Oxfordshire LTP Refresh

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1.1 Introduction

This document describes how as a local system we are improving the emotional wellbeing and mental health of all Children and Young People across Reading, West Berkshire, and Wokingham in line with the national ambition and principles set out in a range of government documents and most recently in the NHS 10-year Long Term Plan and Future in Mind.

Our ambition has been not simply to adjust existing services, but to transform them across the whole system. This has been an important journey together with a range of partners and influences. We are an ambitious partnership with collaboration at its centre. Over recent years there has been a marked culture shift towards a mature thriving system which seeks strong relationships and a solution focussed approach as key to improving services for children, young people, and families.

Our Local Transformation Plan is reviewed by partners including service users, refreshed, and published regularly and this is our 7th version. Our Local Transformational Plan sets out our vision, progress, and next steps to improve the social, emotional, mental health and wellbeing of children and young people.

This document builds on the 2021 plan and provides an update of:

- What we have achieved so far
- Local need, trends and the voice of Children and Young People and their Parent/ Carers
- Our commitment to undertake the further work that is required
- Resources required

1.2 Our population - Covid-19 Impact and health inequalities (K2)

In 2021 NHS England concluded the second Wave of the Children and Young People's survey exploring the mental health of children and young people in February/March 2021, during the Coronavirus (COVID-19) pandemic and changes since 2017. Experiences of family life, education, and services during the COVID-19 pandemic are also examined.

This survey shows that the rates of probable mental disorders have increased since 2017; in 6 to 16 year olds from one in nine (11.6%) to one in six (17.4%), and in 17 to 19 year olds from one in ten (10.1%) to one in six (17.4%). Rates in both age groups remained similar between 2020 and 2021.

39.2% of 6 to 16 year olds had experienced deterioration in mental health since 2017, and 21.8% experienced improvement. Among 17 to 23 year olds, 52.5% experienced deterioration, and 15.2% experienced improvement.

The proportion of children and young people with possible eating problems increased since 2017; from 6.7% to 13.0% in 11 to 16 year olds, and from 44.6% to 58.2% in 17 to 19 year olds. Nationally there has been a marked increase in the number of presentations with eating disorders following Covid, with up to a 400% increase in some areas.[33]

Problems with sleep on three or more nights of the previous seven affected over a quarter (28.7%) of 6 to 10 year olds, over a third (38.4%) of 11 to 16 year olds, and over half (57.1%) of 17 to 23 year olds. Across all age groups figures were much higher in those with a probable mental disorder (59.5%, 74.2%, 86.7% respectively).

10.6% of 6 to 16 year olds missed more than 15 days of school during the 2020 Autumn term. Children with a probable mental disorder were twice as likely to have missed this much school (18.2%) as those unlikely to have a mental disorder (8.8%).

The proportion receiving regular support from school or college increased, from 73.7% in 2020 to 79.9% in 2021.[34]

The same pressure has been felt locally in Berkshire West with:

- Demand on Berkshire Healthcare CAMHS increased significantly through 2021/22 with the total number of referrals, inclusive of referrals for neurodiversity services, up by 45% from last year and continuing an upward trajectory (60% increase in referrals to CAMHs in the last 12 months). The increase has been slightly higher for Berkshire West than Berkshire East but the trend is the same across the county.

- Referrals through Common Point of Entry (CPE) at BHFT remain high, up by 63% compared to last year, which is in line with the increase seen across the SE Region. We continue to see elevated numbers of referrals coded urgent which indicates the increase in complexity and risk in referrals.
    - Acuity, complexity and risk of referrals has increased with 30% of referral now being marked as urgent at the point of referral, compared to 13% in the previous year
    - There was a dramatic rise in demand on both CAMHS and Adult eating disorder services nationally and locally through the pandemic (more detail on this can be seen in the activity section). This levelled off earlier in the year but has increased again over the past few months such that the average month referral rate is now 18, compared to 19 last year and 13 before the pandemic.
    - Waiting time to first contact is increasing in line with the increase in referrals.
    - Referrals to the crisis team were up by 7% this year with the additional challenge of pressure related to improving flow through the acute system and the ongoing increase in acuity and complexity of cases.
    - There are also workforce shortages which are making the situation worse, with a high turnover in the clinical workforce and staff leaving the clinical specialty altogether.

1.2.1 Children and Young People's Mental Health in Berkshire West

Prevalence estimates and types of mental health disorder.

The table below provides modelled estimates for the numbers of children and young people in Berkshire West who may have a mental health disorder. These are based on the prevalence rates identified in the 2017 national survey and take the age and sex of the local population into account. However, these have not been adjusted for other risks or protective factors that will impact on a child's risk of developing a mental health disorder. Children and young people may present with more than one disorder.

Estimated prevalence of mental health disorders for children and young people in Berkshire West

	5 to 10 year olds		11 to 16 year olds		17 to 19 year olds		5 to 19 year olds (Total)	
Type of mental health disorder	Est. No.	Prevalence	Est. No.	Prevalence	Est. No.	Prevalence	Est. No.	Prevalence
Mental health disorder (all)	3,854	9.5%	5,091	14.3%	2,997	17.0%	11,943	12.7%
Emotional disorder	1,668	4.1%	3,184	9.0%	2,651	15.0%	7,503	8.0%
Behavioural disorder	2,034	5.0%	2,206	6.2%	134	0.8%	4,374	4.7%
Hyperactivity disorder	703	1.7%	696	2.0%	135	0.8%	1,537	1.6%
Other less common disorder	911	2.2%	782	2.2%	317	1.8%	2,009	2.1%

Source: Prevalence from NHS Digital (2017); 2017 Mental Health of Children and Young People in England Population from Office for National Statistics (2019); Estimates of the population for the UK mid-2018.

There are an estimated 124,667 0-19 year olds in Berkshire West (ONS 2019) of whom 29,991 are aged 0-4 and 94,676 aged 5-19. The prevalence rate for 0-4s is 5.5%, so we would expect to see difficulties in 1,650 in this age group. Using the figure of 16% for the population aged 5-19, we would expect to see at least 15,148 Children and Young People with a mental health disorder in Berkshire West (mid-July 2020). A more accurate figure would be slightly higher as prevalence increases from 16% for 5-16 year olds to 20% for the 17-19 year olds. In addition, these figures do not include 0-4 year olds and SEND young people over 19 for whom more local data is needed. (Berkshire West data is based on national prevalence).

Population age profile (GP registered population by sex and quinary age band) 2019

	NHS Berkshire West CCG		South East (Hampshire, Isle of Wight and Thames Valley) NHS region		England	
Age range	Male	Female	Male	Female	Male	Female
0-4	15,615	14,851	124,311	117,556	1,671,138	1,587,076
5-9	17,990	17,046	140,304	133,471	1,837,369	1,749,218
10-14	17,040	16,280	135,991	129,499	1,760,872	1,680,110
15-19	15,544	15,213	129,499	124,529	1,647,530	1,584,914
20-24	17,013	18,496	144,683	146,854	1,854,636	1,926,952

Most CYP under 18 years of age with a MH condition have been diagnosed with Anxiety, Attention deficit disorder, Psychologic signs and symptoms and depression.[36]

Vulnerable Groups - characteristics

Deprivation and poverty

Although overall deprivation is much higher in Reading, there are also pockets of deprivation in West Berkshire and Wokingham. Those children who live in poverty are up to three times more likely to display mental health or behavioural problems.

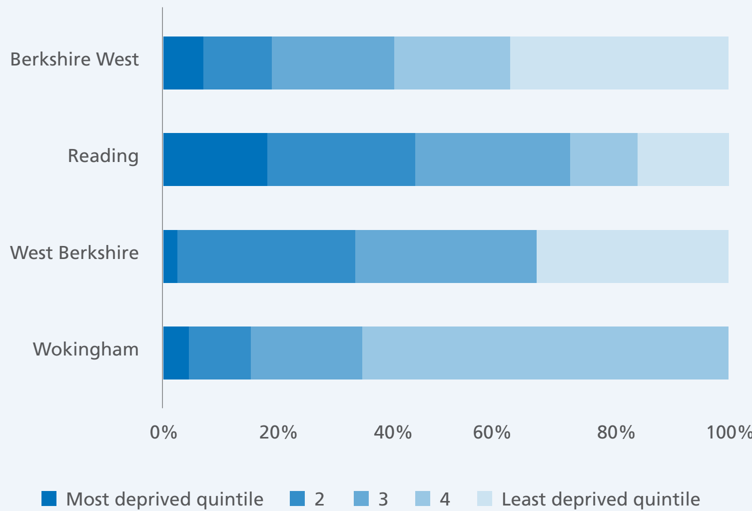
Vulnerable Groups	Characteristics
Homelessness	Over a third of children and young people who are homeless suffer poor physical or mental health.
Lifestyle and behaviours.	15-year-olds are estimated to have 3 or more risky behaviours (smoking, drinking, drug use, poor diet, physical activity)
Black and Minority Ethnic Groups	Covid has disproportionately affected BAME communities for many reasons, not only increased rates of family bereavement.
Lesbian, Gay, Bisexual, Transgender, Questioning plus others who do not identify as cis-gendered (LGBTQ+)	The LGBTQ+ community has been disproportionately affected by Covid. A significant proportion of the community have experienced discrimination from healthcare staff or avoided treatment for fear of discrimination.
SEND Children and Young People	In Berkshire West 17% of SEND children are identified as having a social, emotional or mental health need and nationally the benchmark figure is ranging from 25
Young carers (2011 data)	It is estimated that in Berkshire West 1,041 Young Carers are needing MH support. During Covid, over half say their mental health has worsened. A large proportion of young carers may not be receiving help from their local authority.

Children with a long-term illness or physical disability.	These CYP have roughly twice the behavioural, emotional, and psychiatric disorders compared to those without a chronic illness. 13% of 15-year-olds in Berkshire West stated that they had a long-term illness, disability or medical condition diagnosed by a doctor, which was comparable to the national response of 14%.
Children in Care	According to the Department for Education, almost half of looked after children have a diagnosable mental health condition. Figures obtained using the strengths and difficulties questionnaire suggested the figures were higher in Berkshire West, with 42% having 'normal' emotional and behavioural health, 18% having borderline scores and 40% having scores which were a cause for concern (Department for Education 2019). While related to looked after children and young people in Northern Ireland,[37] the most common health issues experienced included • 40% diagnosed with behavioural problems • 35% diagnosed with emotional problems • 21% diagnosed with depression or anxiety Across Berkshire West, a June 2022 snapshot highlighted that there were 548 young people classed as Children in Care The mental health challenges presented by this group of young people, coupled with challenges around engagement, means that their needs are not routinely met by traditional models of CAMHs services, and the numbers placed out of area creates additional complications to manage crisis and escalations. To meet the needs of this group of young people, BHFT CAMHs is working closely with commissioners and stakeholders across the Local Authority and Health to provide a dedicated CAMHs Children in Care Service. This jointly commissioned service will provide a consultation and trauma informed model of care for these young people. It will deliver consultation, direct intervention and training to social workers, foster carers and wider support systems surround the child – ' A Team Around the Child Approach'. The service is currently in the mobilisation phase.
Care leavers	Care leavers have high levels of mental health needs-nationally 45% screened positive for generalised anxiety,43% screened positive for depression,32% screened positive for both.
Refugees, asylum seekers, unaccompanied children, children without legal identity or regular immigration status	The numbers of unaccompanied asylum-seeking children (47 in 2017) in Berkshire West are low but they experience high levels of post-traumatic stress disorder, depression, and anxiety disorders
Persistent absenteeism and exclusions.	Children are at a higher risk of missing school if they have poor mental health, particularly conduct disorders, anxiety, or depression. This may then be exacerbated as they become more socially isolated from their peers.
Gypsy, Roma, and Traveller children	Gypsy, Roma, and Traveller children face multiple disadvantages which may lead to poorer mental and emotional health. There are around 215 GRT children and young people aged 0-19 ONS 2012-but 42% suffer from a long-term condition
Young people in contact with the youth justice system	Although the numbers of young people in contact with the youth justice system are not high, they have higher mental health needs (33%) compared with the general population. YOT in WB, 44% attendees (approx. 14 CYP) also attended CAMHS. When someone with a mental health problem comes into contact with the police, either as a victim, witness, or suspected offender, they may often be in acute distress. This can make it difficult to communicate effectively with them or assess any additional support needs, which can escalate a crisis further.

Risk Factors

Deprivation and poverty

Key point: Although overall deprivation of children aged 0-15 is much higher in Reading (15.7%), there are pockets of deprivation in West Berkshire (9.1%) and Wokingham (6.4%). Those children who live in poverty are up to three times more likely to display mental health or behavioural problems.



Source: Ministry of Housing, Communities and Local Government (2019); English indices of deprivation 2019

School pupils – ethnicity

In January 2019, 37% of pupils who attended state-funded primary schools in Berkshire West were from a minority ethnic group, compared to 32% of state-funded secondary school pupils. The largest minority ethnic groups within Berkshire West schools are children from Asian/Asian British backgrounds, followed by those from White non-British groups and mixed/multiple ethnic groups.

The School Census also provides information about the proportion of pupils in Berkshire West schools who have a first language other than English. In January 2019, 22% of state-funded primary school pupils in Berkshire West did not have English as a first language, compared to 16% from state-funded secondary school pupil.

Covid-19 Impact and local response[38]

1. Impact on Mental Health and Wellbeing

In late 2020 The Office for National Statistics ONS published results of focus groups with children pre-pandemic, where their well-being and views on what makes a happy life were discussed. The findings, from UK children aged 10 to 15, explored how children felt about their relationships and their wider environment.

The most important factors for wellbeing and to have a happy life were:

- Feeling loved
- Having positive, supportive relationships, particularly with friends and family,
- Having someone to talk to and rely
- Having a safe space to relax and feel safe

The issues that caused anxiety were:

- School pressures and schoolwork
- Exam time and having multiple exams on the same day
- Home environment being unsettled
- Stresses at home around Finances causing mental health issues in the whole household

2. Covid Impact

In a summary of relevant literature and emerging evidence May 2020, which included the Mental Health of children and Young People in England 2020 survey, Dr Gavin Lockhart noted:

- In 2020 one in six children aged 5 to 16 years were identified as having a probable mental disorder.
- In 2017 this was one in nine children aged 5 to 16 years – so a significant increase
- More than half of 11 to 16 year old's with a probable mental disorder said that life was worse under lockdown, this is a lot higher than those unlikely to have a mental disorder (39%).
- Children with a probable mental disorder were more likely to say that lockdown had made their life worse, than those unlikely to have a mental disorder.
- There is some evidence that sleep difficulties have increased for CYP at present

The impact on the mental health of our children and young people is of huge concern. Almost every young person has had to adjust to dramatic changes in their education and home life.

Feedback from Young people

Several studies and focus groups carried out by VCSE organisations showed the following results:

- 80% of respondents agreed that the coronavirus pandemic had made their mental health worse,
- 87% of respondents describing feeling lonely or isolated during lockdown even though
- 71% had been able to stay in touch with friends.
- Young people felt overlooked and unconsidered as though they were responsible for spreading COVID-19.
- Young people experienced guilt – for 'not doing enough to help' and for 'feeling grateful' for not being at high risk of catching COVID-19;
- Young people experienced considerable periods of feeling anxious, lonely, sad, low, isolated, bored, exhausted, frustrated, stressed and scared.
- Having no sense of purpose or damage to their sense of self-worth has left them feeling lost and useless. There will not be a 'quick fix' upon return to some normality.
- Lack of team sports adversely affected Children and young people's wellbeing, especially for those who usually spend a lot of downtime playing team sports

The overwhelming message heard from children and young people is that Covid-19, and the measures to contain it, are having a negative impact on their mental health and wellbeing

Increase in presentation of eating disorders

Emerging evidence suggests that the impact of this pandemic on children and young people's mental health and wellbeing could be profound. In December, a senior consultant at The Maudsley reported that paediatricians have seen a huge rise in cases of anorexia nervosa and other food restriction disorders in children and young people, including those under 13. Some reported a doubling, tripling or even quadrupling of cases compared with the same period last year .

0-5 Good start in Life - Impacts on babies

The report Lockdown lessons from local systems report summarises the impacts on babies of COVID-19 and the Spring 2020 national lockdown. The report presents a varied picture across the UK, with evidence that "hidden harms" of the Spring lockdown on 0-2s were broad and significant, and experienced unevenly depending on family circumstances and background.

The report also draws on a survey of 235 senior leaders of pregnancy and 0-2 services across the UK. The survey findings showed that:

- Almost all (98%) of the survey respondents said babies which their organisation works with had been impacted by parental anxiety, stress or depression which was affecting bonding and responsive care.
- 78% of respondents were clear that the government in their nation had not done enough for the under 2s, creating this 'baby blind-spot'.
- The majority (80%) said that some babies they work with had experienced increased exposure to domestic conflict, child abuse or neglect, with 29% saying many babies they work with had been impacted

- Readiness for schools – Ofsted report
- More children may not be ready for school by age four' warns new Ofsted briefing. Ofsted's latest report shows the pandemic's ongoing impact on early years is delaying children's self-care and social skills

Vulnerable groups

The impact on mental health and wellbeing will be even more prevalent for the most vulnerable children and young people. Emerging evidence suggests that the impact of this pandemic on some communities who are especially vulnerable to becoming ill and dying – like those living in areas of high deprivation or from Black, Asian, and Minority Ethnic (BAME) backgrounds – will be disproportionately impacted.

- **BAME** – will be disproportionately impacted.
- **Young Carers** - increase in the number of young carers, especially BAME. Particularly at risk of social isolation, loneliness, depression, stress and anxiety.
- **LGBTQ+** - Mental health issues for LGBTQ+ people are associated with stigma, prejudice and discrimination which creates a hostile and stressful social environment. The pandemic has only served to compound this
- **Children with an incarcerated parent** - The impact of Covid-19 is that social visits to prisons have stopped and children and young people are less able to be reassured about the safety of their parent causing an increase in mental health need.
- **Special Educational Needs** (SEN) - During lockdown, some children and young people with SEN may have been left isolated as services which provide structure and social contact are closed.
- **Refugees and Asylum seekers** - Lockdown (is likely to) further the existing mental health problems faced by asylum seekers and refugees related to their 'pre-migration experiences and post migration conditions
- **Home Educated Children** - The biggest concern among local authorities was the welfare of those children and young people whom they had not been in contact with for several reasons.
- This fact has sparked safeguarding concerns given that there is no mandatory register of home-educated children.

Covid-19 Impact on Perinatal Mental Health

The coronavirus pandemic had a far-reaching impacts on the entire population. An analysis of "The impacts of COVID 19 on children and young people", (led by Public Health in West Berkshire, Holly Jenkins,) shown in the pictograph below, demonstrates the impacts across the life course, divided into short, medium and long term. Figure 1 below shows that for children and young people in particular, the impacts have been felt throughout all aspects of their lives. Antenatal services have been delivered virtually in addition to restrictions on partner and family support during labour and delivery. Along with the social isolation of lockdown with a new-born, this has potentially had a significant impact on perinatal mental health.

Impacts of Covid-19 pandemic across the lifecourse

Pregnancy	Infancy	Childhood	Adolescence	Adulthood	Elderly
Reduced antenatal care Perinatal mental health	Perinatal mental health Breastfeeding support [!] Immunisation uptake [!] Non-accidental injuries	'Hidden' safeguarding issues Developmental and mental health checks not completed Adverse childhood experiences	Increased negative health behaviours Deferred sexual health services Low mood and high anxiety	Increased negative health behaviours (e.g. substance misuse, alcohol, smoking, gambling, inactivity) amongst some sections of society Paused commisioned lifestyle services, deferred cancer screening/NHS health checks, reduced health screening for urgent issues, 'hidden' safeguarding issues [!] Economic uncertainty New anxiety and worsening existing mental illness, PTSD for carers/health workers and families	Social isolation and loneliness Limited physical activity
Safeguarding risks Risky behaviours (smoking/alcohol / substance misuse)	Unplanned pregnancies Admissions for gastrointestinal and respiratory infections Population vaccination coverage reduced and outbreaks	Adverse childhood experiences	Increased demand for mental health services Unwanted pregnancies, STI diagnoses [!]	Fewer recovering from substance misuse, increased BBV infections, adults smoking, adults overweight / obese [!] Cancer screening coverage (breast, cervical, bowel) and late presentation [!] Increased demand for grief and bereavement services, employment / training support, claiming out of work benefits **People with high anxiety [!]**	Dementia diagnosis [!] Injuries due to falls [!] Fuel poverty [!]
Low birthweight [!] Poor attachment Admissions for deliberate / intentional harm [!] Smoking at time of delivery [!]	Higher risk of poor mental, physical health, social and educational outcomes	School readiness [!]	Alcohol and substance misuse admissions under 18 [!] Obese children [!] Admissions for self-harm [!]	Increased demand for mental health services Under 75 mortality from cardiovascular and liver disease and cancer [!] Worsening social inequalities [!] Suicide	Increased morbidity and mortality

[!] Symbol indicates PHOF indicator

Locally No5 survey highlighted loss of independence, leading to loss of confidence and increased anxiety once able to go out again; reduction of peer support networks, heightening anxiety and tension, family issues such as having to choose between either parents in split families; a sense o feeling false connections, due to the use of digital media for social interaction; the cancellation of A level exams led to increased anxiety for the future, along with sense of lack of hope and prospects for the future and feelings of blame and guilt because of the perception that young people were being inconsiderate and spreading the virus.

OXWELL SURVEY DATA

Berkshire West CCG commissioned Oxford University to run the OxWell Student Survey, a repeated, cross-sectional, detailed survey of mental health and well-being of students. It examines risk and protective factors for students and as it is completed by the students whilst at school, it is able to capture a large and representative population of young people from all schools in a region. For example, in 2021, 180 schools in 4 regions participated with data from over 30,000 students collected across Berkshire (both East and West), Buckinghamshire, Oxfordshire and Liverpool.

This survey provides a large amount of unique data from which we are learning about mental health and the acceptability of interventions, bringing key mental health implementation questions to the fore of our understanding about the barriers of accessing mental health services for young people in the region. It is based at the Department of Psychiatry, University of Oxford with key local authority and county council partnerships. One of the key opportunities the OxWell survey provides is that an online portal has been created from which local authorities and schools involved can access their own information (example of a summary report attached, but the portal allows tailored information to be examined on whatever variable is of relevance and interest). The OxWell survey will bring greater understanding to a broad range of questions including:

- Key barriers to accessing mental health services;
- Adolescent sleep and exercise patterns;
- Deliberate self-harm and its association with loneliness;
- Utilisation and acceptability of mental health supports;
- Exposure to abuse, bullying;
- School exclusion;
- Internet gaming and substance misuse.

Please refer to the Annual Report from OxWell 2021-22 for more information, which are available on request. We will be using the results of the past survey and the next one, which will run in February, to understand our population better and plan services accordingly.

In 2021, 2,655 children and young people in 19 settings took part in the survey:

- 1,278 in Primary years 5 and 6 (15 schools)
- 1,377 in Secondary Years 7 – 12 (4 schools)

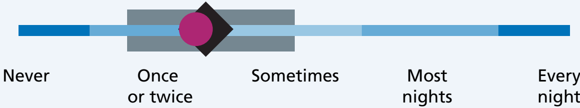
The results inform education settings about the needs and experiences of their pupils and their wellbeing (health and happiness) to help ensure that the resources available can be targeted at areas of most need. LAs, CCGs and schools gained access to the anonymised data on a bespoke portal. The first individual reports were sent to school ahead of the new school year. The survey addressed a range of topics relevant to wellbeing, including asking questions about lifestyle and school life. Answers will enable the assessment of mental wellbeing, anxiety, vulnerability, sleep patterns, online safety, protective factors such as exercise and healthy eating and attitude to accessing mental health support. In total 31 schools in Berkshire West signed up (10 in Reading, 7 in West Berkshire and 14 in Wokingham). Berkshire West participation had over a three-fold increase from 2020 Oxwell survey participation (2,875 log-ins compared to OxWell 2020's 831), which is testimony to the effort both BW CCG and Local Authorities have put into promoting the benefits in taking part.

Below are some of the themes based on replies in secondary schools across Berkshire West. More detailed report for secondary and primary schools which participated in 2021 are available in Appendix 6:

Some young people go to school or to bed hungry because there is not enough food at home. How often does this happen to you?

Responders are showing this happens to them more often than in the other schools across the OxWell average.

How often have you been so worried about something you can not sleep at night?



Responders are showing this happens to them similarly to the other schools across the OxWell average.

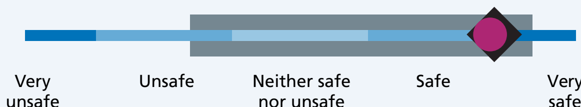
How much help and support with learning do you feel that you you get at school?

Responders are showing this happens to them more often than in the other schools across the OxWell average.

When you are at school, how safe do you feel?

Responders are showing this happens to them more often than in the other schools across the OxWell average.

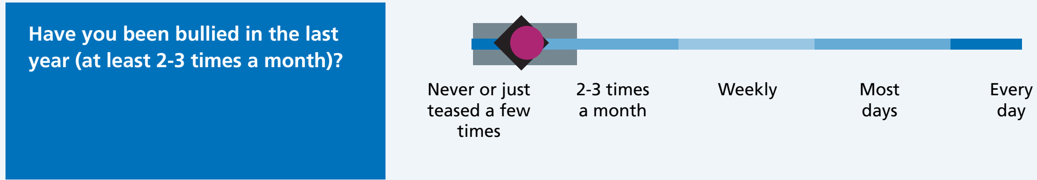
How safe do you feel at home or the place where you live?



Responders are showing this happens to them similarly to the other schools across the OxWell average.

How safe do you feel from crime?

Responders are showing this happens to them similarly to the other schools across the OxWell average.



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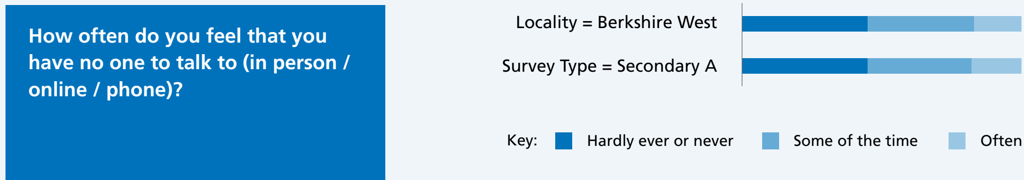
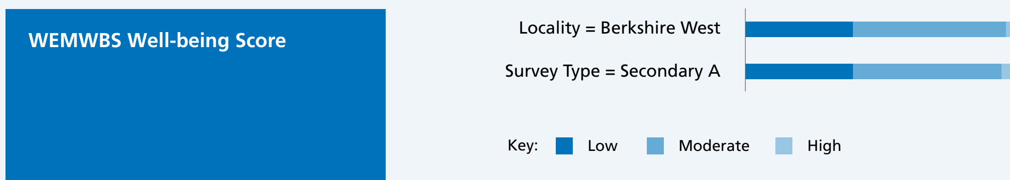


	Locality = Berkshire West	%	Survey Type = Secondary AND Survey Type = Year 12+	%
Hardly ever or never	573	45.0	9,233	44.9
Some of the time	492	38.6	7,787	37.9
Often	209	16.4	3,532	17.2
Total	1,274	100.0	20,552	100.0

16.4% (209 pupils) of responders feel that often they have no one to talk to.

WEMWBS Well-being Score (Warwick & Edinburgh Mental Wellbeing Score)[40]

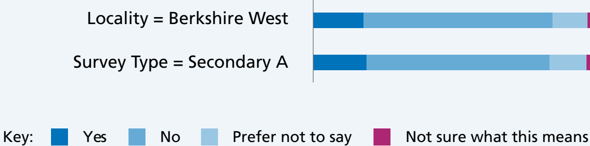
(Categorised as pupils with low, moderate and High mental wellbeing)



	Locality = Berkshire West	%	% Total respondents (n=1377)	Survey Type = Secondary AND Survey Type = Year 12+	%	% Total respondents (n=22,079)
Low	425	38.4	30.86	6,898	39.0	31.24
Moderate	621	56.1	45.10	9,503	53.8	43.04
High	60	5.4	4.36	1,269	7.2	5.75
Total	1,106	100.0		17,670	100.0	

Over 38 % (425 pupils) of responders have scored low in the Warwick & Edinburgh Mental Wellbeing Score.

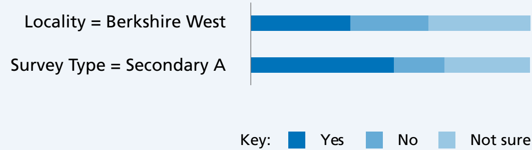
Have you ever deliberately self-harmed (for example by taking an overdose or deliberately injuring yourself in some other way)?



	Locality = Berkshire West	%	Survey Type = Secondary AND Survey Type = Year 12+	%
Yes	148	18.1	2,351	19.0
No	555	67.9	8,159	66.0
Prefer not to say	107	13.1	1,685	13.6
Not sure what this means	7	0.9	173	1.4
Total	817	100.0	12,368	100.0

18% of the responders (148 pupils) have deliberately self-harmed.

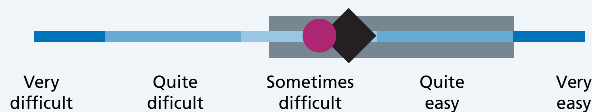
Do you know who provides Mental Health support in your school (where to go when you are worried and want to talk to an adult)?



	Locality = Berkshire West	%	Survey Type = Secondary AND Survey Type = Year 12+	%
Yes	448	35.8	10,452	51.6
No	352	28.2	3,684	18.2
Not sure	450	36.0	6,138	30.3
Total	1,250	100.0	20,274	100.0

Less than half of the responders are aware of who provides Mental Health support in their school (36% of pupils) and 52% of them finds it sometimes difficult to access the support they need for their Mental Health at school.

Is it easy to access mental health support at school?



Locality = Berkshire West	52.4	(StDev: 26.7) (Median: 52.6) (n:1,193)	This falls within: Sometimes difficult
Survey Type = Secondary AND Survey Type = Year 12+	57	(StDev: 26.8) (Median: 61.6) (n:19,369)	This falls within: Sometimes difficult
Lowest School Ave:	42.3	Lower Quartile limit:	53.2
Highest School Ave:	86.8	Upper Quartile limit:	60.4

1.3 Financial Investment Profile (k1.1a)

Spend with BHFT - total contract value 22/23	
Children & Young People's Eating Disorders	3,384,167
Children & Young People's Mental Health (excluding LD)	5,147,513
New investments 22/23	
CYP ASD	£469,000
CYP ADHD	£979,000
SDF CYP MHLD Service	£200,000
Children in Care (CIC)	£355,000
MHST Investment 22/23	£1,919,000

BOB ICB Berkshire West and our partner organisations have been working hard to improve our current issues and challenges.

- We have continued to invest in the school links project and mental wellbeing projects within our three Local Authorities, including the two emotional wellbeing hubs in West Berkshire and Wokingham;
    - Supporting the three local Counselling organisation with regular grants and supplementing these for special projects or to expand counselling provision
    - Contributing to the AnDY clinic work in supporting CYP with Anxiety and Depression
    - Commissioning Digital Counselling options such as Kooth
    - Financing a number of VCSE-led schemes aimed at supporting CYP in Crisis and in-patients CYP (ARRS roles in Primary Care, support for CYP in emergency departments and other acute settings)
    - Funding VCSE which are working with CYP with Autism and ADHD and their families to provide wrap around pre and post diagnostic support services
    - Invested in the CYP Key worker pilots

BHFT and BOB ICB Berkshire West identified some underspent funding at year end 21/22 plus there was Winter funding available. They worked together to coordinate how the money could be used and how to avoid duplications, to allocate a range of grants to VCS organisations and the Andy Clinic at Reading University. These will create several opportunities to work collaboratively to improve triage & early support for families and reduce demand on CPE are currently being explored. Some of the investment initiatives are:

- ICB & BHFT increased funding to the AnDY Clinic at Reading University with a view to reduce the waiting lists and allow the service to recruit an extra member of staff
- Issued grants to the local youth counselling organisations to support their effort in managing their waiting lists both face to face and remotely by trialling new digital solutions
- Invested in VCS organisations who work with CYP in the community and provide support to young carers, LGBTQ+ groups, ethnically diverse communities and refugees
- Financed Starting Point Hospital Navigators schemes
- A number of grants to support local charities in their efforts working with refugees and asylum seekers
- Grants to support eating disorder awareness with parents and to improve specialist care of those with ASD & ARFID in acute settings
- Grants to support young carers

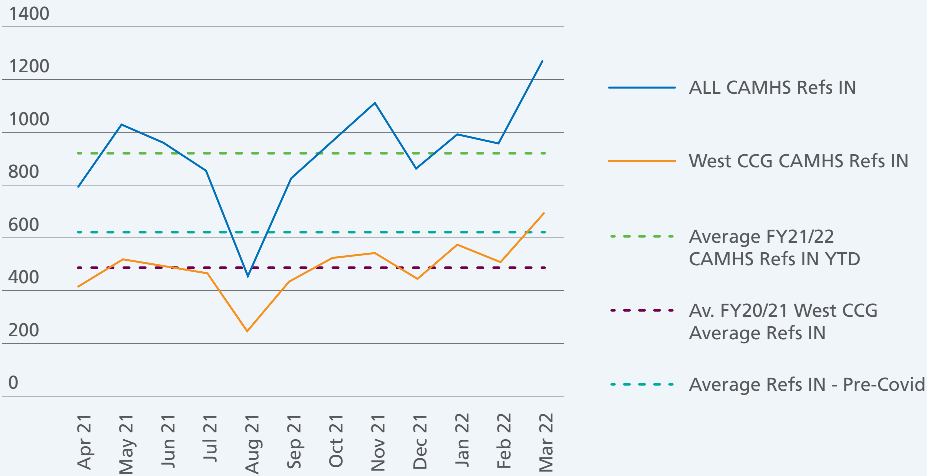
1.4 Activity

Berkshire HealthCare Foundation Trust

Demand on Berkshire Healthcare CAMHS increased significantly through 2021/22 with the total number of referrals, inclusive of referrals for neurodiversity services, up by 45% from last year and continuing an upward trajectory.

The increase has been slightly higher for Berkshire West than Berkshire East but the trend is the same across the county.

CAMHS - All Referrals In



Workforce remains the biggest challenge to the service however the new Recruitment Coordinator post and the recruitment of dedicated project management time for new service developments such as the crisis service development and the Berkshire West Key Worker/Dynamic Support Register project are proving beneficial.

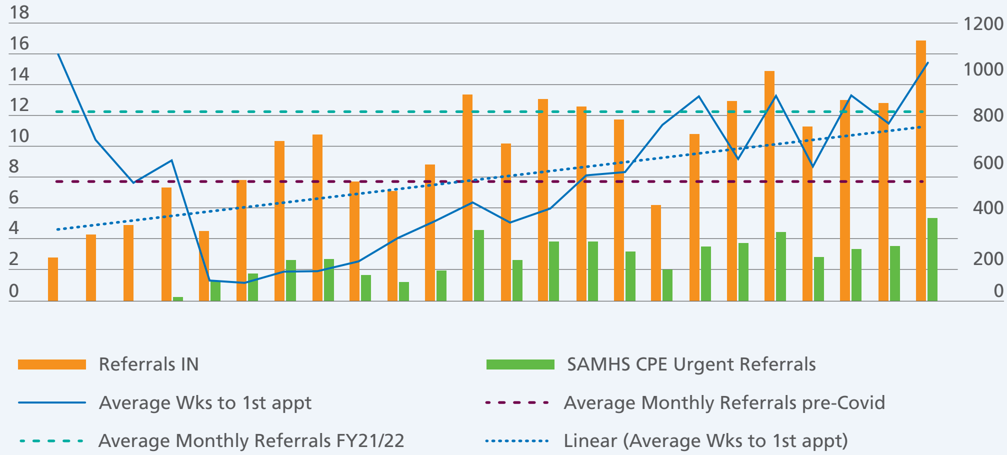
BHFT have also seen a continual growth in the number of children and young people presenting with elevated levels of challenging behaviour, violence/aggression and/or self-harm and risk who require specialist multiagency care plans. These CYP are a combination of those with complex trauma and attachment difficulties and/or LD/A.

There are delays in discharging some children who are not detainable under the Mental Health Act and do not meet criteria/would not benefit from Tier 4 care. To alleviate this and to provide options for Crisis presentations, BHFT CAMHS is working with colleagues across the local authority and Acute Health services to develop models and options for alternatives to crisis. This is especially required for when mental health crisis is compounded b

y social care needs. By working in partnership, BHFT CAMHs will be supporting models and bids to provide mental health support that prevents the break-down of placements and care needs.

We are working closely with both ICS leads to develop plans to address service gaps relating to Children in Care, LD CAMHs and Positive Behaviour Support services and will be creating a new role, based on learning from OHFT, to coordinate care for the complex cohort across agencies.

CAMHS CPE Referrals & Waiting Times



Referrals through CPE remain high, up by 63% compared to last year, which is in line with the increase seen across the SE Region. We continue to see elevated numbers of referrals coded urgent (green bars) which indicates the increase in complexity and risk in referrals.

Waiting time to first contact is increasing in line with the increase in referrals.

Capacity continues to be stretched due to the high needs of the small, but growing, cohort of highly complex cases that require intensive multiagency support & frequent meetings to manage system concerns.

Planned developments including the crisis home treatment service, children in care service and LD CAMHS are all key to reducing demand and therefore waiting times in these teams.

Potential opportunities to work with VCSE partners to improve care for CYP in these teams are also being explored, in the first instance with Berkshire West and Slough. This work is focused on improving flow through the teams through enhanced support back to mainstream services post intervention.

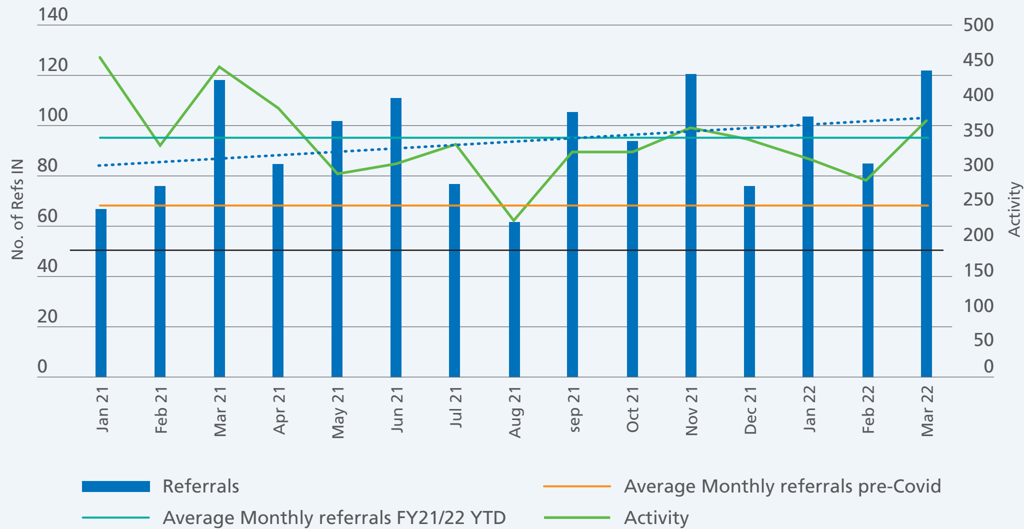
The core CAMHS teams are the primary focus of the CAMHS clinical care pathways programme, which provides an evidence-based framework for interventions, with technology enabling better use of data, including outcome measures to understand demand/capacity and improve flow.

The piloting of a digital offer for anxiety treatment at Getting More Help level in 2022/23 will also facilitate waiting list reduction.

RRT Berkshire-wide (county-wide data)

Referrals to the crisis team were up by 7% this year with the additional challenge of pressure related to improving flow through the acute system and the ongoing increase in acuity and complexity of cases.

CAMHS RRT Referrals & Activity 2021/2022



Initial data from an audit of POS data relating to CYP over the last 12 months indicates that the team have also undertaken significantly more mental health act assessments over the last 12 months (10-fold increase) due to changes in POS process. While this improves quality and patient experience, it impacts on team capacity and wellbeing.

Workforce and lack of provision for CYP needing community placements are impacting on this.

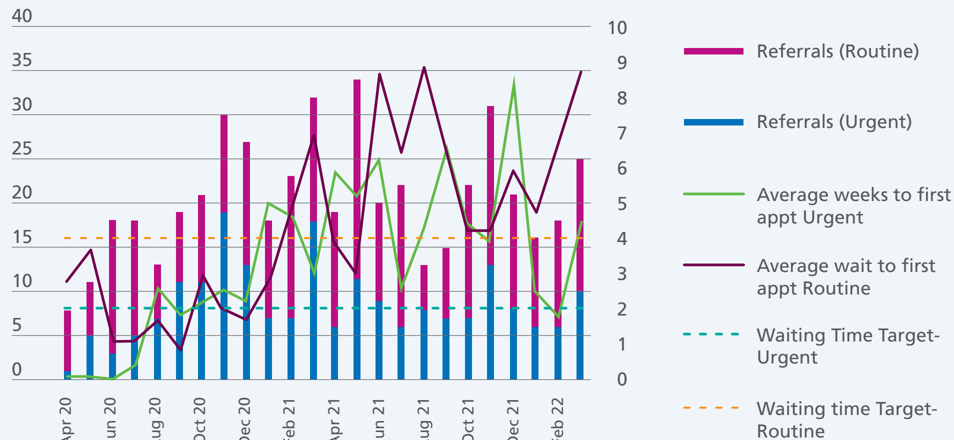
The Berkshire Eating Disorders Service

The Berkshire Eating Disorders Service is an all-age service so data presented here is for both BEDS CYP and BEDS Adult. Data is county-wide.

There was a dramatic rise in demand on both CAMHS and Adult eating disorder services nationally and locally through the pandemic. This levelled off earlier in the year but has increased again over the past few months such that the average month referral rate is now 18, compared to 19 last year and 13 before the pandemic.

Waiting times are currently not being met as see below:

BEDS CYP Referral Urgency and Waiting Times



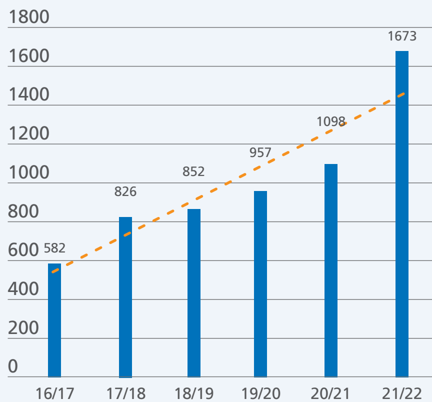
The top contributors to that have been issues relating to quality of referrals and the referral form/processes which will be addressed through the CPYF Hub QI project. However workforce issues including vacancies, turnover and sickness absence are currently the main factor. The Full report is available as Appendix 3.

As a reference, Crisis referral through the Crisis Line seem to be stable, with a decrease in July and August, and making up only 1.4% average of the calls in the last 5 months recorded in 2022 (9.8 average calls over 634 average calls in total).

Neurodiversity[41]

The main challenge for the service continues to be the large volume of referrals for autism and ADHD and long-standing demand and capacity issues. This is compounded by workforce challenges, with resignations both during the pandemic and more recently, as well as the national shortage of suitably qualified staff with consequent recruitment and retention issues.

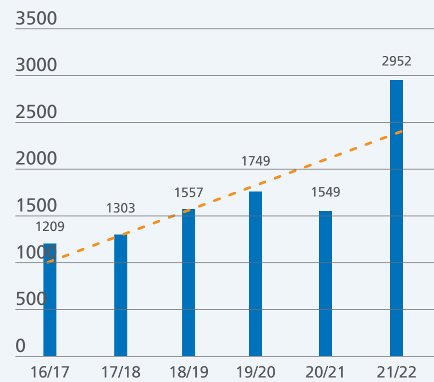
ADHD Referrals Berkshire wide



187% increase

Children waiting for an ADHD assessment including CPE

Autism Assessment Referrals Berkshire wide



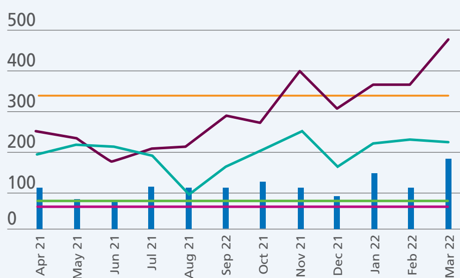
144% increase

This data includes those in Common Point of Entry

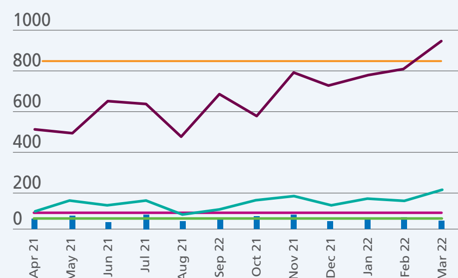
In the last year we have seen a 52% increase in ADHD referrals and a 91% increase in autism assessment referrals. The increasing demand on CPE for all types of referrals means that there is a lag in the referral data due to the amount of time it takes to complete triage. As with CAMHS services in general, the Neurodiversity service has experienced an increase in the number of children and young people presenting with higher levels of clinical complexity, clinical need and risk. For the Autism Assessment Team, this is also compounded by the transfer of 400 routine assessments to Healios, meaning that the Autism Assessment Team clinicians experience a greater number of complex assessments.

Close working with commissioners and new investment: following comprehensive demand, capacity, workforce and transformation modelling significant additional investment was provided. The new investment is enabling a significant service expansion across the Autism Assessment Team (AAT) and the ADHD Team. The service is using the new investment both to increase the workforce and also to use partnership working with external providers to increase the service capacity. This has significantly increased the number of appointments the service can offer.

AAT Referrals and Activity 2020/2021



ADHD Referrals and Activity 2020/2021



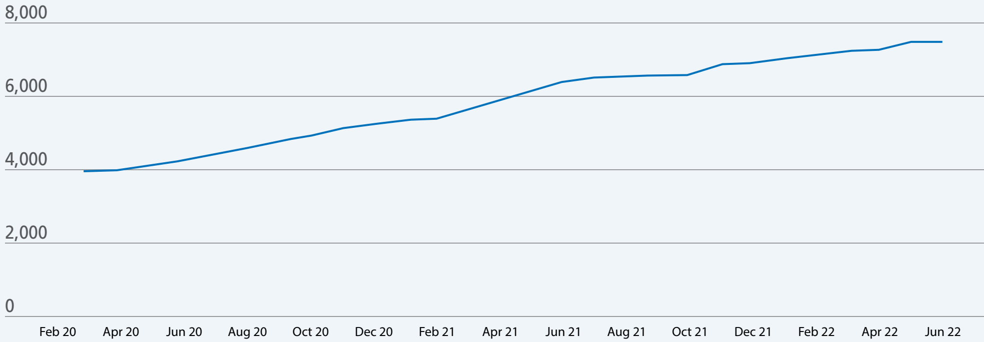
Avg week wait times pre-Covid 2019
Avg week wait times post-Covid 2021
Discharges
Avg Activity pre-Covid 2019
Activity
Referrals

Data is across Berkshire. The referrals do not include those in CPE that are pending transfer to the team.

Berkshire West Performance and Access[42]

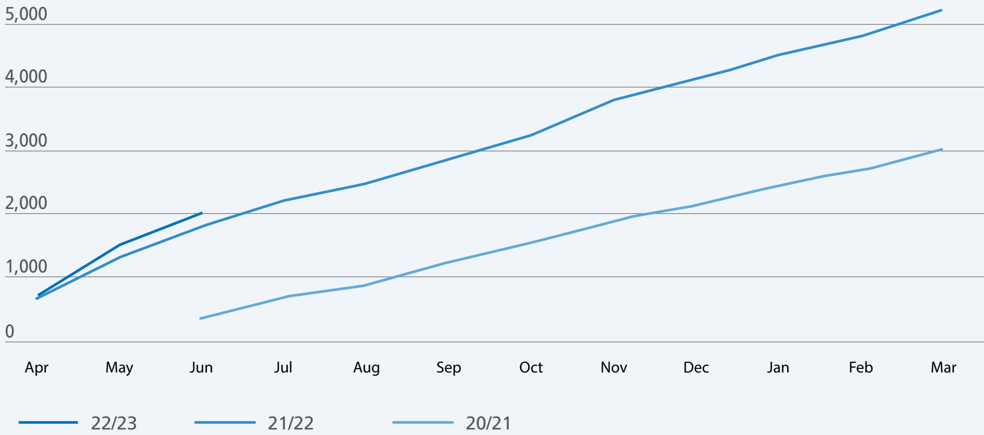
Berkshire West Access (1+ contacts) is meeting the Access target. It is also increasing steadily and contributing to BOB's target.

Rolling number of people receiving at least one contact in the last 12 months



The Access numbers for 2+ contact are also growing steadily as seen in the data below

Rolling number of people receiving at least two contacts in the financial year



1.5 Progress since 21/22 Local Transformation Plans

Joint Working – Partnership Arrangements and Communication Approach

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You Said

"It is unclear which service is best to refer to and there is confusion on which service is available in which Local Authority"

"There is a long wait once someone has been referred"

it would help if there were:

- More joined up working
- Better communications channels
- More/specific training
- Early identification/Intervention
- Better comms with families on the waiting lists
- A MH service which meets needs and not necessarily focussed on diagnosis
- Shorter waiting times
- More support for parents
- Greater involvement of family and CYP in decision making

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We Did

- Staff survey to gather their feedback
- Used the OxWell survey and other local findings to gather information on how our students are feeling
- Commissioned Oxfordshire Mind (OM)
  - To help us explore what a partnership across Berkshire West could look like and how we could achieve better partnership working and to set up:
  - A youth participation forum, including pupils from more deprived wards. Outreach into the schools supplemented this work.
  - Co-production via wider stakeholder learning network (to identify gaps, networking, sharing skills)
  - A co-production steering group exploring the partnership approach
  - OM also organised and run (in collaboration with Berkshire Youth) a Youth conference "Through Your Eyes" co-led by young people.
- Encouraged MHST co-production workstreams within schools for MHST Wave 5
- Commissioned a Co-production workshop with partners.
- Organising Focus groups with some of our CYP from specific groups to explore barriers to access and how we can improve access for them (LGBTQ+, LDA with MH support needs and Ethnically Diverse CYP).
- Issued additional grants to counselling organisations and the AnDY clinic to support management of their waiting list including trialling new digital options.

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Impact/Evaluations

</td><td>

Next Steps

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- The information needs and preferences of CYPs and families/carers gathered have been reviewed and findings will be taken into consideration for future planning.
- Some feedback from the Youth in Mind Conference:

"Today was a step in theright direction but there can be more done to involve us (young people) in our mental health services. We want to make a positive change."

"I loved having the chance to speak to the professionals. Next year will be even better."

"It was great to see and understand how people are trying to support CYP mental health and get some experience."

"This was great opportunity to meet and educate professionals on our experience."

Andy Clinic

- AnDY clinic's last quarter figures show that nearly two-thirds of people reported improvement in symptoms and over 80% reported improvement in functioning.
- Only three young people who completed treatment needed to be stepped-up to high-intensity CAMHS services after treatment.
- Satisfaction ratings from young people and their parents/carers remained high, with everyone who provided feedback giving overall satisfaction ratings of over 95% (although numbers were small).

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We will continue to work toward a clear joined-up approach in Berkshire West with an integrated, partnership approach to defining and meeting CYP needs by.

- Reviewing 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

Information on this is available in our Refreshed Priorities under "Partnership".

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Single Front Door – A coordinated approach to referrals and signposting	
You Said *"There are many different access points which do not co-ordinate waiting lists. This is causing confusion and leading to one person being on more than one waiting list."* *"It is impossible to determine how much is spent for each section of the Thrive model as some services offer support at more than one level."* *"Those working locally will not achieve their full potential to support young people until the complexity and fragmentation of the system is addressed"*	**We Did** We recruited an experience provider, NHS SCW CSU, to carry out a desktop research, detailed mapping of our commissioning and interaction between the services Phases of the project included: **1. Exploratory work for SPOA in Berkshire West** • Deep dive into best practice SPOA models • System collaboration • Commissioning and operational challenges • Equitable service **2. Workforce** • Impact of transformation on staff • Workforce planning for current and future workforce • Job analysis and design of referral management workforce • Alternative roles for managing waiting lists • Wellbeing support • Developing a digital delivery strategy • Developing a talent management strategy BHFT and Berkshire Youth are exploring new models which integrate VCS to facilitate flow into CAMHs and new ways of working
Impact/Evaluations	**Next Steps**
MH team will regroup and discuss the findings and recommendations with partners to look into what is suitable for Berkshire West and what approach the partners want to take.	The findings will be used to inform our thinking on how our services can work toward a coordinated front door and a Thrive Hub whilst continuing to integrate services across the partners

Reducing the waiting times in both specialist/ Core CAMHs	
You Said *"There are long waiting times – solutions on how to bridge the gaps while waiting should be provided (i.e. regular catch up calls; peer support groups meet up and similar)"* *"There is a high turnover of staff"* *"There are long waiting times – solutions on how to bridge the gaps while waiting are needed (i.e. regular catch up calls; peer support groups meet up etc.) along with strategies to reduce them"*	**We Did** • The CAMHs Transformation Lead at BHFT has been appointed • BHFT has carried out a comprehensive review of performance and operational delivery, developed a heat map, consulted with staff & stakeholders, and reviewed national benchmarking data as a comparison. In addition to tackling the workforce challenges, there are several workstreams in progress to reduce demand/enable efficiency in CPE: • Following the opportunity to provide small grants (Trust and ICS) to local VCSE organisations, several opportunities to work collaboratively to improve triage & early support for families and reduce demand on CPE are currently being explored. • Meetings have also been set up with leads for Getting Help level services to progress plans to improve triage and referral processes at that level. • A dedicated quality improvement project is looking at the whole CYPF referral management process. Opportunities to improve the referral system through digitisation will be explored through this project.

Impact/Evaluations	Next Steps
• CAMHS Common Point of Entry struggles with a high number of inappropriate referrals • Presentation to CAMHs has included increasing acuity and complexity. • There are known gaps in the service provision, • Difficulties with achieving recommended waiting times for treatments, impacting staff morale and resulting in clinical time being diverted to manage escalations and support for children and young people on the waiting lists and give support families while waiting. • Managing increasingly complex referrals and interfaces; • All service lines report difficulties in recruiting experienced CAMHs staff.	• A review of CAMHS to streamline pathways and build a Thrive model • Updated NHS E Waiting Times guidance will be implemented to provide standardisation to reporting, • Reduce the number of inappropriate referrals via internal QI projects • Mobilise CIC offer • Developing a Digital CAMHS Project. • CAMHS Clinical Care Pathways Programme which will aim to improve the clinical offer and reduce waiting times • Continue to invest through the Long Term Plan Funding • Develop the workforce through the CAMHs Workforce Academy and local integrated workforce planning

Reducing the waiting times in both specialist/ Core CAMHs – Children in Care CAMHS	
You Said Figures obtained using the strengths and difficulties questionnaire suggested the figures were higher in Berkshire West, with 42% having 'normal' emotional and behavioural health, 18% having borderline scores and 40% having scores which were a cause for concern (Department for Education 2019). While related to looked after children and young people in Northern Ireland[43], the most common health issues experienced included • 40% diagnosed with behavioural problems • 35% diagnosed with emotional problems • 21% diagnosed with depression or anxiety	**We Did** We have co- commissioned a specialist mental health service for Children in Care in partnership with the three local authorities and are continuing the mobilisation to: • Provide a model that builds capacity in the wider children's workforce and support to foster carers • Continue to provide integrated services and early support and interventions to CiC
Impact/Evaluations	**Next Steps**
• Improved access the mental health support for our most vulnerable children • Improving the confidence of the wider children's workforce to support CiC who have emotional and mental health needs	• To continue to mobilise the service to full budgeted capacity

Meeting the Eating Disorder waiting times for response to referrals	
You Said We need: Adequate workforce to support demand and complexity Suitable investment into the ED pathways Increased confidence with early identification and risk management and confidence on the ward and in Primary Care CYP with disordered eating and their families are supported PEACE pathway is in place	**We Did** • BEAT training – workshop with staff in the acute wards; GP Webinar and accompanying documentation produced and shared • Recruitment phase nearing end of completion • Creation of a PEACE pathway • Using the CREST tool to analyse demand and capacity. Results reviewed • Workforce modelling complete and discussed and 2-year recruitment plan agreed • Liaison and support post in RBFT for patients with ED • Hospital at Home offer is being developed • Commissioned BEAT Training Programmes • ARFID – adjustments

Impact/Evaluations	Next Steps
• Key challenges for CYP BEDS are the need to consistently meet waiting time standards. However, this has remained difficult due to an unexpected increase in the numbers of referrals across the COVID pandemic and increases in acuity and co-morbidity coupled with later presentations (so more unwell and Urgent presentations) • In line with the national picture, these factors are compounded by a surge in ARFID cases. Therefore, those not traditionally seen in an Eating Disorder service, but do place demands to assess and evaluate; and a shortage of Tier 4 beds, meaning more intensive interventions need to be offered to patients on the caseload and patients remain open to service longer. This creates pressure on response times and case load capacities. • The ability to recruit and retain staff has been a significant issue. COVID has impacted on staffing due to covid ill health and high turnover rates due to burn-out in the professions.	• Recovery Plan to address Workforce challenges • Invest to grow workforce to meet demand • Reduce the number of inappropriate referrals, • Additional Quality Improvement projects will focus on Data Quality Improvement • Continue to utilize and provide support through the SHaRON platform • Implement learning from PEACE Pathway pilot: • Work closely with the Core CAMHS service to develop an ARFID Service Model and pathway. This is part of an ICB wide approach and will improve the referral, assessment, and treatment options for YP with this need.

Mobilising a Community Home treatment offer 24/7 access standard for Crisis cases	
You Said NHS England Long Term Plan deliverable Adequate 24/7 support is needed for CYP who are in a Crisis	**We Did** • To respond to the increasing demand and acuity, the CAMHs teams have provided the Rapid Response to Treatment service operating through Royal Berkshire Hospital. This service provides mental health liaison, assessments and support for young people attending hospital in mental health crisis and aims to support Hospital waiting time targets. • Berkshires inpatient/ day patient therapeutic support is provided by Phoenix Unit. It has recently been transformed to provide a robust day patient provision model. This allows the unit to provide the expertise, specialism, and risk management of a traditional inpatient unit, but reduces the risks attached to young people learning risky and maladaptive behaviours from each other while admitted. It also ensures that family and community cohesion is maintained – a significant detriment to mental health when young people are placed out of area or remain admitted for a significant period.
Impact/Evaluations	**Next Steps**
Aims - The 24/7 Crisis Response service is operational with CYP receiving treatment and is reducing pressure on other parts of CAMHS	• Pilot Senior CAMHS role with Royal Berkshire Hospital to facilitate quicker discharge and prevent avoidable admissions • 24/7 pilot at Royal Berkshire Hospital which will be able to respond to presentations out of hours and providing assessments through the night to young people that arrive in mental health crisis. This will also ensure that Crisis calls and NHS11 referrals will be responded to, across the county (both east and west). • Launch of the Crisis Intensive Home Treatment service • BHFT CAMHS is working with colleagues across the local authority and Acute Health services to develop models and options for alternatives to crisis presentations. • Capital funding EOI submitted to build crisis facility to divert young people from A&E and acute wards

Mobilising 2 further Mental Health Support Teams	
You Said *"The MH support in school needs to be improved"* *"There should be a whole school approach to mental health and wellbeing in schools"*	**We Did** Following the success of the trailblazer MHSTs, we successfully bid for two further Mental Health Support Teams. The Local Authorities set up a team in Reading (in the South and East school cluster) and West Berkshire (in the Newbury area). These will be operational from Sept 2022 and will bring coverage in our area to 58% of our pupils population. Schools staff and pupils are being involved in the co-production of their MHST offer and there will be a launch event to showcase what the MHST have to offer. We are also part of the national MHST Celebration Day event, where we will be showcasing our best practice. Workforce was further developed by attending the 'top up' training funded by HEE. Wokingham launched the Emotional Wellbeing Hub to support schools outside of the MHSTs.
Impact/Evaluations	**Next Steps**
Most schools are referring into the service In the last 9 months of data (Oct 21-June 22) the MHSTs in Berkshire West have had a caseload of around 2,300 pupils Service user feedback and ROMS demonstrate that MHSTs in Berkshire West help improve children and young people's mental health and wellbeing. Most schools are beginning to request involvement through their MHST surgeries and the teams are currently supporting a project with the ICP to further understand some of the inequalities regarding service delivery for some specific groups of children and young people. It is recognised that some further work is necessary to ensure that the MHST reaches and is accessed by all children and young people/families within our local communities and that there is the need to continue to find meaningful ways to ensure that children and young people shape the service we provide and this continues to be an area of focus.	More work is underway to explore health inequalities and to further develop the MHST service offer in relation to these. Co-production and the voice of the CYP will continue to be at the centre of MHSTs' planning. Continuity, staffing and funding beyond March 2024 will be a priority Response from existing team: Take up the self-funded places to recruit trainee EMHPs in response to attrition. Take up the 2 year-part time senior practitioner training proposed to retain current workforce.

Meeting the COVID surge demand as it arises	
You Said "There is the need for a space to discuss systemic issues which are urgent and need troubleshooting during Covid surge and Winter pressure"	**We Did** Regular operational meetings to support this. Now stood down as the need has subsided.
Impact/Evaluations	**Next Steps**
We were able to quickly identify and solve problems as they presented. This helped address issues quickly.	This will be reinstated if the need arises

Addressing gaps in access and service offer due to inequalities	
You Said *"There are specific cohorts which are underrepresented in accessing MH support services or access needs to be improved for them (BAME/ LGBTQ+/ SEND)"* *"There is the need for detailed understanding of needs of the different cohorts and gaps in service provision"* *"Mental Health is still accompanied by stigma"*	**We Did** Oxfordshire Mind supported us in our effort to achieve a clear and coproduced set of recommendation to reduce stigma for these specific cohorts with the aim to achieve that MH support seeking is normalised (work focussed on BAME groups): • Consultation with specific groups • Identify barriers • Generate Key Messages and recommendations Working to understand better what barriers to access some of our focus Inequality groups are facing (LDA needing MH services, Ethnically Diverse Communities, LGBTQ+), supported by SCW who are carrying out: – Desktop research and gap analysis – Stakeholder mapping and wider engagement – Focus groups **Inequality grants** Reading Voluntary Action in collaboration with Wokingham and West Berkshire colleagues will run a grant scheme on our behalf to identify voluntary and community sector organisations (VCOs) that can deliver and support our communities, at risk of health inequalities, to access early help, to navigate the system to access the right level of support they need to prevent mental ill health, reduce mental health stigma and promote good well-being. Further grants and projects on this topic have been issued over the year and these are detailed in the Finance Section of this paper.
Impact/Evaluations	**Next Steps**
• Increased support in accessing services within the specific communities • Reduction of CYP from these cohorts presenting in Crisis and at A&E • CYPs and parents/carers are proactive in leading service development, build acceptance, tolerance and resilience within these groups and their support network.	• Awaiting Focus Group outcomes with a feasibility study, followed by planning for implementation when possible • Evaluation of inequalities grant programme and building from this • Evaluation of the MH link worker impact within the VCS provider • Evaluating recommendations from the Stigma report, feasibility and planning (due September)

Strengthening our adolescent to young adulthood offer (16 – 25)	
You Said *"There are particular MH risks for care leavers"* *Young people would like more support during transitioning from CAMHs into adulthoods*	**We Did** Test how to target MH of Care Leavers and emotional dysregulation: • Pilot EUPD in Wokingham • Pilot Managing Emotion Training (17.5 and over) Co-produced film (Oxfordshire Mind) shown to a wide range of stakeholders at the Youth in Mind conference
Impact/Evaluations	**Next Steps**
Current evaluating and awaiting outcomes (expected	• Ensuring clinical pathways review findings are focused on transition from CYP to Adult pathways matrix working into the adult mental health community transformation programme • Outcomes of the evaluation of the EUPD and Managing Emotions Training pilots to in-put into the Community Transformation Programme and the CAMHs model • Pilot the 16+ ARRS Pilot in Primary Care • Further scoping • Redesigning CAMHS with a Thrive model approach

Early intervention in psychosis service (EIP) – access and waiting time standard and 14-25 offer	
You Said *"There are concern over long waiting times for YP accessing services"* *"..Bridging the gap and risk of transitions between CYP and Adult mental health services"* *24/7 wraparound care for CYP* *Accessing voluntary and LA placements*	**We Did** • The EIP service delivers care for yp and adults between the ages of 14 to 65. BHFT have specialist psychiatrists, psychologists and care coordinators that work with young people, and also with adults. Dependent on age and presentation, and how long they have with the service will impact on which team they are allocated to, in order to reduce associated risk with changes of staff and care coordinators; at times a 17 year old may sit with the adult service, and at others a 16 year old will stay with the CYP aspect to complete the up to 3 year care pathway. • The team is working with BHFT trust transformation project for 0-25 transitions, looking at improving communication and reducing risk. • The Early Intervention in Psychosis team are working with rapid response, and hospital at home services around improving support and access for young people who are in crisis. • The Early Intervention in Psychosis service is building relationships with local authorities, and children services to ensure young people are placed and supported in the least restrictive environments that are able to manage the risk in a safe and contained environment, learning from incidents.

Reviewing the Thames Valley Liaison & Diversion (TVL&D) CYP Pathway	
You Said *Youth justice plans: guidance for youth justice services {Link to 'Standards for children in youth justice.PDF}*	**We Did** The Thames Valley Liaison & Diversion CYP Pathway operates an early intervention approach which is now recognised as an area that Youth Offending Teams operate in. • Review the TV L & D Youth Pathway • Understand criminal Justice & Policing priorities • Initial scoping and engagement work undertaken • Review of current information sharing arrangements • Initial engagement with YoTs & YJB
Impact/Evaluations	**Next Steps**
CJLD TV CYP Activity Apr 21 - Mar 22 Referrals Received: 974 Screenings -99%: 972 Assesment -61%: 595 **CJLD TV CYP Health Needs Identified Apr 21 - Mar 22** Mental health - 68%: 660 Autism - 19%: 185 Learning Disability - 6%: 58 Speech, language & comms - 18%: 178	• Align the CYP pathway closely with criminal justice and police custody • Co locate with TVP neighbourhood teams • Design comms strategy to raise the profile of the CYP element of the service • Continue to engage with TVP, youth justice decision makers, Youth Offending Teams and Early Help Hubs • Formalise a project group/task & finish group • Review operational guidance and process • Go live • Evaluate

ADHD/ASD/SEND	
You Said	**We Did**
"We need staff to understand that being autistic is not our fault and treat us like human beings." *Sometimes young people find it difficult to express themselves at appointments – please give us time and let us bring a parent or family member to help us communicate.* *Pictures of emotions can help us express how we are feeling. Don't ask us really hard questions like "What do you mean when you say you feel empty?"* *Sending questions before an appointment will help us prepare and make us feel less anxious.* *Ask us if we have understood. If we haven't understood, tell us in another way.* *We are waiting too long for assessments"Things need to change and we need to make sure things improve for disabled people when visiting services that provide their treatment."*	• Pre/post diagnostic service for CYP with Autism (with/ without a diagnosis). • Keyworker Project currently sits with BHFT; it is now mobilising with a Care Navigator and administrator appointed, start dates to be confirmed. Co-production of communications with partners and the parent/carer forums to promote the service. BHFT have also been able to secure accommodation Care Navigator team. The DSR has been mobilised by Berkshire West ICB. • Mobilising Crisis support for CYP with LD and/or ASD who are experiencing a mental health crisis; discussion with BHFT to establish a CAMHS LD service. • DCO BOB meeting mobilised to identify opportunities for joint working and responds to SEND Green Paper consultation. • Draft SEND Dashboard developed. KPIs to be finalised; quality monitoring of Health advice; targets achieved for EHC Needs assessment; Finalised SEND strategy. The DCO has been able to sit on the stakeholder interview panel for the Head of SEND for one of the three LA's
Impact/Evaluations	**Next Steps**
• Berkshire West ICB continue to be 100% compliant at Care, Education and Treatment Reviews attendances and ensure there is attendance at an inpatient CETR to plan for discharge back into the community. • Attendance at MDT's with CAMHS, Commissioners, SEND, Social Care and education support in putting plans into place for CYP to discuss alternatives to an admission to a Tier 4 mental health hospital.	• ICB committed to continue substantial investments to reduce waiting times for ADHD/ASD diagnostics. • BHFT to continue to recruit to posts with co-production from the parent/carer forums. • The DSR to be mobilised to BHFT following a period of transition with the next step to increase the age of the service to 25 years old. Care navigators will also attend community CETRs to discuss alternatives to admission to a Tier 4 mental health hospital. • For a CAMHS LD service to be mobilised within BHFT and to facilitate co-production the crisis support for CYP with RBHFT, BHFT and the three LA's. The next steps to establish audits of EHCP's, continuing to progress the transition to adulthood with our providers and increasing the uptake of Annual Health Checks for 14-17 year olds.

1.6 Gaps and Opportunities

Since the last plan was submitted in September 2021, even more effort has been made to delve deeper into finding out what are the perceived and real gaps in service across our local areas and what can be done to help reducing these gaps.

There has been considerable engagement with stakeholders through various means, including:

- A wide multiagency network, which was set up and run on our behalf by Oxfordshire Mind (Mind in Berkshire - Mind in Berkshire). The Network helped us explore how we can collaboratively work across the whole of Berkshire West and involving organisations which work across all quadrants of the Thrive Model, to support our children in their efforts to maintain or achieve good mental health. The network has also been instrumental in providing feedback and suggestions, both during meetings and via a survey on the current Key lines of Enquiry of the refreshed plan, which have been used to build our local transformation plan. We are grateful for their meaningful contributions. It is hoped this Network will continue in a similar form, with a set-up which will be explored in the following months.
- Mind in Berkshire has also run some partnership development forums with key partners to explore what a partnership could look like in Berkshire West and find out key barriers to a possible partnership across the system, while SCW have helped us understanding if and how a coordinated front door can be achieved, with key barriers and opportunities, and if that would be beneficial for our area.

- Mind in Berkshire also set up a Co-production forum involving CYP in selected schools. The CYP have supported us in our efforts to understand gaps in services and how young people would like us to interact with them, in way which they prefer and understand. We are also consulting the Young People on the Local Transformation Plan via this forum and their input will help us shape this plan further.
- We have also continued to engage with our key partners via an executive transformation group which meets every month to discuss progress on the transformation plan and possible gaps/pressure in services.
- There is also an ongoing project regarding our inequalities key groups which has identified gaps and themes across the system for these groups and will delve deeper into the issues with a series of focus groups.
- Mind in Berkshire also run the Youth in Mind conference, in collaboration with Berkshire Youth, where children and young people were able to showcase what Mental Health means for them "Through Their Eyes". CYP were also directly involved with the running of the event.

A summary of these finding which highlights gaps, pressures and opportunities has been provided below and will keep evolving as we continue in our endeavour to improve our understanding of our population and how this is changing.

1.6.1 Key Themes emerging

- 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
- Need for stronger collaboration to work through complexity
- Enable young people to be safe when interventions are not necessarily the most appropriate because we need to get that young person to a place of safety first
- 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
- Short-term contracts making it difficult to plan services long-term
- Wanting and needing to hear the voices of our Children, Young people, their families and carers

1.6.2 Current Barriers and Challenges

This is a summary of challenges and barriers collated through our engagement process.

- 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 - We don't all know what each other provides at the moment
- Transparency around who is holding risks and shared risk strategy

- Early intervention is not early enough
- Workforce - national shortage in specific roles/staff retention
- Increased demand
- Staff Wellbeing
- Adapting to digital models
- Governance arrangements (different for each organisation)
- Sharing across services and interoperability
- Different referral systems & increase in referrals; online forms for referrals
- Need for reliable information which is easily accessible for CYP and families/carers

Covid has exacerbated the volume and complexity of presentations and our system is currently experiencing, and there are a number of challenges that are slowing down the progress of our transformational effort to drive down waiting times. There are currently longer waiting times across BHFT Getting Help and Getting More Help services and long waiting lists within our counselling organisations across Berkshire West.

In CAMHS, for the previous 2 years, the numbers referred, and acuity has been continuing to grow leading to demand outstripping current service resources.

BHFT have carried out a review and its outcomes of this review highlighted the following challenges:

- Despite investment into and development of, services at prevention & getting help level, the CAMHS Common Point of Entry struggles with a high number of inappropriate referrals
- Presentation to CAMHs has included increasing acuity and complexity.
- There are known gaps in the service provision, for example being able to provide specialist support for young people with a Learning Disability or Children in Care. This contributes to increased pressure on service resources.
- All teams are experiencing difficulties with achieving recommended waiting times for treatments, with this impacting on interfaces with other teams & staff morale and resulting in clinical time being diverted to manage escalations and support for children and young people on the waiting lists and give support families while waiting.
- Clinical time is increasingly focused on managing acute risk, limiting capacity to deliver preventative and recovery work.
- With some services and teams having highly focused clinical care pathways, it can mean other teams have to manage increasingly complex referrals and interfaces; this is creating challenges to define their clinical offer and focus their provision.
- All service lines report difficulties in recruiting experienced CAMHs staff.

1.6.3 Further Feedback

We have also collated useful feedback which we have used to shape the plan and will be used in further planning.

Feedback from the Youth in Mind Conference:

"I loved having the chance to speak to the professionals. Next year will be even better."

"It was great to see and understand how people are trying to support CYP mental health and get some experience."

"Today was a step in theright direction but there can be more done to involve us (young people) in our mental health services. We want to make a positive change."

"This was great opportunity to meet and educate professionals on our experience."

"Workshops were very relevant and applicable and delivered with a passionate interest."

"The subject matter and content of the workshops was excellent, being well delivered. Working in the youth mental wellbeing space I am relatively well informed on mental health issues, but hearing from practitioners working in different areas was both enlightening and encouraging."

Feedback from people who have used the MHST:

Parent feedback - *"Mum talked about never feeling "judged", feeling "listened to", "getting prompt responses."*

Parent who had received support from an EMHP. The parent emailed and said *"Thank you so much for the fantastic sensitive way you have guided us through the overcoming book and supported us with the process. We have noticed a huge change in XXX and we are very proud of the progress she has made. XXX has really valued the time she has had with you also. We are very happy to advocate for the service in anyway we can to other parents in the future. Thank you again".*

MHST staff also sought service user feedback via a Session Feedback Questionnaire (SFQ). The mean score was 18.7/20 (on a scale of 1-20 where a high score indicates positive feedback).

No5 Young Ambassadors and Staff Feedback on the Thrive Model:

On the Single point of access – "…barrier for open access self-referral and reducing choice. …Who is asking what the young person wants or is looking for? (Need must be identified through conversation and relationship, not done by a questionnaire)"

Outreach – "only for hard-to-reach groups, not prevention. Who is truly hard to reach? Is it that 'we' are just not in those spaces?"

Getting Help –" … There should be no agenda other than what the yp brings, enquiry to identify what the difficulty is rather than the symptoms they are using to communicate the problem to the outside world and themselves."

Getting Risk Support - Not holding young people once safeguarding issue is dealt with. Self-help and peer support and personal support networks puts the pressure and work on the young person themselves too soon.

Through the inequalities early desktop research, the following key themes in perceived gaps have emerged:

- Formal education and awareness programmes to understand why they might be more vulnerable to MH challenges
- Digital services and resources
- Youth clubs/community support groups
- Forums for young people to have their say on services and facilitate coproduction

- Support groups for families in the community offering holistic help
- Staff training and psychoeducation on specific mental health needs of cohort
- Dedicated, protected staff time for QA of pathways (for staff to review whether CYP receiving support they required)
- Representation of cohort on staff group (from staff survey)
- Comms & signposting e.g.. dedicated newsletter circulation and online directory of services
- Specialist support service/pathways/dedicated CAMHS offer (also applies to families)

What can be improved?

- Improve understanding of what organisations do and clear signposting options
- Workforce planning
- More emphasis on funding for transition groups (16-25)
- Understanding in the community of the distinction between Mental Health and Mental Wellbeing
- Shared language
- Increased CAMHS representation in the Local Authority MDT triage
- Networking Forum similar to Future in Mind
- More focus on CYP Crisis
- Services working in a more joined-up way
- More partnership working and mentoring
- Involve senior enough exec level colleagues to “permit” change to happen
- Schools to be more aware of local support
- Greater MHST coverage
- Clarity for the community about what Autism diagnosis means, along with what is available without a diagnosis
- More focus on prevention
- Continue to implement a trauma-informed approach across the system

Feedback from the wider partners - What is Working Well in Berkshire West?

- Good synergy within Berkshire West, with many passionate voluntary sector organisations
- VCS having space in multidisciplinary triage (in some areas)
- VCS & CAMHS relationship has improved
- Partnership and collaborative working between VCS providers
- VCS collaborating with schools

1.7 Refreshed Priorities, commissioning intention for 22/23-23/24

1.7.1 Aims of our Local Transformation Plan

- Improve access
- Reducing waiting times for services
- Facilitate communication and better information flow – good, reliable information and advice easily accessible
- Better access and in the right place
- Implement the Thrive Model and promote Trauma-Informed practice

1.7.2 Ambitions of our Local Transformation Plan

Know Your Population

- Use needs analysis to drive investment (data needed) – BHFT (quarterly/annual report etc).
- Use Oxwell Survey Findings
- Use Findings from Inequalities Projects
- Use Public Health Data

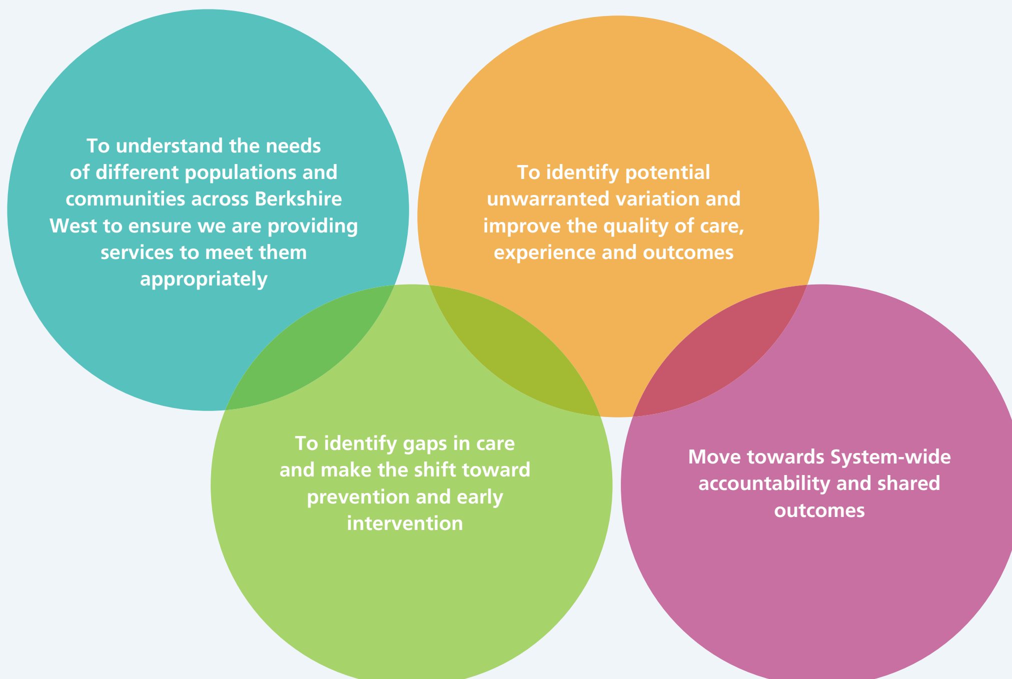
Population Health Management (PHM) approach

- PHM improves population health by data driven planning and delivery of proactive, anticipatory care to achieve maximum impact
- Include wider determinants of health in the planning
- Work collaboratively with providers, partners and stakeholders to take a more strategic, population health-based approach to developing the services that we need in order to embed early intervention, prevention and a focus on inequalities.

Know your Assets

- Joint-partnership approach to delivering care including all of our partners in systems and public services
- Increase knowledge of available assets within our communities
- Build power from within - Empowering communities
- Use appreciative enquiry and Asset-Based Community Development (ABCD) approaches to empower communities

What does this mean in practice?



1.8 NHS England Long Term Plan Priorities

The following priorities were set up by NHS England in the Long Term Plan, which comes to conclusion in March 2024 and form part of our mandated priorities. These are reflected in our local planning below.

Priority	Details
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 mos t v ulnerable 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).

2 Proposed Priorities for 2022/23 and 2023/24

2.1 Partnership and Integration

One of Berkshire West system's aim is to achieve a clear joined-up approach across the patch, with an integrated approach to service delivery and a partnership approach to defining and meeting CYP needs.

There has been a lot of engagement work with partners over the last few months to explore what might facilitate this and what a partnership set up could look like in our area. The ambition is to adopt a Thrive approach to be able to engage with our children and young people early, prevent escalation and ensure that when children access provision they are supported through integrated pathways and enabled to Thrive. The Thrive model places children and young people at its centre and wraps different kinds of support around these children and young people. Support and interventions offered will have an evidence base and services will co-operate together to form a network so children are not passed around agencies. All relevant services, including non-clinical evidence-based approaches run by VCSE organisations, will be involved in this new model which is explained in detail on the Anna Freud Website.[44]

Plans for this priority will include:

- 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

2.2 Complex Young People

To respond to the increasing demand and acuity, the CAMHs teams have provided the Rapid Response to Treatment service operating through Royal Berkshire Hospital. This service provides mental health liaison, assessments and support for young people attending hospital in mental health crisis and aims to support Hospital waiting time targets.

This service will be further enhanced across 22/23 by a dedicated Senior Liaison role with Royal Berkshire Hospital. This role will provide expertise, consultation, supervision and ensure pathways and processes run smoothly.

Launching mid-year 2022/23 there will be a 24/7 pilot at Royal Berkshire Hospital which will be able to respond to presentations out of hours and providing assessments through the night to young people that arrive in mental health crisis. This will also ensure that Crisis calls and NHS111 referrals will be responded to, across the county (both east and west). This marks a significant shift to achieving NHS E standards as young people will now be supported by a dedicated and training CAMHs professional in contrast to support being offered by Adult Liaison colleagues

In addition, the new Crisis Intensive Home Treatment service will be launched. This will be a dedicated team that will deescalate risk and crisis and be able to respond to, manage, develop risk and safety plans, build coping, and distress strategies and provide a model of care that is more community based and frequent that the traditional CAMHs services. Therefore, Young people will spend less time in Hospital and be re-integrated back to their usual community activities – both strong indicators for improved well-being.

Plans for this priority will include:

- 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

2.3 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.)
- Matrix working with the SEND programme•

2.4 Mental Health Support Teams

Building from the successfully implementation of 3 MHSTs (one in each Local Authority) BOB ICB Berkshire West has secured the resource to establish 2 more teams. Using the same model of delivery and provider, the Local Authorities, a team was set up in Reading (in the South and East school cluster) and one in West Berkshire (in the Newbury area). MHSTs currently cover around 58% of the pupils population in Berkshire West with 5 teams.

There has been and will continue to be comprehensive co-production with CYP and schools to develop a service which is able to support pupils and improve outcomes.

A series of launch sessions with school partners, children and young people and their parents and/or carers have been delivered across the summer term (2022). The additional support being offered and provided by the MHST has been welcomed and schools have engaged well in the co-production meetings and are now attending their first Mental Health Surgeries through which the core MHST offer is planned and subsequently delivered. A series of Hub meetings are planned across the course of the year to embed the launch of the MHST as well as providing opportunities for SMHLs to develop their understanding of mental health and how best to support children and young people at both an individual and whole school level. Schools also receive a monthly newsletter that supports our work. We are looking forward to continuing positive and fruitful relationships with all of our schools and their local communities.

Most schools from the new teams are beginning to request involvement through their new MHST surgeries and the outcomes and impact of this work is evaluated through the use of ROMS and feedback provided by our partners. We are currently supporting a project with the ICP to further understand some of the inequalities regarding service delivery for some specific groups of children and young people. We also recognise that some further work is necessary to ensure that the MHST reaches and is accessed by all children and young people/ families within our local communities. We recognise the need to continue to find meaningful ways to ensure that children and young people shape the service we provide and this continues to be an area of focus.

Plans for this priority will include:

- 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

2.5 Suicide Prevention[45]

Death by suicide remains a key public health issue both nationally and locally in Berkshire. Challenges such as the disruption to health, employment, finances and social life by COVID-19, and the current economic forecast linked to the energy price crisis means the Berkshire population is subject to increasing pressures. These pressures, which will challenge people's mental health and perceived ability to cope on a day to day, will increase as we enter winter and the full force of energy price increase are felt.

Public Health Berkshire West have proposed the following next steps which have been deemed viable by the Berkshire Suicide Prevention Group, followed by a ten-point plan which was approved by the group pending the inclusion or expansion of some key points discussed by the group.

Proposed next steps

1. Informed by the existing Berkshire suicide prevention strategy and expertise of the Berkshire suicide prevention group create a ten-point plan for suicide prevention in Berkshire. This will allow full review of suicide prevention in Berkshire while allowing the group to move forward with vital work in the key areas identified.

2. Instigate a Berkshire Suicide Audit for the 2018/19 – 2021/22 period to retrieve the most up to date data and information for deaths by suicide that will include deaths in the COVID-19 era.

3. Based on the data retrieved in the suicide audit conduct a needs assessment in order to gain an accurate and up to date picture of the key needs and priorities attached to suicide prevention in Berkshire.

4. Organise a winter Berkshire Suicide Prevention Summit that brings together key organisations, services and figures in the areas of suicide, self-harm and mental health both locally and nationally. This summit can act as part of a consultation process for the existing strategy.

5. Once the Berkshire suicide audit, needs assessment and summit have been completed use the findings to help inform, edit and update the existing 2021-26 strategy so that it is refreshed and ready to be implemented with an action plan across all six Berkshire local authorities for 2023-28.

Ten points to suicide prevention in Berkshire

From a combination of reviewing the key elements of the existing Berkshire Suicide Prevention Strategy and consulting with the suicide prevention group the following ten points were established. Further explanation of each point can be seen below:

1. Introduce suicide prevention across all policy

2. Improve methods to tackle root cause vulnerability

3. Establish a trauma informed approach

4. Assess and strengthen ways of tackling inequalities

5. Establish focus on debt and cost of living

6. Improve focus on children and young people

7. Establish means to address female suicide rates

8. Strengthen focus on links between mental health, self-harm and suicide

9. Continue to develop and establish support for people bereaved by suicide

10. Develop means for family support to ensure individual wellbeing

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

- Despite investment into and development of, services at prevention & getting help level, the CAMHS Common Point of Entry struggles with a high number of inappropriate referrals

- Presentation to CAMHs has included increasing acuity and complexity.

- There are known gaps in the service provision, for example being able to provide specialist support for young people with a Learning Disability or Children in Care. This contributes to increased pressure on service resources.

- All teams are experiencing difficulties with achieving recommended waiting times for treatments, with this impacting on interfaces with other teams & staff morale and resulting in clinical time being diverted to manage escalations and support for children and young people on the waiting lists and give support families while waiting.

- Clinical time is increasingly focused on managing acute risk, limiting capacity to deliver preventative and recovery work.

- With some services and teams having highly focused clinical care pathways, it can mean other teams have to manage increasingly complex referrals and interfaces; this is creating challenges to define their clinical offer and focus their provision.
- All service lines report difficulties in recruiting experienced CAMHs staff.

BHFT CAMHS has developed a programme of work to address these issues and contribute to reducing waiting times. Specific actions and developments include:

- A review and update of the CAMHs Service Specification, which will bring clarity to the services commissioned and provided by BHFT CAMHS. This will support a review of the referral criteria and training for referrers to ensure that appropriate referrals are directed in to CAMHS
- The updated NHS E Waiting Times guidance will be implemented to provide standardisation to reporting, allowing greater accuracy in wait times.
- A greater focus on workforce development, recruitment & retention to key clinical posts.
- To reduce the number of inappropriate referrals, there is an internal Quality Improvement Project to improve referral management systems and enable utilisation of data System wide project.
- There is a programme of work under the CAMHS Clinical Care Pathways Programme which will aim to improve the clinical offer and reduce waiting times
- Developing a Digital CAMHS Project. This is a specific project to develop a digital service offer initially for children and young people waiting for an intervention for anxiety or a mood disorder at Getting More Help level.
- Working with commissioners and stakeholders to develop a bespoke CAMH service for Children in Care and Learning Disability
- Working with partners to provide support through a THRIVE model. Examples include a focus on specific initiatives to link voluntary, community and social enterprises with CAMHs services to divert young people into wider community-based support and interventions.
- Mobilising the Children in Care service

Through these initiatives, BHFT CAMHS aims to free up capacity to better meet need by developing and providing specialist services to meet the demand appropriately and through improving the flow of young people through the services. This will result in a reduction in the waiting times for intervention and support.

Plans for this priority will include:

- 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

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

The recent review into the way CYP are experiencing Mental Health and Emotional Wellbeing services and subsequent desktop research and engagement highlighted that there are inequalities in our system. Part of the issue we are experiencing is related to the lack of granular data on specific groups and lack of understanding of needs of specific groups.

Three inequality areas have been identified in the review are explained below. Separate but aligned work was initiated in each area. It is:

- Ethnic minority groups - With the high proportion of ethnic minority CYP in our schools we need to review the current access of these CYP.

- Learning Disability - We need to scope the level of need not be met through our existing service arrangements, review other examples of targeted support to this cohort of CYP and working with the LDA initiatives (e.g. key workers) propose the service offers we need to augment or set up fresh to meet this need. Part of this will be met by the new CAMH Service for CYP with Learning Disabilities being developed in collaboration with BHFT.

- LGBTQ+ - With growing numbers of CYP in the LGBTQ+ community we need to work with the relevant organisations and leaders co-produce an action plan to raise the profile and access arrangements for these CYP and their families to help and support.

The project lead is working with local groups, representatives of LGBTQ+ groups, and service users to understand views of how MH and EW services can be tailored to be more accessible and user friendly. Focus groups are being established for each cohort to delve deeper into the key themes collated. We will then look at feasibility and planning.

We will also ensure that our CYP mental health plans align with those for children and young people with learning disability, autism, special educational needs and disability (SEND), children and young people's services, and health and justice

Plans for this priority will include:

- 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

2.8 Children and Young People's Eating Disorders

Meeting the waiting time standards has remained difficult due to an unexpected increase in the numbers of referrals across the COVID pandemic and increases in acuity and co-morbidity coupled with later presentations (so more unwell and Urgent presentations).

In line with the national picture, these factors are compounded by a surge in ARFID cases. Therefore, those not traditionally seen in an Eating Disorder service, but do place demands to assess and evaluate; and a shortage of Tier 4 beds, meaning more intensive interventions need to be offered to patients on the caseload and patients remain open to service longer. This creates pressure on response times and case load capacities.

The ability to recruit and retain staff has been a significant issue. COVID has impacted on staffing due to covid ill health and high turnover rates due to burn-out in the professions. As a profession, there is a shortage of ED trained workers combined with a competitive recruitment environment due to many CYP ED services receiving new investment and recruiting simultaneously.

Due to the significant increased demand on ED services, NHSE have recognised these challenges and changed the timescale for the A&WT targets to be achieved to 2023/24.

For 22/23 the main aims will be to:

- Address Workforce challenges and ensure BEDS requirements are factored in to the CAMHs Training, Development and Workforce Strategy leading to novel roles, increasing supply and recruitment to key clinical posts, and improving skill mix.

- To reduce the number of inappropriate referrals, there is an internal Quality Improvement Project to improve referral management systems and enable utilisation of data System wide project to improve A&WTS by ensuring referrals received by BEDS in time to meet standards.

- Continue to utilize and provide support through the SHaRON platform

- Engage with and develop the PEACE Pathway: this is an ICB-wide project to improve the service's response to the acuity created by co-morbid ASC/ED presentations. This pathway leads to a shorter treatment duration and will help support the patient flow through the service while improving outcomes and satisfaction.

- To work closely with the Core CAMHS service to develop an ARFID Service Model and pathway in collaboration with our ICS partners. This is part of an ICB wide approach and will improve the referral, assessment, and treatment options for YP with this need.

- To consolidate and continue to grow the new FREED pathway for 16 to 25 year olds, ensuring earlier intervention to those eligible for the pathway.

Plans for this priority will include:

- 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)

2.9 DATA & Digital

Data and Digital strategies are being developed at BOB ICB Level, and there is more detail on this in the BOB section. Locally, we will be looking at the following actions:

- 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
- Re-commissioning the OxWell survey

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

We are looking to strengthen the way we engage our key stakeholders by looking closely at how we do co-production and how we can involve our stakeholders at an earlier stage. Options currently being considered are to keep the current engagement channels we have established with our partners such as Healthwatch, Local Authorities colleagues and VCSE Colleagues, continuing growing our stakeholder Mental Health network meetings, and looking at involving service users and their families in designing services with us from the outset. We are looking at how this is best done across other areas and we will be starting this process with a Co-production workshop involving our key stakeholders.

We will also be linking into existing opportunities run by our partners, such as the upcoming

Thinking Together 6 event with 15-17 year olds, in conjunction with Berkshire Youth, organised by Healthwatch, which will focus on wellbeing (including MH/CAMHS) and will involve all key stakeholders taking part inclusively with the young people , and VCSE groups attending.

Healthwatch aim to follow it up with a similar event for parents /carers a month later to then off some of the insights from the young people and listen to the parent views before producing a final report December / Jan which we will also be attending

We will also collaborate with Mind in Berkshire to organise the next Youth in Mind conference in 2023.

Plans for this priority will include:

- 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
- Using the BOB ICB strategic framework for working with people and communities

33: (Royal College of Paediatrics and Child Health) https://www.rcpch.ac.uk/news-events/news/paediatricians-warn-parents-be-alert-signs-eating-disorders-over-holidays. 34: https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2021-follow-up-to-the-2017-survey. 35: The following information has been drafted from the Berkshire West Children and Young People's Mental Health Needs Assessment (2021) https://www.berkshirewestccg.nhs.uk/media/5485/health-needs-assessment_cyp-berkshire-west_2021.pdf. 36: The full health's needs assessment s available here https://www.berkshirewestccg.nhs.uk/media/5485/health-needs-assessment_cyp-berkshire-west_2021.pdf and key information has also been included within this document as Appendix 2. 37: McSherry, D. et al., 2015. 38: This report is available in full as Appendix 4. 40: https://warwick.ac.uk/fac/sci/med/research/platform/wemwbs/. 41: Full report available as Appendix 5. 42: The data for this section is taken from the CYP Dashboard available on Future NHS platform: CYPMH Dashboard - Mental Health, Learning Disability and Autism Resource Hub - FutureNHS Collaboration Platform. 43: McSherry, D. et al., 2015. 44: THRIVE Framework (annafreud.org). 45: Paper available as Appendix 1

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