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

SUMMARY DOCUMENT

OCTOBER 2018

Berkshire West CCG area with Reading, West Berkshire and Wokingham Local Authorities

Overview

The full 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 the government document “Future in Mind– promoting, protecting and improving our children and young people’s mental health and wellbeing” (2015).

We are an ambitious partnership with collaboration at its centre. Over recent years there has been a marked culture shift to a mature thriving system which has a collaborative solution focussed approach to improving services for children, young people and families. We are bidding to become a Trailblazer site for the Green Paper Reforms with the confidence of already being cited by the Children’s Commissioner for England as an area of good practise. Our intention is to build on well-established joint working arrangements with Local Authorities to achieve further sustainable whole system change. We are bidding for 2 Trailblazer lots- creating new local Mental Health Support Teams (MHSTs) and reducing our waiting times for Specialist CAMHs and the Anxiety and Depression pathway.

Our Local Transformation Plan is reviewed, refreshed and published annually. Our plan has been refreshed in line with the requirements of Five Year Forward View for Mental Health and the Green Paper.

This document provides a brief summary of the full plan.

The full document builds on the 2017 plan and provides an update through a THRIVE lens of

- What we have achieved so far
- Our commitment to undertake the further work that is required
- Local need and trends
- Resources required

The full document is available on the CCG website


Our Ambition

We will ensure that every child and young person experiences positive mental health and wellbeing, using the right help, when and where needed.
By 2020 support will be individually tailored to the needs of the child, family and community – delivering significant improvements in children and young people's mental health and wellbeing. We have already made good progress in this. We want to go further.

Our Local Transformation Plan is about integrating and building resources within the local community, so that emotional health and wellbeing support is offered at the earliest opportunity. Our goal is to reduce the number of children, young people and mothers whose needs escalate to require specialist intervention, a crisis response or in-patient admission.

Successful delivery of the plans will mean that

**Promotion and prevention**

- Good emotional health and wellbeing is promoted from the earliest age and poor emotional health is prevented when possible
- Children, young people and their families are emotionally resilient
- Everyone who works with children and young people is able to identify issues early, enable families to find solutions, provide advice and access help
- Staff feel supported in their own emotional health, wellbeing and resilience through nurturing working environments
- We will work with the wider system to reduce isolation, increase physical activity and reduce health inequalities

**Getting help**

- More children and young people with a diagnosable mental health condition are able to access evidence based services
- Agencies work more closely together so that vulnerable children can access the help that they need easily. Vulnerable children and young people often require a more collaborative multiagency approach in order to successfully engage with services. Vulnerable groups include children in care and those subject to a child protection plan; children who have experienced abuse and multiple trauma, victims of crime, young people who are in contact with the criminal justice system, those with Special Educational Needs and Disabilities, young people who are at risk of exclusion from school and traveller communities. Children and young people who have experienced multiple Adverse Childhood Events (ACEs) are at particular risk of poor outcomes.
- Fewer children and young people’s needs escalate into crisis, but for those that do, 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.
- Fewer children and young people require in patient admission but for those that do, this is provided as close to home as possible.
- Pregnant women and new mothers with emerging perinatal mental health problems can access help quickly and effectively, as can their partners. This will also reduce the impact on the child.
Collaborative working

- 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. Help provided takes account of the family’s circumstances and the child or young person’s views.
- The child’s journey is seamless. While there may be transfer of provision between providers, the child and their family experience joined up support with the child’s needs at the heart of care.
- There is a smooth and safe transition into and out of inpatient services. Local services remain involved and support transition back into local community services so that there is timely discharge from in patient care.
- We learn together on a multiagency basis and when needed, change the way in which we work
- The number of young people who need services into adulthood is reduced, but for those who do, young people and families report a positive experience of transition.

Transformation in Berkshire West - impact and extent of transformation to date

The extent of our transformation so far has been recognised by CQC, OFSTED, NHS England Regional Team and the Children’s Commissioner for England. We are an ambitious partnership committed to continuous improvement.

Ethos

We have shifted from a traditional escalator style tiered system to a systems approach informed by the THRIVE framework.

We are promoting a whole system framework of care, moving away from a specialist single agency mental health response to families, communities, schools, public health, social care and the voluntary sector sharing the same vision and working together on prevention, early help and building resilience. The same partnership approach applies to complex mental health difficulties and mental health crises among children and young people. These are all key features of Future in Mind (2015). This inter-professional collaboration and coproduction will support a cultural change in the language used, the way in which systems and agencies work together, and the way in which children, young people and their families access support, care and treatment. We are interested in expanding the use of Restorative Practice across partners.

We have found multiagency emotional health triage at an earlier stage to be a particularly effective way of harnessing a swift community response before needs escalate. This approach alongside regular consultation and surgeries for schools are at the heart of the Green Paper bid.

Building skills in the community

We have invested in workforce training across schools, primary care, the voluntary sector and social care. We have grown an evidence informed workforce across the whole system so that issues are identified and responded to earlier.
The Reading Emotional Well-Being Partnership, West Berkshire Emotional Health Academy and Wokingham School Link Project have built skills and support in schools and the community. There is a growing understanding that a GP referral to Specialist CAMHs is not always the best solution as there is a stronger community response available. There is more work to be done on ensuring that pathways meet the needs of all children and young people.

Voluntary sector organisations provide important parts of our care pathways and these organisations are more connected with other partners through meetings and training. Organisations are learning from each other and reporting against the same outcomes framework and audit tools.

We have increased the number of Care Education and Treatment Reviews to avoid hospital admissions and reduce hospital stays for young people with learning difficulties and or autism, unless there is no alternative. In conjunction with NHS England we have supported a number of people with a learning disability and/or autism to step down from secure beds into community settings. We are working with Local Authority partners to increase tailored housing provision for adults with Learning Difficulties and/or autism with behaviour that challenges and implemented an intensive support service for adults.

Joint learning across the system has led to workers speaking the same language more frequently. This in turn has built relationships and furthered collaborative working.

**Focus on outcomes and the voice of children and young people**

We developed an outcomes framework across all providers 2 years ago. Our focus on outcomes is driving service improvement. We learn from children and young people who use our services, their families and partners as to what is working well, how things might need to change, the impact of interventions, whether support needs are being met.

We are better at using data to inform service planning and provision more consistently. This is underpinned by consistent data and outcomes reporting across different parts of the system and different providers. We know that we need to find a technical solution to flowing all of our activity onto the national dataset and are working to resolve this.

**Partnership**

Our culture of joint ownership and accountability is driving transformation.

In August 2018, partners described how the culture has shifted to a thriving, mature system over recent years. Partners report that the partnership feels collaborative, supportive of each other and respectful. Barriers have been broken down between organisations and services, there is greater understanding of how each other contribute to meeting the needs of children and young people, language barriers between organisations have significantly reduced and there is greater trust between partners.

New partnerships have been forged and this is further driving transformation. An example is the relationship with the University of Reading which is proving to be beneficial to all parties as well as increasing the body of research in this field.
Joint clinical governance has helped to drive joint working at a cultural, organisational and practical level. We acknowledge that there is further to go, especially given the context of rising demand and financial constraints across the system.

**Cross cutting agenda**

Delivering Future In Mind is embedded into related work streams and strategies that are driving and supporting transformation in Local Authorities and Health’s Integrated Care System. Strategies include SEND, Early Help and Transforming Care.

**What next?**

As our local system has matured, so has our ambition to transform services even further. This has led to our bid to become a Green Paper Trailblazer site. This is described in full in the main document.

**Headline messages for financial year 2017/18**

It has been a very busy this year in delivering our transformation plan and we are proud of what we have been able to achieve alongside young people, parents and our strategic partners from the local authority, health, education and the voluntary sector. What follows is a synopsis of the headline messages for this year. More detailed descriptions of the actions we are taking to further improve services are described in the main document.

- **Transforming emotional health and wellbeing services through whole system partnership working continues to be strength in Berkshire West.** Anne Longfield, Children’s Commissioner for England, cited the work she had seen in our area as good practice in her evidence to the Commons Select Committee in November 2017.
- **We have continued to develop outcomes reporting and can evidence that most children and young people have positive outcomes across providers.**
- **We can evidence that most children and young people feel listened to across providers.**
- **We can evidence the impact of large scale training across partners. This will continue.**
- **We have applied to become a Green Paper trailblazer site to build on our existing Emotional Health Academy, the Reading Emotional Well-Being Partnership and Wokingham School Link project to create new local Mental Health Support Teams. This will put even more early help into schools.**
- **A number of service users and young ambassadors have received recognition for the work they have done in promoting good mental health.**
- **Demand for emotional health and wellbeing services across the system has increased at all levels of need.**
- **Increased demand is having an impact on waiting times. We are bidding for additional resources to reduce waiting times.**
- **Increased demand may demonstrate that stigma associated with emotional health and wellbeing has reduced and that partners are more able to identify issues as a result of the training provided.**
• Providers are seeing more children and young people for evidence informed help than ever before. We cannot currently flow all of these numbers onto the national dataset and are seeking a technical solution to this.

• The number of children and young people with autism or seeking autism assessment in Berkshire West is higher than in other areas. While autism is not a mental health condition, it is estimated that 71% of people with autism also have mental health difficulties. We are reviewing our neurodevelopment service and whole system response to meeting the needs of children and young people with autism and ADHD.

• We have seen an increase in self-harm rates in all three Local Authorities for people aged 10 – 24. Self-harm rates for 15 to 19 year olds across all three areas are higher than the national average with the biggest jump being in Reading. Prior to 2015/16 all three LA’s were below or in line with the national average.

• Children and young people with mild to moderate needs are having their needs met at an earlier stage as we have focussed on improvements at the early help stage.

• Children and young people who are under Specialist CAMHs tend to experience more severe symptoms and have more complex presentations than in comparator areas. We wonder whether this is related to earlier help being more embedded in Berkshire West as we have rolled out Future In Mind.

• There is better working with specialist agencies to meet the needs of vulnerable children such as those who have been abused or are victims of crime. We know that these children do not always fit traditional care pathways and that there is more work that we could do. This is a priority for the coming year. We are also bidding to become a pilot site for a research project on improving mental health assessment for Looked After Children.

• We are ensuring that the legacy of the Transforming Care Programme for People with Learning Difficulties is built into our Future In Mind work. The programme includes seeking opportunities to expand the adult intensive support function to children and young people; continuing to work with partners to build a wider, more tailored range of local placements and support for people with Learning Difficulties and/or autism; working with health and social care colleagues on a pledge to improve the use of medicines for people with a learning disability, autism or both.

• Since the CAMHs Rapid Response/ crisis service was implemented, fewer children and young people have been admitted to inpatient beds. Those who are admitted have a shorter length of stay. We are seeking additional resources to extend the Rapid Response service.

• We are considering how to develop a local DBT service for young people with emerging personality disorders, self-harm, suicide attempts and intractable depression.

• We are proactive in whole system learning from cases to inform crisis prevention and to inform further system change and development.

• For Eating Disorders the current trend suggests that demand continues to be greater than the nationally modelled estimates on which our Berkshire service was commissioned. The risk and acuity of referrals has increased. We are reviewing this service.

• As with other areas, there are ongoing challenges relating to availability of appropriate in patient Eating Disorder beds. This can have an impact on the use of beds at Royal Berkshire Hospital while suitable placements are found.
- We are working with partners on new Tier 4 inpatient network that is being developed to enable improved flow and access to inpatient beds within the geographical patch. This means that young people will be more likely to stay in the area when they require a bed. We are looking for an opportunity to expand our inpatient unit.
- We have increased the number of Care Education and Treatment Reviews undertaken for adults and children, in line with NHS England policy.

**Next steps**

We will continue to work on our plans over the next 12 months in conjunction with children, young people, parents and carers. We will review and refresh our plans in autumn 2019.

If you are a young person or parent/carer and would like to share your views on how you feel emotional health support could be provided please contact bwccg.enquiries@nhs.net.

*If you want to speak to someone urgently about a mental health concern, CAMHS and other healthcare professionals are available between the hours of 8am-8pm Monday-Friday for telephone discussion 0300 365 1234. Information about the CAMHs service, other BHFT children’s services and the on-line referral form can all be found on the BHFT website: [https://cypf.berkshirehealthcare.nhs.uk](https://cypf.berkshirehealthcare.nhs.uk). However call 999 if you are worried about your immediate safety, or go straight to the nearest A&E department*