
Newbury and District
Clinical Commissioning Group


North and West Reading
Clinical Commissioning Group


South Reading
Clinical Commissioning Group


Wokingham
Clinical Commissioning Group



Local Transformation Plan for Children and Young People's Mental Health and Wellbeing-

Reading Health and Wellbeing Board and Local Authority area

Version 5 15 October 2015

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1. High level summary of the Local Transformation Plan (Annex 1 in the guidance)

Annex 1: West Berkshire Local Transformation Plan for Children and Young People’s Mental Health

Developing your local offer to secure improvements in children and young people’s mental health outcomes and release the additional funding: high level summary

Q1. Who is leading the development of this Plan?

(Please identify the lead accountable commissioning body for children and young people’s mental health at local level. We envisage in most cases this will be the CCG working in close collaboration with Local Authorities and other partners. Please list wider partnerships in place, including with the voluntary sector and include the name and contact details of a single senior person best able to field queries about the application.)

Lead commissioning body-NHS Berkshire West CCGs working in collaboration with Reading Borough Council, Public Health, NHS England Specialised Commissioning and Health and Justice Commissioning. Partners including the voluntary sector, NHS providers, referrers, schools, the universal and targeted children’s workforce, service users and their families have shaped these plans.

Implementation of the Transformation Plan will be overseen by the Berkshire West Mental Health and Wellbeing Transformation group. See section 14

Berkshire West already has a number of governance structures in place that will provide a solid foundation of support for the Transformation Plan.

These include

Berkshire West Integration Board

Berkshire West Children’s Commissioning Strategy Group

Reading Children’s Trust

For queries contact

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Q2. What are you trying to do?

(Please outline your main objectives, and the principal changes you are planning to make to secure and sustain improvements in children and young people's mental health outcomes. What will the local offer look like for children and young people in your community and for your staff?). Please tell us in no more than 300 words

Our main objective is to integrate and build resources within the local community so that emotional health and wellbeing support is offered at the earliest opportunity thereby reducing the number of children and mothers at the perinatal stage whose needs escalate to require a specialist intervention, a crisis response or admission to an in-patient facility.

This means that

- Good emotional health and wellbeing is promoted from the earliest age
- Children, young people and their families are emotionally resilient
- The whole children's workforce including teachers, early years providers and GPs are able to identify issues early, enable families to find solutions, provide advice and access help
- Help is provided in a coordinated, easy to access way. All services in the local area work together so that children and young people get the best possible help at the right time and in the right place. The help provided takes account of the family's circumstances and the child or young person's views.
- Women with emerging perinatal mental health problems access help quickly and effectively
- Vulnerable children access the help that they need easily. This includes developing Liaison and Diversion services and better links with SARCs.
- Fewer children and young people escalate into crisis. Fewer children and young people require in patient admission.
- If a child or young person's needs escalate into crisis, good quality care will be available quickly and will be delivered in a safe place. After the crisis the child or young person will be supported to recover in the least restrictive environment possible, as close to home as possible.
- When young a person requires residential, secure or in patient care, this is provided as close to home as possible. Local services support timely transition back into the local area.
- More young people and families report a positive experience of transition.

Q3. Where have you got to?

(Please summarise the main concrete steps or achievements you have already made towards developing your local offer in line with the national ambition set out in *Future in Mind* e.g. progress made since publication in March 2015.) Please tell us in no more than 300 words

- In 2014 a substantial engagement was undertaken with comprehensive Berkshire CAMHS service users, families, referrers, practitioners and other stakeholders led by an independent consultant.
- An initial local action plan in response to the engagement findings was developed and enacted prior to publication of Future In Mind. This includes a number of pilot projects on transition, perinatal mental health, self-care and improving care for the most vulnerable
- Reading Children’s Trust Workshop July 2015. Discussion focussed on understanding and improving the range of support and interventions to help children and young people with emotional and mental health difficulties. Subsequent sessions have led to the vision outlined in section 2.
- Commissioning of Berkshire Adolescent Unit has transferred to NHS England. The unit has been re-designated as a Tier 4 24/7 resource. Bed capacity is due to increase this autumn.
- Operational resilience resources funded a trial of extended CAMHS opening times which in turn has reduced the number of children and young people whose needs have escalated into crisis. This is now being mainstreamed.
- Operational resilience resources funded an enhanced Early Intervention in Psychosis service
- Crisis Care Concordat action plan is in place and being delivered. Psychological Medicines Service, ambulance triage and street triage services are in place.
- Berkshire West CCGs have increased the investment in specialist CAMHS by £1M recurrently. The initial focus is on reducing waiting times, piloting a Short Term Care Team to follow up young people who presented with urgent care needs and delivering PPEP Care training to primary care and schools
- Redesign of the community Eating Disorders service is underway
- Young SHaRON online platform has been developed. Going live this Autumn.
- Children and Young People’s Integrated Therapies toolkit is being expanded to include mental health and emotional development
- A Mental Health and Wellbeing Transformation group has being convened.

Q4. Where do you think you could get to by April 2016?

(Please describe the changes, realistically, that could be achieved by then.) Please tell us in no more than 300 words

- Reduced waiting times for specialist CAMHS
- Reduction in crisis presentations due to better risk mitigation
- Common Point of Entry will be open Monday to Friday 8am until 8pm
- Workforce development plan for emotional health and wellbeing being implemented across partners
- Joint commissioning of voluntary sector counselling where the Local Authority and CCG are currently commissioning independently
- Evaluation of the CAMHS Short Term Care team
- Launch of Young SHaRON- online platform for service users
- Increase number of in-patient beds at Berkshire Adolescent Unit

- Improved perinatal mental health service will be providing better access to advice and help for mothers
- Outcome framework developed and agreed across partners. To be implemented in all contracts from 1 April 2016.
- Neurodevelopmental pathway developed within BHFT
- Children’s toolkit expanded to include mental health and wellbeing
- Enhanced Liaison Mental Health service for under 18s will have been trailed at RBFT (subject to funding through Liaison Mental Health)
- Commission enhanced Eating Disorders service. Start delivery
- Scope out the potential for a single point of access, integrated with local MASH and Early Help pathways.
- Co-design with Schools the community based approach that outlines a core intervention offer in schools and establishes a consultation service with targeted and specialist CAMHs
- Training completed on equipping Social Workers to utilise the SDQs with vulnerable children (mainly LAC) and begin to implement recommendations from project.

Q5. What do you want from a structured programme of transformation support? Please tell us in no more than 300 words

- Additional funding in order to meet the requirements of Future In Mind
- Events held in the Thames Valley to develop the workforce, commissioner and provider skills
- On line resources-e.g. concise “how to “ guides linked to the evidence base
- Simple and easy to use trackers and pro-formas
- Shared comprehensive Outcome framework guidance, with particular emphasis on enabling universal and targeted providers measuring impact of their work
- Forums for CCG and partners to share and swap ideas.

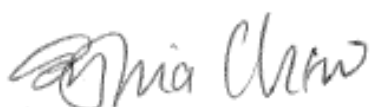
2. Self-assessment checklist for the assurance process (Annex 2 in the guidance)

Please complete the self-assurance checklist designed to make sure that Local Transformation Plans for Children and Young People’s Mental Health and Wellbeing are aligned with the national ambition and key high level principles set out in *Future in Mind* and summarised in this guidance

PLEASE NOTE: Your supporting evidence should be provided in the form of specific paragraph number references to the evidence in your Local Transformation Plans – not as free text

Theme	Y/N	Evidence by reference to relevant paragraph(s) in Local Transformation Plans
Engagement and partnership		
Please confirm that your plans are based on developing clear coordinated whole system pathways and that they:		
1. Have been designed with, and are built around the needs of, CYP and their families	Y	4.6, 4.9, 7.3 Sections 5 and 8
2. provide evidence of effective joint working both within and across all sectors including NHS, Public Health, LA, local Healthwatch, social care, Youth Justice, education and the voluntary sector	Y	Sections 4 and 6
3. include evidence that plans have been developed collaboratively with NHS E Specialist and Health and Justice Commissioning teams,	Y	4.9 Sections 10 and 11
4. promote collaborative commissioning approaches within and between sectors	Y	Sections 4,10,14
Are you part of an existing CYP IAPT collaborative?	Y	4.6, 7.1
If not, are you intending to join an existing CYP IAPT collaborative in 2015/16?	N/A	
Transparency		
Please confirm that your Local Transformation Plan includes:		
1. The mental health needs of children and young people within your local population	Y	4.9 Section 5
2. The level of investment by all local partners commissioning children and young people’s mental health services	Y	Section 6
3. The plans and declaration will be	Y	4.8

published on the websites for the CCG, Local Authority and any other local partners		
Level of ambition		
Please confirm that your plans are:		
1. based on delivering evidence based practice	Y	7.1, 7.4 Sections 8 and 11
2. focused on demonstrating improved outcomes	Y	7.11 Sections 8 and 11
Equality and Health Inequalities		
Please confirm that your plans make explicit how you are promoting equality and addressing health inequalities	Y	7.4 Sections 8,9,10,11
Governance		
Please confirm that you have arrangements in place to hold multi-agency boards for delivery	Y	Section 14
Please confirm that you have set up local implementation / delivery groups to monitor progress against your plans, including risks	Y	Section 14
Measuring Outcomes (progress)		
Please confirm that you have published and included your baselines as required by this guidance and the trackers in the assurance process	Y	Section 15
Please confirm that your plans include measurable, ambitious KPIs and are linked to the trackers	Y	Sections 13 and 15
Finance		
Please confirm that:		
1. Your plans have been costed	Y	Section 15
2. that they are aligned to the funding allocation that you will receive	Y	Section 15
3. take into account the existing different and previous funding streams including the MH resilience funding (Parity of Esteem)	Y	Section 15



Sylvia Chew

Director of Children, Education and Early Help Services – Reading Borough Council

Name, signature and position of person who has signed off Plan on behalf of local partners

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Name signature and position of person who has signed off Plan on behalf of NHS Specialised Commissioning.

3. Locality information

This local Transformation Plan relates to the Reading Borough Council Local Authority area.

Two CCGs serve the population of Reading Borough Council. These are South Reading CCG and North and West Reading CCG.

There are four CCGs in Berkshire West. The four CCGs work collaboratively with a single contract with Berkshire Healthcare Foundation Trust (BHFT) for specialist CAMHs, mental and physical health services.

Reading Borough Council commissions and provides targeted CAMHs. Health Visiting and School Nursing are also provided by BHFT.

Berkshire West CCGs and Reading Borough Council commission a range of voluntary sector organisations through grants.

Royal Berkshire Hospital Foundation Trust (RBFT) is the main acute general hospital in the area.

South Central Ambulance Service (SCAS) is the patient transport provider.

The Berkshire Adolescent Unit (BAU) is the only NHS inpatient CAMHs facility in Berkshire. It is commissioned by NHS England.

4. Engagement and partnership (groups)

4.1 The four Berkshire West CCGs work in partnership with the 3 Local Authorities (West Berkshire Council, Reading Borough Council and Wokingham Borough Council), Berkshire Healthcare Foundation Trust, Royal Berkshire Hospital Foundation Trust and South Central Ambulance Service to form the Berkshire West Integration Board.

4.2 Implementation of the Transformation Plans will be overseen by a new Berkshire West Children and Young People's Mental Health and Wellbeing Transformation group, attended by multiagency partners (see section X) The Transformation group will report to the Berkshire West Integration Board.

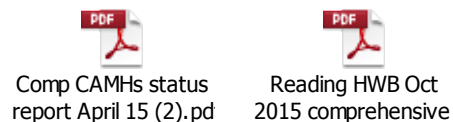
4.3 Berkshire West Children's Commissioning Strategy Group meets monthly to collaboratively improve the health and wellbeing outcomes for Berkshire West Children and Young People and their families through developing and overseeing the commissioning of health, social care and education support services. Membership comprises of CCG, Public Health and Local Authority Children's commissioning leads and Local Authority Children's Services leads.

4.4 The Youth Offending Board is a multi-agency body that comprises of CCG, Public Health, Thames Valley Police, Probation service, Magistrates. This board governs the work of the youth offending team which is a multi-professional team that is tackling a range of youth offending in Reading. A critical aspect of service delivery is ensuring these vulnerable young people's emotional & mental health needs are met.

4.5 Reading's Troubled Family Programme has a partnership management board that is overseeing the phase 2 of its programme delivery. The outcome plan includes a health component to support families with a range of health related problems including meeting the emotional and mental health needs of children and young people in the household.

4.6 Berkshire CAMHs are already part of a CYP IAPT collaborative. The service has a dedicated service user engagement and participation lead. Services users, parents and carers are engaged in service development at all levels. Routine Outcome Measures are used across the service.

4.7 The Reading Health and Wellbeing Board have received updates on the status of emotional health and wellbeing services for children and young people. The latest paper was discussed at the HWB held on 17 April 2015. A further update was provided at the October HWB.



4.8 Arrangements are in train for this Transformation Plan to be signed off by the HWB prior to the 16 October 2015 deadline. The Transformation Plans will be published on CCG, Local Authority and partner agency websites once the plans have been approved by NHS England.

4.9 In developing this local Transformation Plan there has been extensive engagement and joint working with service users, families, referrers, practitioners and other stakeholders to benchmark the current service across comprehensive CAMHs and to identify opportunities to develop the service to better meet local needs. In developing these plans there has been collaboration with NHS England Specialist and Health and Justice Commissioning teams.

<http://www.southreadingccg.nhs.uk/mental-health/review-outcome-of-camhs>

4.10 Voluntary sector youth counselling organisations across Berkshire have met together and have fed back their perspective on how they can contribute to meeting the recommendations of Future In Mind as well as their views on developing an outcomes framework.

4.11 Voluntary sector organisations were also involved in the Reading Children's Trust workshop held on the 9th July 2015. Other participants included schools, GPs, educational psychologists, police, public health, elected members, young people, CAMHs providers, University of Reading, Local Authority officers and a CCG lead. A summary of the outputs from the workshop are in this document.



Feedback from Cllr
Gavin on CTB EWB wr

4.12 Voluntary sector representation is sought on the Berkshire West Mental Health and Wellbeing Transformation group.

5. Transparency- need

The Joint Strategic Needs Assessment is found here <http://jsna.reading.gov.uk/>

The CAMHS Needs Assessment for Reading Borough Council is found here



CCSG15-07
CAMHS_Needs_Asses

Targeted CAMHS activity from RBC primary mental health workers (PMHW)

In 2014/15 163 children and young people were assessed by the service, and 100% were seen within agreed timescales (within 10 working days of referral). 71% of these were step down cases from CPE, and only 13% of these 116 cases were taken back to CPE. 67 of these assessed children were provided an ongoing evidence based intervention from the PMHW service, with 621 successful intervention sessions provided.

In addition to direct delivery to children, the service provided 316 consultation interventions with School, GP and children's services colleagues. PMHWs also delivered a range of training (from introductory courses to specific topic based sessions e.g. anxiety, self-harm) to 82 staff from schools and 58 staff from targeted or social work teams.

Current year performance as of end of June 15, no children are waiting for a PMHW intervention.

Specialist CAMHS activity data

In 2014/15 there were 688 children and young people referred to the CAMHS Common Point of Entry from South Reading CCG and 554 referrals from North and West Reading CCGs.

During this period there were 5668 specialist CAMHS contacts with children and young people from these two CCGs.

Of the specialist CAMHS caseload, 51 children from South Reading CCG were either Looked After or subject to child protection plans and 39 were from North and West Reading CCGs.

Waiting times for Tier 3 CAMHS services in Berkshire West CCGs at the end of June 2015

- 100% of children with urgent needs were seen within 24 hours
- 53% of Tier 3 CAMHS patients (excluding ASD) waited less than 6 weeks to be seen

- 11% of Berkshire West CAMHS ASD patients waited less than 12 weeks to be seen
- Currently the longest waits continue to be in the ASD diagnostic pathway which accounts for more than 50% of current waiting list. In Berkshire West some children wait up to 2 years for an ASD diagnosis, once they have been referred to specialist CAMHS. The National Autistic Society gives an average waiting time for ASD diagnosis in children as 3.5 years.

The latest Reading JSNA estimates that 30 children and young people aged 17 years and below from the local authority area will require a Tier 4 admission per year. In 14/15 fourteen young people from Reading attended the Berkshire Adolescent Service. A further XXX children and young people from Reading were admitted to a Tier 4 facility outside Berkshire. (Data awaited from Louise Doughty- specialist commissioning). The Berkshire Adolescent Unit has 9 in-patient beds (as of autumn 2015). Scoping work that took place in 2014 estimates that Berkshire requires between 12 and 15 Tier 4 beds.

6. Transparency- resources

6.1 Reading Borough Council funding

Year	Service	Expenditure
15-16	Primary Mental Health Workers	£ 179,800
15-16	Educational Psychologists	£495,150
15-16	Youth Counselling service (Commissioned)	£75k
15-16	Short breaks (Commissioned)	£105k
15-16	Targeted family and youth support	TBC

In addition to this spend RBC spend on universal services that are applicable in this arena is

Year	Service	Expenditure
15-16	Information services for families (FIS service)	£ 100,000
15-16	Children's Centres	£1.4m

6.2 Tier 3 (specialist CAMHS) funding arrangements from Berkshire West CCGs as a whole, that is, Newbury & District, North & West Reading, South Reading, and Wokingham CCGs

	Funding allocation	Includes BAU*?	Includes YP placed out of area by NHSE at Tier 4?
2014/15	£4,649,251 plus £300K Operational Resilience funding.	yes	no
2015/16	£6,166,360 plus additional £249,535 allocated to transforming community Eating Disorder services.	no	no

	Up to £500K is available non recurrently in order to reduce waiting times through use of agency staff while new posts are recruited to.		
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*In 2014/15 the Berkshire Adolescent Unit (BAU) was commissioned as a Tier 3 facility. In 2015/16 the Berkshire Adolescent Unit was re-designated as a Tier 4 facility and transferred to NHS England, Financial resources transferred with the unit to NHS England.

A CAMHs worker is employed in the Youth Offending team. Half of these sessions are provided through the CCG funded block contract with BHFT.

6.3 CCG Partnership Development Grants

A number of voluntary sector organisations are commissioned through CCG Partnership Development Grants to provide counselling, parenting support and input for children and Young People with ASD and/ or Special Educational Needs and Disabilities. In 14/15 the spend was as follows

Organisation Name	Category	% Coverage Each Area	PANEL FUNDING PROPOSAL
Berkshire Autistic Society	HWB/ Mental health/ Children and Young people/ Carers	West Berks 22.5%, Reading 42%, Wokingham 35.5%	£27,300.00
Children on the Autistic Spectrum Young People's Project (CATSYPP)	Children and Young people/Mental Health	West Berks 5%, Reading 77%, Wokingham 18%	£5,650.00
No 5 Youth Counselling	Children & Young people / Mental Health	Reading 100%	£24,572.00
Reading Mencap	Mental Health	Reading 100%	£29,592.00
Home-Start Reading	Children and Young people	Reading 100% (BME 53%)	£13,438.00
Parenting Special Children	Mental Health/ Children and Young people/Carers	West Berks 30%, Reading 35%, Wokingham 35% (BME = 45%)	£18,835.00

6.4 NHS England funding 2014/15

Out of area spend (Young People from South Reading CCG and North and West Reading CCGs CCG who are placed out of area) £1,295,919

7. Work undertaken to date across Berkshire West

7.1 Berkshire CAMHs is already part of the Children and Young People's Improving Access to Psychological Therapies (IAPT) collaborative. As a result of the CYP IAPT training, staff within all localities across Berkshire and in Primary CAMHS where BHFT are the providers, provide evidence based CBT interventions for anxiety and depression as part of their everyday work. CYP IAPT Routine Outcome Measures are an integral part of these interventions and are being rolled out across all other clinical activity. CYP IAPT trained supervisors provide clinical supervision in all localities and clinical leads who have undertaken the CYP IAPT transformational leadership training are working with CAMH Service managers to continue to develop CAMHs. The service has a dedicated service user engagement and participation lead. Services users, parents and carers are engaged in service development at all levels.

7.2 BHFT CAMHs are currently participating in the Department for Health trial of the CAMHSWeb/ Include Me interactive shared decision making portal.

7.3 In 2014 a substantial engagement was undertaken with comprehensive Berkshire CAMHs service users, families, referrers, practitioners and other stakeholders led by an independent consultant. This was published on CCG websites along with an update in December 2014 which outlines changes planned or made to local services in response to the engagement work.

<http://www.southreadingccg.nhs.uk/mental-health/review-outcome-of-camhs>

In response to the engagement, local action plans were developed and implemented. This Transformation Plan builds on the original plans.

7.4 During 2014/15, a number of local pilot projects commenced. Learning from the pilot projects will be disseminated across Berkshire West CCGs and Local Authorities:

- a review of the use of nationally mandated Strengths and Difficulties Questionnaire (SDQ) assessments in Looked After Children and children at risk of exclusion. The aim of the project is to inform local policies and procedures in the improvement of screening for mental health needs in vulnerable groups of children and young people.
- a review of blockages to vulnerable women accessing perinatal mental health services. This project is also reviewing training packages for prevention, identification and intervention in perinatal mental illness across the children's workforce. A project worker has been employed to address issues
- a review of the perinatal mental health pathway led by a midwife at Royal Berkshire Hospital. A business case is currently being considered to enhance perinatal mental health support for women and their families in Berkshire West CCGs.
- a review of transition pathways into adult services. A CQIN on patient experience of transition into adult services is in the 15/16 BHFT contract
- a trial of school based ADHD clinics in Reading. Learning from this pilot is feeding into a revised neurodevelopmental pathway that is being developed across Berkshire West.

- the development and trial of PPEPCare training modules in primary care and schools. This initiative is supported by Thames Valley Strategic Clinic Network and the Charlie Waller Institute

<http://tvscn.nhs.uk/psychological-perspectives-in-education-and-primary-care-ppep-care/>

7.5 Over the winter of 14/15, additional Operational Resilience funding was secured to pilot a number of initiatives which aimed to

- improve responsiveness to escalating mental health needs thereby reducing risk,
- improve early identification of psychosis
- reduce waiting times.

7.6 In March the Berkshire Crisis Care Concordat Action Plan was published. Partners meet quarterly to review progress.



Berkshire-Mental-Health-Crisis-Care-Concordat

7.7 The CCGs increased funding to BHFT specialist CAMHs Berkshire West by £1M recurrently and up to £500K non recurrently for 15/16. The initial focus for the additional investment is building on the successful Operational Resilience projects on a more sustainable basis; reducing waiting times; reducing risk; delivering PPEP care training into selected schools and GP practices and developing sustainable care pathways.

7.8 Berkshire West CCGs have also increased funding into the all age Early Intervention in Psychosis service as part of the wider Parity of Esteem investment. BHFT are meeting the 2 week Waiting Time standards, with 85% of cases referred to EIP being allocated care co-ordinators within 2 weeks. The average time to allocation is 8 days from the point of referral.

It should be noted however the new guidance confirms that the 2 week RTT starts at referral and assessments within a dedicated EIP team, cases are allocated to an EIP care coordinator and then RTT concludes with treatments commencing using a NICE concordant package that meets the 8 quality standards. At this stage BHFT is not able to meet these standards fully but through the new Parity of Esteem investments will recruit additional staff to deliver these packages of care and the elements within the standards. An update is provided here



EIP update
commissioners Sept 2

7.9 In July and August CCG commissioners worked with BHFT, voluntary sector and Local Authority partners to identify key areas of improvement for the next 5 years, building on the intelligence gained from the local engagement initiatives as described in section 4 and service pilots described above. This included consideration of what an improved Eating Disorder service might comprise of and how physical and mental health services could become more aligned and “whole person” focussed.

7.10 In August BHFT CAMHs received a Quality Assurance visit from the CCG which demonstrated that good progress had been made in improving the patient environment, staff morale and recruitment to achieve targets against the new investment.

7.11 Discussions are currently underway between agencies to agree an outcomes reporting framework, for use in all emotional health and wellbeing contracts from April 2016.

8. Local aspiration and vision for prevention, building resilience, earlier identification, earlier intervention and better whole system working

This section provides a summary of discussions and proposals that are in development by partners in Reading.

Reading needs an alternative approach and system that enables children and young people to access support that they need quickly and easily. Ideally this new system is permeable between the processes and service offers that allows for a stepped care approach towards meeting the needs of children and young people. A key principle that should underpin an alternative system will be to work to the Recovery Model approach. Critical to this is the promotion of self-accountability within the child and parent before, during and after an intervention, which will promote owned sustained change. This is important to building resilience both in the child, family and the systems we adopt.

At this stage there are two key ideas to developing an alternative system that the Transformation Plan will support in addressing.

1. Establish a local single point of entry for targeted and specialist CAMHs support that is integrated with our current Multi Agency Safeguarding Hub (MASH) and Early Help pathways. This would enable a single screening process at the referral/ contact/ identification stage that would cover safeguarding as well as the emotional health and wellbeing needs of the child and family. This would prevent confusion in assessment & decision making as well as reducing delay in handovers. The step down or step up processes would be linked to specialist CAMHs teams and the single Early Help pathway. This Early Help pathway would include access to a range of targeted support, including Primary Mental Health workers (PMHWs) as well as voluntary sector interventions such as youth counselling.

2. Establish a community based approach, mainly in schools and local GPs, that supports universal services hold appropriate risk as well as access professional advice on when to step cases up into targeted or specialist services. To support this approach a standard/ core programme of interventions in schools would be developed that would fit with the stepped approach to care. This would need to be supported by a workforce development programme from within the Transformation Plan.

Also for inclusion in the Transformation plan for Reading are these key points:

- a. A review of the behavioural pathway and linking this to the development of a trauma or attachment pathway. Similar consistent stepped care approach of evidence based interventions need to be identified and adopted, with a workforce training programme in place to keep this sustained. A similar consultation approach for Primary Schools and Early Years setting/ Children's Centres, delivered by Educational Psychology and CAMHs specialists in this field would need to be established. Tied to this point it will be important to include the current Reading perinatal mental health project recommendations that is due to conclude in March 16.
- b. There should be regular reviews of the emotional and mental health needs of Looked After Children and Care leavers alongside their physical health needs. These reviews need to be supported by targeted & specialist mental health professionals using a similar consultation/ screening approach as being proposed for schools. Social Worker skills and confidence will need constant attention through workforce development. Readings SDQ project outcomes need to be included in the Transformation Plan.
- c. Reading will continue to develop and strengthen its Early Help offer and this will be tied into the access approach described above. This offer will include coordinated targeted youth work, family work and parenting all of which are critical support interventions in this arena. Our PMHW role will continue to be a crucial role in supporting the practice with these services and continue to be the link between targeted and specialist services.

9. Self-assessment

NHS England requires a self-assessment to be undertaken as part of the assurance process. In light of the short timescale and availability of partners in August, CCG commissioners and BHFT undertook a self-assessment using a process provided by the Thames Valley Strategic Clinical Network. The self-assessment process took account of knowledge gained through the partnership work to develop local emotional health and wellbeing services that been undertaken in the previous 12 months.

The self-assessment identified workforce development, care for the most vulnerable and improving access as the most challenging aspects of Future In Mind for Berkshire West. It was

felt that there is a will across the system to make change happen and that Berkshire West has made much recent progress in accountability and transparency across the system.



Copy of Future in
mind_ADS Self Assess

10. Overview of Local Transformation Plan priorities and outline timescales (subject to confirmation by Berkshire West Mental Health and Wellbeing Transformation group)

2015/16

- Recruit and train additional staff
- Reduce waiting times
- Reduce inappropriate/avoidable presentations to A&E – data to be collected from September 2015
- Reduction in crisis presentations due to better risk mitigation
- Common Point of Entry will be open Monday to Friday 8am until 8pm
- Workforce development plan for improving emotional health and wellbeing developed and starting to be implemented across partners
- Joint commissioning of voluntary sector counselling where the Local Authority and CCG are currently commissioning independently
- Evaluation of the CAMHs Short Term Care team
- Launch of Young SHaRON- online platform for service users
- Increase number of in-patient beds at Berkshire Adolescent Unit
- Commission improved perinatal mental health service to provide better access to advice and help for mothers
- Outcome framework developed and agreed across partners. To be implemented in all contracts from 1 April 2016.
- Neurodevelopmental pathway (ADHD and ASD) developed within BHFT
- Children's toolkit expanded to include mental health and wellbeing
- Learning from the Strengths and Difficulties pilot will be shared and will be shaping service provision
- Enhanced Liaison Mental Health service for under 18s will be trailed at RBFT (subject to funding through Liaison Mental Health)
- University of Reading study to commence
- Commission enhanced Eating Disorders service. Start service delivery
- CQIN for service user satisfaction following transition into adult services

2016/17

- Reduce waiting times

- Workforce development- develop role of schools, primary care, early year's settings, wider children's workforce
- Map collective resilience, prevention and early intervention offers. Consider how we make the system easier to navigate.
- Review current Common Point of Entry and access arrangements into CAMHs services, ensuring access for the most vulnerable (includes step down from in-patient units, links to SARCs, Looked After Children's services, emerging Liaison and Diversion services for under 18's, forensic services, provision for children and young people with LD and ASD)
- Consider whether to commission a crisis home treatment or enhanced step up/step down service following a review of the impact of the Short Term Care team and enhanced Liaison Mental Health services on reducing admissions to Tier 4.
- Enhance provision across the system for children and young people with ASD and Learning Difficulties
- Roll out of enhanced perinatal service
- Consider impact of any developments in NHSE commissioning of Secure CAMHs Outreach Service (Thames Valley and Wessex) and all age Liaison and Diversion schemes.
- Implement Eating Disorders service

2017/18

- Maintain or further reduce waiting times
- Workforce development
- Implement 24/7 crisis home treatment or step up/step down service, depending on findings of the review
- Develop conduct disorder/ challenging behaviour pathway across the system. Consider implications for children and young people with LD and ASD.
- Consider availability of provision for young people stepping down from Tier 4 facilities
- Consider impact of any developments in NHSE commissioning of Secure CAMHs Outreach Service (Thames Valley and Wessex) and all age Liaison and Diversion schemes.

2018/19

- Workforce development
- Implement conduct disorder/ challenging behaviour pathway across the system
- Consider impact of any developments in NHSE commissioning of Secure CAMHs Outreach Service (Thames Valley and Wessex) and all age Liaison and Diversion schemes.

11. Detailed Local Transformation Plan

Key areas to be addressed in the Berkshire West Local Transformation Plans and proposal of an order in which changes might be worked through

Future In Mind (FIM) priority

R= Resilience, Prevention and early intervention for the mental well-being of children and young people (chapter 4)

A= Improving access to effective support (chapter 5)

V= Caring for the most vulnerable (chapter 6)

AT= To be accountable and transparent (chapter 7)

W= Developing the workforce (chapter 8)

Issue/ recommendation from Future In Mind	Actions/ Key Lines of Enquiry	Suggested date	FIM priority
Improving the access to help, preventing young people being lost or having to wait a long time for service delivery.	Recruit BHFT staff	15/16	A
	CPE open longer hours	15/16	A
	Technology development and roll out	15/16 onwards	A
	Introduce waiting time standards across CAMHs and Early Intervention in Psychosis services	15/16 onwards	A
Reduce number of YP whose needs escalate to crisis	Trial short term care team (follow up of YP who have attended A and E in crisis)	15/16	A
	Prioritise higher risk cases, paying particular attention to Children in Care	15/16	A
	Ongoing risk review of those on waiting list	15/16	A
	Collect data from RBH on A and E attendances, wait times- identify any trends	From Q3 15/16 and 16/17	A, AT
	What can we learn as a system from YP who escalated into Tier 4?	16/17	A, V

	<p>Those who stepped down from Tier 4?</p> <p>Ensuring the support and intervention for young people being planned in the Mental Health Crisis Care Concordat is implemented.</p> <p>Use of on line platforms such as SHaRON and Young SHaRON</p>	<p>15/16 onwards</p> <p>15/16 onwards</p>	<p>A, AT, V</p> <p>A</p>
Reduce delays in accessing MH assessments once YP is medically fit and has presented at RBH	<p>CPE open longer hours-staff available for longer</p> <p>Embed new care pathway</p> <p>Scope a trial of an enhanced liaison mental health service for under 18s to be trailed at RBFT</p>	<p>15/16</p> <p>15/16 onwards</p> <p>Q3 and 4 15/16</p>	<p>A</p> <p>A</p> <p>A, V</p>
Is there a need for a local intensive crisis home treatment team for CYP?	<p>Evaluate learning and data from initiatives above</p> <p>Establish the interface with the transformed Eating Disorders service</p> <p>Develop options appraisal</p> <p>Commission and implement service</p>	<p>Late 16/17</p> <p>17/18</p>	<p>A</p>
By co-commissioning community mental health and inpatient care between local areas and NHS England to ensure smooth care pathways to prevent inappropriate admission and facilitate safe and timely discharge.	<p>Berkshire Adolescent Unit transfer to NHSE- MOU implemented</p> <p>See also “Is there a need for a local intensive crisis home treatment team for CYP?” above</p> <p>Consider step down arrangements for young people being discharged from in patient units- is there a case for a local facility as an alternative to out of area residential placements? Also links with Transforming Care</p> <p>Implement changes to community Eating Disorder services</p>	<p>15/16</p> <p>17/18</p> <p>15/16 onwards</p>	<p>AT</p> <p>V</p> <p>A</p>
Enhancing existing maternal, perinatal and	Evaluate perinatal MH pilots in the community/ children’s centres.	15/16	R, W

<p>early years health services and parenting programmes to strengthen attachment between parent and child, avoid early trauma, build resilience and improve behaviour by ensuring parents have access to evidence-based programmes of intervention and support.</p> <p>Improving the skills of staff working with children and young people with mental health problems by working with the professional bodies, NHS England, PHE, HEE to ensure that staff are more aware of the impact that trauma has on MH and on the wider use of appropriate evidence-based interventions</p>	<p>Impact on take up of services for new mothers? Consider the recommendations.</p> <p>Commission enhanced perinatal MH service- RBH working with BHFT</p> <p>Participate in University of Reading clinical trial-improved treatment for severe conduct disorders in young children</p> <p>LAs evaluate behaviour support programmes and services to include SEN, Troubled Families, therapeutic fostering and YOS arrangements</p> <p>Develop conduct disorder/behaviour pathway building on learning from trials and evidence across the system</p> <p>Roll out conduct disorder/behaviour pathway</p> <p>Publicise and promote attendance at the Thames Valley trauma conference</p>	<p>15/16</p> <p>Q4 15/16 16/17</p> <p>TBC</p> <p>17/18</p> <p>18/19</p> <p>15/16</p>	<p>R</p> <p>A, R,W, V</p> <p>AT, W, V</p> <p>A, AT, V</p> <p>A, W, V, R</p> <p>W</p>
<p>How far can we push integration?</p> <p>Enabling single points of access to increasingly become a key part of the local offer, harnessing the vital contribution of the voluntary sector. Move away from tiered working.</p> <p>For the most vulnerable young people with multiple and complex needs, strengthening the lead professional approach to co-ordinate support and</p>	<p>Review current CPE and local triage arrangements- should a single point of access/ localised triage system be developed in each LA where the family's holistic needs are considered prior to referral to CAMHs?</p> <p>Should this also consider physical healthcare e.g. therapies?</p> <p>How does this differ to existing MASH and Early Help hubs?</p> <p>How does the current system link to SARCs, YOS and the Troubled families programme?</p> <p>Consider the feasibility of changes on a Berkshire West only basis</p>	<p>16/17</p>	<p>A, V</p>

<p>services to prevent them falling between services.</p> <p>Improving the care of children and young people who are most excluded from society, such as those involved in gangs, those who are homeless or sexually exploited, looked-after children and/or those in contact with the youth justice system, by embedding mental health practitioners in services or teams working with them.</p>	<p>How does a “Tier 2 or 3” child present? Unpick clinical thresholds and agree how cases are stepped up and down between universal, targeted, specialist and acute service providers.</p>	15/16	A, W, AT
	<p>Identify the skills needed in the workforce in order to respond to different levels of need/ complexity</p>	16/17	A, V, W
	<p>What can we learn from successful YOS and Troubled Families services re approach?</p>	Early 16/17	A, V
	<p>Overcome information sharing/ data collection issues between agencies</p>	15/16	A, V
	<p>Roll out changes</p>	Late 16/17, early 17/18	A, V
	<p>Is there a case to develop a regional Thames Valley service for certain groups e.g. children with sexually problematic behaviour? Services for LAC placed out of area but within the Thames Valley? YP who have been sexually exploited?</p>	16/17	A, V, R
	<p>Ensure all services understand and demonstrate a shared responsibility for the emotional health and well-being, and are supported with the skills and training development to fulfil those roles effectively</p>	15/16 onwards	W, AT, V,A
	<p>Is there a need to improve links with SARCs?</p>	16/17	V
<p>Work with commissioners across the Thames Valley to maintain a Secure CAMHS Outreach service in</p>	TBC	V,A	

	<p>the event of this moving from Specialised Commissioning across to CCGs</p> <p>Implement all age liaison and diversion scheme when it is developed by NHSE</p> <p>Improve links with SARCs</p>	TBC	A, V
		16/17	V
Improving communications, referrals and access to support through every area having named points of contact in specialist mental health services and schools, single points of access and one-stop-shop services, as a key part of any universal local offer.	Linked to CPE work above	15/16	A
	BHFT working with service users to improve communications	16/17	A, W
	Will schools commit to having MH lead?	16/17	A,W,V, AT
	Agree interface between BHFT and local services- clinical supervision, training	16/17	AT, R
	Do we as a system understand what we currently collectively offer with regard to resilience, prevention and early intervention?	16/17	AT, R, A
	How do we make the offer easy to navigate?	16/17	AT, R, A
Making sure that children, young people or their parents who do not attend appointments are not discharged from services. Instead, their reasons for not attending should be actively followed up and they should be offered further support to help them to engage.	CCG assurance visit	15/16	V, A
	Consider whether a local single point of access in each LA and having a MH link in schools where the family's holistic needs are considered might improve access for these groups.		
Online support for CYP and families	Young SHaRON roll out, to include platforms for Looked After Children, carers, families	15/16	A, R, V
Strengthen links between physical health, mental health and support for children with SEN	BHFT expand children's toolkit to include Mental Health	15/16 and early 16/17	A, R
	Consider whether current emotional wellbeing support for children and young people with long term conditions is sufficient	16/17	A, V

	BHFT to develop internal workforce	15/16 onwards	W
System wide ASD and ADHD pathway- strengthening the links between mental health, learning difficulties and services for children with Special Educational Needs and Disabilities (SEND)	ASD diagnostic waiting time standard in contract 15/16	15/16	A
	Recruitment underway BHFT 15/16	Q2 15/16	A, W
	DH guidance on LD and ASD expected.	Q2 15/16	AT
	BHFT expand children's toolkit to include ASD and ADHD	Q3 and 4 15/16	A, R, W
	BHFT develop internal neurodevelopmental pathway.	Q3 and 4 15/16	AT, A, W, V
	Link with schools, LAs, vol sector. Linkages between ASD, ADHD, SEND, behaviour? Schools role? Who does what? What do we commission from voluntary sector? Thresholds /acceptance criteria? How do agencies communicate/ key workers? Develop pathway across the system.	15/16/17	A, AT, W
	Workforce training	16/17	W
Link to Transforming Care initiatives to ensure that local services are available for young people with challenging behaviour and learning disabilities and or ASD	16/17	A,V	
Supporting self-care	Expansion of children's toolkit to include MH	15/16 and early 16/17	R, A
	Publicise Puffell apps developed in Berkshire once accredited	15/16	R, A
	Reading pupils given MH self-care booklets	15/16	R, A
	Launch Young SHaRON	15/16	R,A,V
Promoting implementation of best practice in	Transition into adult services project	15/16	A

transition, including ending arbitrary cut-off dates based on a particular age.	Consideration of access to specialist Eating Disorders services for older teenagers/ less mature older teenagers	15/16 onwards	A
	Embed changes	15/16 onwards	A
Developing a joint training programme to support lead contacts in specialist children and young people's mental health services and schools.	PPEPCare training to primary care and selected schools	15/16	W, R
	If bid successful, roll out school link pilot	15/16	W, R
	Reading core workforce training	15/16 onwards	W, R
Continuing to develop whole school approaches to promoting mental health and wellbeing, including building on the Department for Education's current work on character and resilience, PSHE and counselling services in schools.	Workforce needs to be developed continuously. If current CPE arrangements change, will require extensive training and publicity	15/16 onwards to 19/20	W
	Consider whether to continue PPEPCare roll out into 16/17 Local initiatives and leads???	16/17	W
Promoting and driving established requirements and programmes of work on prevention and early intervention, including harnessing learning from the new 0-2 year old early intervention pilots.	Scope whether HVs and School Nurses could drive improvements. If this were adopted enact commissioning changes/ service changes	16/17	W, R, A, AT, V
	Scope LA, school and voluntary sector issues/ workforce development	16/17	W, R, A, AT, V
Building on the success of the existing anti-stigma campaign led by Time to Change, and approaches piloted in 2014/15, to promote a broader national conversation about, and raise awareness of mental health issues for children and young people.			

<p>Establishing a local Transformation Plan in each area during 2015/16 to deliver a local offer in line with the national ambition. Conditions would be attached to completion of these Plans in the form of access to specific additional national investment, already committed at the time of the Autumn Statement 2014.</p> <p>Health and Wellbeing Boards ensuring that both the Joint Strategic Needs Assessments and the Health and Wellbeing Strategies address the mental and physical health needs of children, young people and their families, effectively and comprehensively.</p>	<p>Develop Transformation Plan, HWBs to approve plans</p> <p>HWBs to delegate authority to implement Transformation plans to BW CAMHs Transformation Group,</p> <p>Transformation Plans submitted to NHSE</p> <p>JSNA</p> <p>Eating Disorders plans developed and incorporated in Transition Plans (pan Berkshire ED plan)</p> <p>NHSE approve plans and release funding</p>	<p>Aug/ Sept 15</p> <p>Sept 15</p> <p>Sept 15</p> <p>Q3 15/16</p> <p>Aug- Oct 15</p> <p>Q3 15/16</p>	<p>AT</p> <p>AT</p> <p>AT</p> <p>AT</p> <p>AT</p> <p>AT</p>
<p>Developing and implementing a detailed and transparent set of measures covering access, waiting times and outcomes to allow benchmarking of local services at national level, in line with the vision set out in Achieving Better Access to Mental Health Services by 2020.</p>	<p>Implement Open Rio (BHFT)</p> <p>Start collecting data in accordance with new CAMHs minimum data set</p> <p>Develop outcomes framework across all providers and commissioners</p> <p>Implement outcomes framework across all contracts and SLAs.</p> <p>Offer Open Rio access to the voluntary sector once new system is gremlin free</p> <p>Outcomes and progress to be reported up to HWB</p>	<p>15/16</p> <p>From Jan 16</p> <p>Q4 15/16</p> <p>16/17</p> <p>16/17</p> <p>15/16 onwards</p>	<p>AT</p> <p>AT</p> <p>AT, W</p> <p>AT, W</p> <p>AT, W</p> <p>AT</p>

Making the investment of those who commission children and young people's mental health services fully transparent.	How do schools spend their pupil premium? What outcomes do they achieve?	16/17	AT, R
	Transparency of CCG financial arrangements	15/16	AT
	Transparency of LA financial arrangements	15/16	AT
Commissioning of third sector organisations	Where LAs and CCG are commissioning the same organisations, streamline arrangements via joint commissioning	For 16/17 contract	AT, A
	Consider the support that voluntary sector organisations might require in order to successfully bid for pots of money that is not open to the statutory sector. Linked to vol sector demonstrating outcomes and being able to provide data	16/17	A, AT
Having lead commissioning arrangements in every area for children and young people's mental health and wellbeing services with aligned or pooled budgets by developing a single integrated plan for child mental health services in each area, supported by a strong Joint Strategic Needs Assessment.	Links to Commissioning of third sector organisations section above		
	Agree TOR for Berkshire West Mental Health and Wellbeing Transformation group	Q2/3 15/16	AT
	JSNA	Q3 15/16	AT

12. Eating Disorders plan to date

CCGs in Berkshire West and Berkshire East will jointly commission a revised Eating Disorder pathway in order to meet the new access and waiting time standard. The current provider, Berkshire Healthcare Foundation Trust, has carried out some initial work to describe what a future service might look like. This document is a descriptor of the intended service to indicate how the recommendations within the Access and Waiting Time Standard for Children and Young People with Eating Disorders may be met within Berkshire. A business case has been produced for consideration.



Eating disorder
descriptor document



Eating Disorders
Business Case FINAL

13. Measuring outcomes (KPIs)


KPIs for Tier 2 services commissioned by Reading Borough Council

Ref	Indicator	Threshold	Method of measurement
1.	Number of assessment requests made (and % that are stepped down from CPE)	180 (65% stepped down minimum)	Reported quarterly in Early Help report
2.	% of assessment started on time (within 10 working days)	95%	Reported quarterly in Early Help report
3.	Number of Children or young people receiving a direct service or intervention	84	Reported quarterly in Early Help report
4.	Number of consultation requests	270	Reported quarterly in Early Help report
5.	Number of participants in Mental Health Training (broken in tier 1 and 2 staff groups)		Reported quarterly in Early Help report

Key Performance Indicators in the Specialist CAMHS 15/16 contract

Ref	Indicator	Threshold	Method of measurement
Waiting list reduction (as per Quality Schedule)	% of Berkshire West CAMHS patients (excluding ASD) that are seen within 6 weeks for reporting period	October - 75% November - 75% December - 80% January - 85% February - 90% March - 95%	Reported within monthly quality schedule report
Waiting list reduction (as per Quality Schedule)	% of Berkshire West CAMHS patients (excluding ASD) that are waiting at the end of the reporting period that have waited less than 6 weeks	October - 75% November - 75% December - 80% January - 85% February - 90% March - 95%	Reported within monthly quality schedule report
Waiting list reduction (as per Quality Schedule)	Number of Berkshire West CAMHS patients (excluding ASD) waiting longer than 12 weeks as at the last day of the month	0 from October 2015	Reported within the monthly quality schedule report
Waiting list reduction (as per Quality Schedule)	% of Berkshire West CAMHS ASD patients that are seen within 12 weeks for reporting period	October - 75% November - 75% December - 80% January - 85% February - 90% March - 95%	Reported within monthly quality schedule report
Waiting list reduction (as per Quality Schedule)	% of Berkshire West CAMHS ASD patients that are waiting at the end of the reporting period that have waited less than 12 weeks	October - 75% November - 75% December - 80% January - 85% February - 90% March - 95%	Reported within monthly quality schedule report

Ref	Indicator	Threshold	Method of measurement
Waiting list reduction (as per Quality Schedule)	Number of Berkshire West ASD patients waiting longer than 18 weeks as at the last day of the month	0 from December 2015	Reported within the monthly quality schedule report
Waiting list reduction (as per Quality Schedule)	Number of Berkshire West patients waiting on the total CAMHS waiting list	Q2 = Q1 minus 20% Q3 = Q2 minus 20% Q4 = Q3 minus 20%	Reported within the monthly quality schedule report
1.	Extension of CPE to 8am - 8pm model	CPE will be open 8am until 8pm on working days Monday to Friday by the end of Quarter 2.	Reported quarterly from the end of Q2
2.	Reduction in inappropriate/avoidable presentations to A&E	Baseline data to be captured from September 2015. Seasonal trends to be mapped over 15/16 and into 16/17TBC	Data to be reported monthly from September 2015 using the following methodology: 1: Numbers who present to A+E who are receiving active treatment from CAMHS 2: Numbers who present to A+E who are on a waiting list and not receiving active treatment 3: Numbers who present to A+E who are not known to BHFT CAMHS who need a CAMHS service (1+2 are the groups with potential to avoid presentations regardless of presentation or who recommends them going to A+E)
3.	Reduction in time from referral to assessment in A&E – within 4 hours.	BHFT to develop a system to collect baseline data in-year.	Data collection to start from 1 September 2015.
4.	Reduction in complaints that relate to waits longer than agreed targets for relevant team/pathway	25% reduction	To be reported quarterly from Q3
5.	Throughput measure by service line (measuring how many waiting, seen and discharged	BHFT to develop a system to collect baseline data in-year.	Tableau reporting from Q4

Ref	Indicator	Threshold	Method of measurement
6.	Implementation of Routine Outcome Measures	<p>BHFT to continue to trial CAMHsWeb. BHFT to develop meaningful reportable outcome measures throughout 15/16 and to demonstrate how reports are being used to improve the service.</p>  <p>ROMS.docx</p>	A report is to be provided in Q4 which will include narrative on how the outcome measures are in line with the CAMHs core data set requirements. For 2016/17
7.	Educational support programmes to key stakeholders – number of sessions to be agreed with commissioners	<p>BHFT will participate in the development and implementation of a CAMHs transformation plan in line with the findings of “Future In Mind” via a partnership between commissioners and providers from the NHS, Local Authorities, schools and voluntary sector.</p> <p>The transformation plan will make explicit how educational support programmes to key stakeholders will be commissioned and provided. The goal is to improve the availability and effectiveness of early intervention and prevention that is being delivered by the wider children’s workforce.</p> <p>It is anticipated that educational support to key stakeholders will build on PPEP care training that is being delivered in 15/16.</p>	To be articulated in the CAMHS Transformation plan
8.	Evidence of the use of technological adjuncts – rollout of Young SHaRON and the Children’s toolkit, and use of the NHS England		Provider to provide six-monthly updates on developments. First update required at the mental health contract meeting by the end of September 2015

Ref	Indicator	Threshold	Method of measurement
	App when available.		

14. Governance

Berkshire West Mental Health and Wellbeing Transformation group

Local Authority leads met with the CCG on 21 August and 27 August to develop plans for an oversight group. The name “Berkshire West Mental Health and Wellbeing Transformation group” is suggested.

Scope

- to monitor and facilitate implementation of the Transformation Plan
- to make recommendations- not a decision making group
- to provide different perspectives on strategy, service transformation planning and implementation i.e. this is what it feels like from a school (voluntary sector/ service user/ social care/BHFT/parent) perspective
- help to develop strategy
- promote collaboration
- task and finish groups will take on key pieces of work, pulling in additional agencies as required

Proposed membership

- Local Authority children’s services x 3 (West Berkshire Council, Reading Borough Council, Wokingham Borough Council)
- Local Authority Public Health lead
- a nominated lead from a voluntary sector counselling organisation (ARC, Number 5, Time To Talk- West Berkshire, Time to Talk- Reading, Changing Arrows). Invite specific voluntary sector representatives for specific agenda items e.g. ASD/ SEN
- University of Reading
- 4 school forum representatives drawn from Early Years, Primary, Secondary and Special Schools across Berkshire West
- Service users
- Young people who are not service users
- Parent / carer
- BHFT CAMHs service manager, clinical lead, lead for children’s integration

- RBFT- A & E and paediatrics
- Healthwatch representative
- CCG clinical lead and head of children’s commissioning
- NHS England Tier 4 lead

It is envisaged that for some of the partners listed, a representative will provide an insight as to how things feel/ might feel on the ground as service transformation ideas are discussed and implemented. It is hoped that this would enable the group to be an optimal size for meaningful and timely discussion.

It is envisaged that task and finish groups will be required to undertake specific aspects of the transformation work.

Resources

The group will require resources to enable attendance. The group will require communications and secretariat support.

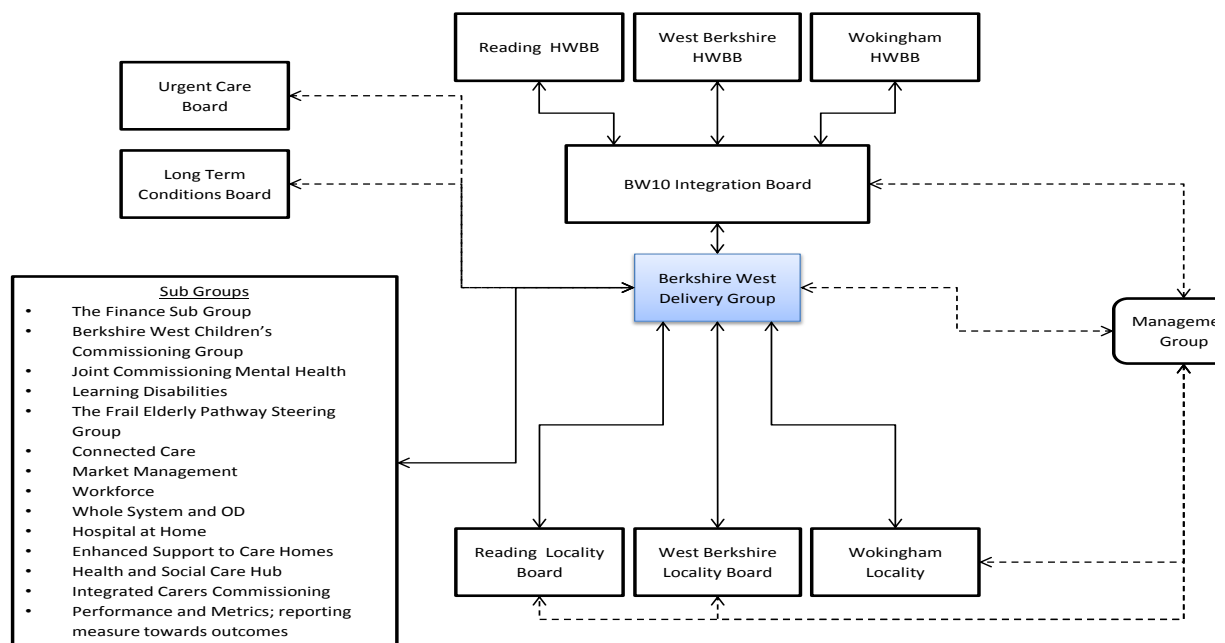
Frequency

Initially monthly, starting November 2015

Reporting arrangements

To report to the Berkshire West Integration Board (Director and Chief executive level)

Respective Health and Wellbeing Boards to delegate authority to the group.



15. Tracking template to monitor and review progress (Annex 3 in the guidance)

In Berkshire West there are four CCGs covering 3 Local Authority areas. Berkshire West CCGs have submitted 3 Transformation Plans- one for each Local Authority area. For the Eating Disorder investment, the 4 Berkshire West CCGs is working with the 3 Berkshire East CCGs.

Here are trackers relating to South Reading CCG and North and West Reading CCG



Tracker North and West Reading CCG 14



Tracker South Reading CCG 14 Oct