow of patients or services users through the system and identify inequalities in access and outcomes as well. Public Health resources could be used to support colleagues with analytics and health equity assessments and in developing a system strategy for CYP mental health and wellbeing.

5 Recommendations

- 5.1 The Task and Finish Group wishes to put forward the following recommendations for consideration by the Executive and the BOB ICB.
- 5.2 All recommendations should be targeted to support children and young people most in need and to address health inequalities. In particular, for children living in deprived areas and children eligible for free school meals.
- 5.3 The final report will also be shared with the Children and Young People's Scrutiny Committee.

Ref	Recommendation	Lead
1	<p>Provide and promote a Local Youth Offer:</p> <ul style="list-style-type: none"> • Include mapping of services, facilities and activities available to young people. • Collaborate with key stakeholders, including town and parish councils, to identify any gaps and opportunities for improvements. • Provide improved opportunities for young people to use local facilities. Including school facilities and other local community spaces to be made available out of hours and the twinning of schools to share opportunities. • Provide subsidised access for children and young people eligible for free school meals to use leisure facilities. 	Children's Services - lead for the development of the Family Hub 0-19 service
2	<p>Improve the communication about and navigation of local services:</p> <ul style="list-style-type: none"> • Provide a clear road map of the early help services available from all local organisations. • Provide a streamlined overview of Children and Adolescent Mental Health Services (CAMHS). To incorporate research 	Children's Services – Lead for the digital offer (Family hub development)

	<p>currently being undertaken regarding signposting and to ensure there is no 'wrong door'.</p> <ul style="list-style-type: none"> Review the support offer for parents including creating a central hub of information for support and a calendar of events and activities. Identify gaps and opportunities for improvement particularly for parents of older children, children eligible for free school meals and those living in deprived areas. Ensure support and engagement is targeted to address existing health inequalities. Provide clear communications to parents and the public about the Children and Young People's Neurodiversity services and the new pathway process. Work closely with schools as the new process is embedded and monitor impacts. 	<p>BHFT – Service Director, Children, Families and All-Age Services</p> <p>BHFT - Service Director for Universal and Specialist Children's, Family and Neurodiversity Services</p>
3	<p>Provide and promote opportunities to regularly convene the wide range of professionals working with children and young people and supporting their mental health and emotional wellbeing to:</p> <ul style="list-style-type: none"> Develop an evidence-based system strategy for children and young people's mental health and wellbeing with a strong focus on health inequalities. Collaborate, network and share best practice to drive improvements. Expand children and young people mental health workers in GP surgeries into West Berkshire, prioritising GP surgeries in deprived areas. All schools to have a Senior Mental Health Lead. Schools in deprived areas to be identified and supported first. Emotional and mental wellbeing to be given high priority in the recommissioning of the 0-19 health visiting and school nursing service. Mental Health Support Team (MHST) Funding to cover all schools in West Berkshire. 	<p>Children's Services</p> <p>Public Health – Senior Programme Officer</p> <p>BHFT – Service Director, Children, Families and All-Age Services</p> <p>Children's Services - lead for the development of the Family Hub 0-19 service</p> <p>BOB ICB</p>
4	<p>West Berkshire to become a Trauma informed district that acknowledges the impact of trauma by providing policies, training and resources to create supportive, understanding, and healing-centred environments:</p>	<p>Public Health – Senior Programme Officer</p>

	<ul style="list-style-type: none"> • A commitment to embrace and champion trauma-informed practices and to formalise trauma-informed practices into district-wide policies. • Provide guidance to help schools and other organisations to assess their current practices and implement trauma-sensitive approaches. • Professionals working with children to undergo training in trauma informed care and for ongoing workshops to be provided. • Provide workshops and resources for families to navigate trauma-informed approaches at home. 	Education – Service Director Education and SEND
5	<p>A full review of smart phones, social media use and online safety for young people in West Berkshire be carried out and to include:</p> <ul style="list-style-type: none"> • Review best practice and initiatives from other local authorities. • Consideration for school-policies and their implementation. • Support and advice for parents on the use of social media by children and young people and online safety. 	<p>Public Health – Senior Programme Officer</p> <p>Education – Service Director Education and SEND</p>
6	The West Berkshire Health and Wellbeing Board to include Children and Young People’s Mental Health as one of their priority areas of focus, and to develop their action plan to reflect this.	Health and Wellbeing Board

Appendix A: Terms of Reference

Health Scrutiny Review Matrix

Review Topic: Children's Mental Health and Emotional Wellbeing

Timescale

Start: November 2024

Finish: May 2025

Review Rationale:

There is an increasing and worsening trend of school pupils with social, emotional and mental health needs in West Berkshire. Berkshire Youth Survey results (2023) found that mental health was a key area of concern for secondary school students in West Berkshire who wanted more information or support for mental health and wellbeing. Good mental health and wellbeing for all children and young people (CYP) is a key priority in the Health and Wellbeing Strategy, which noted that children from households in the poorest areas of Berkshire West are four times more likely to experience severe mental health problems than those from the richest areas. Mental health problems during childhood can negatively impact developmental outcomes in adulthood.

The task group will review the accessibility and provision of support for children and young people at all levels of need and whether the current provision is able to meet their diverse needs. The task group will use the THRIVE framework to structure this review. This needs-led and data informed approach is used by partners to encourage shared decision making and to help identify opportunities for improvement.

With consideration to the impact of neurodiversity on emotional wellbeing and mental health needs, this review will include the services in place to support those who have a neuro difference (whether diagnosed, awaiting assessment or neither). There is rising demand, long wait times, increasing complexity and capacity concerns in West Berkshire.

The scope of the review will include:

- An understanding of the current mental health and emotional wellbeing needs of CYP in West Berkshire.
- Forming an understanding of the local approach and strategic direction to CYP's mental health and emotional wellbeing.
- Explore the contribution of, and integration between, the voluntary sector, education, early intervention support providers, local authority, primary care and secondary care.
- Review the current provision for supporting those who are neurodivergent and the neurodiversity assessment pathways.
- Review performance including waiting lists, patient feedback, communications, and consistency.

- Consider the transitional arrangements for 18 years old and onwards.
- Consider evidence-based best practice and guidance.
- Develop recommendations for improving future effectiveness in the system.

Terms of Reference:

The Task and Finish Group will consider the following:

Session 1: Assessment of current needs and provisions in West Berkshire

- Understand the current mental health and emotional wellbeing needs of the young people in West Berkshire.
- Consider the underlying causes of increasing mental health needs among CYP.
- Form an understanding of the local landscape for meeting those needs including healthcare service providers, schools, local authority and community / voluntary organisations (VCSE).
- Consider current issues, concerns and barriers.
- Form an understanding of the relevant public health principles and models.
- Form an understanding of the THRIVE Framework that the following task group sessions are based on.

Session 2: Thriving, Getting Advice and Signposting, and Getting Help:

Review the system approach to prevention, promotion, early intervention and mental health support for young people.

- Consider early intervention provisions and opportunities.
- Review the experience of children and young people.
- Understand the Council's role including the Mental Health Support Team and the Emotional Health Academy.
- Review the approach and services within schools.
- Understand healthcare's role in early intervention and support.
- Understand the role of community organisations.
- Understand the legal, ethical and professional requirements relevant to service delivery.
- Consider how the system works together and how key stakeholders work in partnership to address the needs identified in Session 1.
- Review of the interventions in place for people who are neurodivergent including support and communication on the neurodiversity assessment pathways and the referral system.

Session 3: Getting More Help Services and Getting Risk Support: Extensive, evidence-informed treatment and crisis services.

- Review of the specialist services available for complex mental health difficulties, eating disorders, psychosis and other acute mental health needs.
- Understand opportunities to improve needs-led support, determine the current and future demand, prevention and the prioritisation of funding.

- Consideration of services to targeted population groups such as children in care, youth health and justice and CYP with learning disabilities.
- Review the skill mix of professionals and resources available to meet the needs and / or choices of CYP.
- Review how services work together as a partnership to understand, prevent and manage risk.
- Review the transition arrangements for young people aged 18 onwards.

Session 4: Consider learnings from the task group and recommendations.

- Bring the learning together with partners.
- Consider relevant projects, services developments and best practice.
- Consider recommendations and highlights of note from the sessions.

Review Membership:

Councillor Martha Vickers
Councillor Martin Colston
Councillor Paul Dick
Councillor Owen Jeffery
Councillor Stephanie Steevenson
Councillor Clive Taylor

Chairman: Cllr Martha Vickers

Vice-Chairman: Cllr Martin Colston

Scrutiny Officer: Vicky Phoenix

Information Required:

- An overview of the THRIVE Framework.
- An overview of current emotional wellbeing and mental health concerns of children and young people in West Berkshire.
- Feedback and views of young people – gathered from Berkshire Youth Survey, service user feedback and service providers.
- Case studies, feedback and questions from members of the public.
- An overview of the Council's approach, services and provisions.
- An overview for the approach in school settings.
- An overview of the health service provisions to support children.
- Baseline data about service demand, provisions and performance. Including patient and resident feedback for all relevant services, and any associated health inequalities.
- The BOB ICB Local Transformation Plan for CYP mental health.
- Overview of any relevant projects or service developments in progress by stakeholders.
- An overview of the relevant public health principles and models.
- Relevant evidence-based best practice and guidance.
- Public Health commissioners feedback.

Witnesses:

- Education – primary and secondary
- Time to Talk
- Health – BOB ICB and Berkshire Healthcare NHS Foundation Trust
- Mental Health Support Team and Emotional Health Academy
- Public Health consultant
- Youth service providers and workers
- Health and Wellbeing in Schools Coordinator

Desired Outcomes:

Members will collate their recommendations which will then form the basis of a report to be considered by the Health Scrutiny Committee.