

## Report for the Slough Wellbeing Board

September 30th, 2021

### Children and Young People's Emotional Health and Wellbeing and Celebrating Neurodiversity Local Transformation Plan (LTP) for East Berkshire 2021 -2024

#### 1. Executive Summary

1.1 Frimley CCG and its partners, including children, young people and their parents/carers, Slough Borough Council, Bracknell Forest Council, Royal Borough of Windsor and Maidenhead Council, schools and the third sector, are committed to promoting the mental health and emotional wellbeing and neurodiversity of the children and young people who live in our area. At the centre of this partnership are the young people themselves who have been – and will continue to be – a vibrant driving force in informing and improving the way services work for them. The title of the plan has been changed to recognise the difference between mental health and wellbeing and neurodiversity.

1.2 This Children and Young People's Mental Health and Wellbeing and Neurodiversity Local Transformation Plan (LTP) for East Berkshire sets out our further ambitions and includes in detail the actions we will be taking together over the next three years to continue to engage with our children and young people and communities in developing truly collaborative and integrated models of high-quality care.

1.3 This Executive Summary provides an overview of the Local Transformation Plan. The full LTP describes in more detail of the progress and outcomes that have been achieved since 2020, coupled with a comprehensive overview of the services that are available and the plans that are going to be taken to bridge gaps in services. The final LTP document should be completed by the end of September 2021 after going through our formal place-based governance routes.

- Our key areas of focus include:
- The delivery of our nine local priorities
- implementing system reform
- building a formal partnership delivery arrangement
- responding to the impact and potential surge of COVID-19

1.4 East Berkshire understands that the mental health and emotional wellbeing and neurodiverse needs of children and young people are ongoing and change. Our approach to recognising, monitoring, and responding to these needs will reflect this understanding. As we continue to work to achieve our vision, our guiding overarching principles are as follows:

- Everyone's responsibility
- Integration and joint working
- 'Doing with', not 'doing to'

- No 'one size fits all'
- Acceptance, curiosity, and empathy
- Timely identification and support
- Inclusion
- Building supportive adults around children and young people
- Look beyond behaviour

1.4 The full Local Transformation Plan spans 9 Chapters as detailed below.

- Foreword
- Chapter 1 – Introduction, Vision and Outcomes that have been achieved in 2020/201
- Chapter 2 – Understanding Local Need
- Chapter 3 – Detailed information relating to the current offer of emotional wellbeing and CAMHS services
- Chapter 4 – Workforce Support
- Chapter 5 – Engagement
- Chapter 6 – Delivery Plan
- Chapter 7 – Investment and Spend
- Chapter 8 – Governance
- Appendices including Abbreviations, a visual overview of 0-25 services, comprehensive CAMHS Needs Assessment and localised BHFT CAMHS data.

1.5 Through engagement with young people, parents, and key stakeholders since February 2021, the high-level local priorities and enablers are summarised below. More detailed information is contained within Section 7 of this report.

**Table 1: Local Priorities and Enablers**

• Local Priorities	• Enablers
<ol style="list-style-type: none"> <li>1. <b>Strengthening Crisis Support</b></li> <li>2. <b>Supporting children with complex needs</b></li> <li>3. <b>Transition Arrangements</b></li> <li>4. <b>Addressing Eating Disorders and Disordered Eating</b></li> <li>5. <b>Embedding MHST principles across all schools</b></li> <li>6. <b>Enhanced Parenting Support</b></li> <li>7. <b>Addressing gaps in provision</b></li> <li>8. <b>Development of formal partnership arrangements as a new model of working</b></li> <li>9. <b>Responding to the impact of COVID</b></li> </ol>	<ul style="list-style-type: none"> <li>✓ Improved timely and quality communications</li> <li>✓ Improving the 'front door' to current emotional health and wellbeing services</li> <li>✓ Supporting the workforce</li> <li>✓ Understanding and demonstrating what is working well - Routine Outcome Measures</li> </ul>

## 2. The Strategic and Local Drivers behind the Children and Young People's Mental Health and Wellbeing and Neurodiversity Local Transformation Plan (LTP) for East Berkshire

- 2.1 The NHS Long Term Plan, published in January 2019, set out the priorities for expanding children and young people's mental health services over the next ten years. Despite the challenging context of the last two years, our efforts to transform our services have continued. Significant additional work has recently been undertaken to respond to the government's COVID-19 mental health and wellbeing recovery action plan. This LTP includes our strategies to prevent, mitigate and respond to the mental health impacts of the coronavirus pandemic and our plans to cope with the surge in demand for services. We recognise that the health crisis has had and continues to have very damaging consequences for our children, young people and families, our workforce, and our system as a whole. Unwelcome as it has been, however, COVID-19 has been a key driver of change, obliging services to review their traditional delivery methods and adopt the widespread use of modern technology to offer a blend of virtual and face-to-face provision.
- 2.2 This plan also reviews the way in which services have been commissioned previously and presents learning from best practice elsewhere across the country in developing a formal partnership delivery arrangement. This will allow the right person, at the right place and the right time to offer a child, young person, or family the most relevant support. In addition, by promoting partnership working, this approach will help to ensure that there are no gaps in the layers of intervention and support available and will reinforce 'whole system' collaboration.
- 2.3 The Frimley Health and Care Integrated Care System (ICS), of which we are a part, will become a statutory organisation from April 2022 and will continue to develop along its existing boundaries. This development will include the delivery, in collaboration with neighbouring ICSs and local authorities, of the five-year 'Creating Healthier Communities' strategy. The aim of this strategy is to work together with the population and partners to create inclusive and compassionate health and care services. Along with the delivery of the Frimley ICS's Starting Well ambitions, this will create more opportunities to share good practice and resources that target meeting the needs of the population at a local level.
- 2.4 The recommendation to move to a formal partnership delivery arrangement and confirmation that East Berkshire will remain within Frimley ICS are both very recent. As a result, this LTP represents the best information we have now about the future context in which we will be working, which may be subject to change.
- 2.5 Our overarching long-term ambition is to create an integrated physical and mental health system for East Berkshire's children, young people, and families. We intend to achieve this by focusing on improving outcomes for children across our system and reducing variation and health inequalities. By supporting the physical and mental wellbeing of children and young people from pre-conception to adulthood we aim to promote caring, productive, and healthy families and communities. We will target those with the highest need and/or vulnerability and those who traditionally have been hardest to reach while maintaining our focus on early intervention and prevention. Co-produced with children, young people and their parents/carers, our offer will join up and coordinate the many models of care that support children. The adoption of an asset-based approach will enable us to maximise the many opportunities that

health, education and care professionals and volunteers must interact with families, building on the work of existing programmes.

## 2.6 Children and Young People Mental Health Needs Assessment – high level summary

### Nationally

- 2.6.1 The Mental Health of Children and Young People in England Survey 2017 provides England's best source of data on trends in child mental health. In July 2020, a [follow up report](#) was produced, exploring the mental health of children and young people during the Coronavirus pandemic and changes since 2017.

The main findings see rates of probable mental disorders increasing since 2017. In 2020, one in six children ages 5 to 16 were identified as having a probable mental disorder, increasing from one in nine in 2017.

- 2.6.2 Children and young people with a probable mental disorder were more likely to say lockdown had made their life worse (54.1% of 11 to 16 year olds and 59% of 17 to 22 year olds), than those unlikely to have a mental disorder (39.2% and 37.3% respectively).

About one in twelve (8.2%) children with a probably mental disorder had a parent who decided not to seek help for a concern regarding their child's mental health, with a further 5.9% deciding not to seek help for both their child's mental and physical health.

- 2.6.3 The [YoungMinds Survey March 2020](#), found 83% of young people said the coronavirus pandemic has made their mental health worse.

- 2.6.4 Of the respondents who were accessing mental health support in the lead-up to the crisis, 74% said they were still getting some level of mental health support. 26% of young people who had been accessing support said they were not currently able to access support.

### Locally

- 2.6.5 The Oxwell School Survey 2020 was commissioned to understand the views and behaviors of children and young people and how they changed due to the coronavirus pandemic and lockdown.

This saw almost half of older children saying the effect of lockdown on sleep had worsened, with all year groups seeing at least a third of children stating it had worsened. Years 5 and 8 saw 37% of children saying the effects of lockdown had improved their sleep, the highest reported percentage across all year groups.

- 2.6.6 It was reported in the survey that 3.7% of children are frequently self-harming with a difference between males (1.5%) and females (5.5%).

Of those that self harmed, 39.6% of children did not seek help following self-harm. 36.7% sourced friends support and 25.4% went to a parent or carer for support. Of those that didn't seek help, the highest scored reasons were because they didn't want help, (58%), they didn't want to burden anyone else (56%), or they were scared or worried about what people might say (49.8%).

- 2.6.7 The Oxwell survey also asked what children were most worried about. 54% of children and young people were concerned about doing well at school or college, 42% were worried about their appearance (how they looked and what they wear). 32% were worried about them and their family catching the coronavirus and not being able to sit key school exams. In comparison, 82% weren't worried about having enough money to pay for food or living costs and 78% weren't worried about going outside during lockdown.
- 2.6.8 An audit, looking at Children and Young People presenting with mental health crisis to Frimley Park hospital emergency department in the first six months of the reporting year 2020 to 2021, saw an initial decrease of 55.1% to previous quarter's attendances. As schools and colleges reopened, Frimley park hospital quickly saw a return to Children and young people attending the emergency department in crisis. During the first six weeks of returning to school, there was a 121% increase on attending in crisis compared to the same period the year before.
- 2.6.9 In quarter 1 (April to June 2021), the primary reason for presentations of Mental health Crisis to the Emergency department saw a predominant proportion of overdoses (36%), followed by deliberate self-harm (28%) and Mental Health – low mood/suicide ideation / anxiety (25%).

### Findings from general Children and Young People Mental Health Data

- 2.7 In 2016, 9,570 children aged 0 to 15 were [living in poverty](#) in East Berkshire. This was 11.4% of the overall population and significantly lower than the England figure of 17%.
- 2.8 East Berkshire has a more ethnically diverse population than other areas of England. According to the most recent [School Census](#) (January 2021), 58% of primary school pupils and 55% of secondary school pupils in East Berkshire were from a minority ethnic group (i.e. groups other than White British).
- 2.9 The 2017 Mental Health of Children and Young People in England survey found that one in eight children and young people aged 5 to 19 had at least one mental health disorder, with emotional disorders being the most common type of disorder. The prevalence of mental disorders was shown to rise through the age groups from pre-school children to young adults. It is estimated that locally, 8.6% of 5- to 16-year-olds in East Berkshire had at least one mental health disorder ([2015](#)).

### 3. Our key achievements in 2020 and 2021 by Priority Outcome

3.1 The previous editions of our LTP referred to our four Priority Outcomes. The table below sets out a summary of our key achievements for 2020 and 2021 and how they relate to those four outcomes.

**Table 2: Summary of our key achievements in 2020 and 2021 by Priority Outcome and by National Priorities**

Priority outcome	Key achievements in 2020 and 2021
<p><b>Outcome 1: Communities, schools, families and young people will work together to build resilience, learning from young people themselves how best to help them to cope with life's ups and downs</b></p>	<ol style="list-style-type: none"> <li>1. Expanded the Young Health Champions (YHC) co-production network and peer education programme to more secondary schools in Bracknell Forest and Slough and set up a community-based model in RBWM. We also worked with Young Minds to develop an evaluation framework and theory of change. Our YHC programme was shortlisted for a national award in 2020 (<a href="#">CYP Now</a>).</li> <li>2. On 1 July 2021, YHCs from Slough joined others from Bracknell Forest and RBWM along with representatives from other youth-participation groups at a virtual consultation event arranged by NHS Frimley CCG and partners in order to feed youth priorities into this LTP.</li> <li>3. Worked with CYP and system partners to promote the importance of good emotional health and wellbeing through virtual campaigns and resources. This included: Promoting MindEd for professionals and families. Publishing four #Coping guides, one for families, one for young people and two on Five Ways to Wellbeing adapted for lockdown with a version for primary age and secondary age children. Refreshing the <a href="#">Little Blue Book of Sunshine</a> as an e-book to explain some of the things CYP can do right now to feel better, or who to turn to if things feel too much. Developing two social media campaigns, the #5ways5daysNHS Challenge to promote the Five Ways to Wellbeing during lockdown and the #PoemToAParentOrCarer campaign to encourage time to talk and publicise the support services available for parent and carers.</li> <li>4. Worked with Public Health colleagues and CYP to recommission Kooth.com to provide a digital offer. Kooth provide online counselling, information, and peer support.</li> <li>5. Collaborated with the University of Oxford to bring the OxWell student survey to Berkshire schools/FE in both 2020 and 2021. Participation in the survey provides local data to allow for services and resources to be tailored according to any identified needs.</li> <li>6. Supported education to further develop their 'whole-school approach' to mental health and wellbeing. Also supported with the rollout of the DoE's Wellbeing for Education Return training programme, including the development and launch in March 2021 of the SHaRON Venus platform as an online peer support network for our local community of practice.</li> <li>7. Published a workforce training offer in February 2020 to increase workforce capacity, including free Mental Health First Aid courses (see below) and LGBTQ+ awareness and mental health training. An update was published in November 2020 to bring the offer up to date for the pandemic. This included training commissioned by CCG, as well as the best free sources of training available nationally, pulled together into one document for ease to help the workforce increase their confidence about the help they can give and to support staff wellbeing.</li> <li>8. From January 2020 to July 2021, our locally commissioned Youth MHFA instructors trained 123 youth mental health first aiders.</li> <li>9. Continued to fund and offer PPEP Care training to the CYP workforce, reaching 1,094 delegates over 40 sessions in 2020–21. PPEP Care also developed new modules on ADHD and attachment. New staff in the MHST and Getting Help teams have also trained as trainers to support the delivery of training in each locality.</li> </ol>



	<p>10. The MHST/Getting Help team (CAMHS) and partners developed an emotional health and wellbeing virtual support offer for education settings and wider partners across East Berkshire. Three virtual webinar series took place in spring/summer 2020 and spring/summer 2021.</p>
<p><b>Outcome 2: Children and young people will have access to early help to meet any emerging emotional and mental health needs</b></p>	<ol style="list-style-type: none"> <li>1. Worked with Frimley ICS and LA partners to launch a universal online parenting offer: Solihull Approach.</li> <li>2. Continued with the development of our early intervention offer through the MHST in Slough and new Getting Help teams across East Berkshire, all of which became fully operational in September 2020. Three virtual support offers for education were also put in place from April 2020 to July 2021. Also expanded MHST offer with implementation in place for RBWM, Bracknell Forest and 2<sup>nd</sup> team for Slough.</li> <li>3. Local implementation groups (LIGs) in all three boroughs have moved beyond implementing Getting Help/MHSTs to also running Mental Health Network meetings for local professionals contributing to wellbeing and CYP mental health.</li> <li>4. Following the CCG-commissioned Attain review of autism and ADHD services for children and adults, we recommissioned pre- and post-diagnosis autism/ADHD support for parents/carers/CYP to offer families help in line with identified gaps from the review. This new GEMS service launched in October 2020 provided by Solutions for Health in partnership with the voluntary sector.</li> <li>5. Continued to allocate funding to community-based youth counselling organisations Number 22 and Youthline, including additional funding for COVID-19 demand, restoration and recovery (see section 1.2). Moved to a jointly commissioned approach and performance monitoring with LAs.</li> <li>6. Reviewed and recommissioned support from the AnDY research clinic (University of Reading) to provide brief psychological interventions to CYP with anxiety disorders and depression, occupying the gap between interventions for emerging mental health difficulties and specialist NHS CAMHS teams. Allocated additional funding for COVID-19 demand, restoration and recovery.</li> <li>7. Despite increasing demand, as well as an increase in clients presenting with more complex issues at both services, Number 22 has provided over 11,000 hours of counselling support and Youthline over 4,000 hours during 2020/2021. During the lockdown periods, both services adapted to offer telephone and online counselling and have used this learning to continue offering a blended model of remote support alongside face-to-face support. This has reduced waiting lists and has given service users more choice.</li> <li>8. The three Getting Help teams and the existing MHST in Slough have seen a significant increase over the past year in referrals for anxiety, which has been the primary reason for referral. In the main, Guided Self Help is the support most commonly offered to CYP presenting with anxiety, followed by Behavioural Activation (BA) for those experiencing low mood. The Getting Help teams saw a total number of CYP being supported (2020/21) of 134 in RBWM, 167 in Bracknell and 110 in Slough.</li> <li>9. The Slough MHST received 101 referrals and supported a total of 65 young people.</li> <li>10. GEMS phone lines received 30 calls in the first month of operation. This rose to 149 calls a month in June 2021 (a 397% increase since launch). A total of 690 contacts were recorded on the GEMS system from October 2020 to July 2021. The service delivered a total of 20 workshops/courses from January to June 2021.</li> </ol>

	<p>11. In 2020/21, the AnDY clinic has continued to build on the close, collaborative working relationship with the 'Getting Help' teams in East Berkshire and the BHFT CAMHS Anxiety and Depression pathway. This has included establishing a weekly, three-way referrals meeting to ensure that young people with anxiety and depression find their way to the right place at the right time and experience smooth transitions between these services. Over the 2020/21 reporting period the clinic completed 70 assessments with East Berkshire CYP and their parents/carers. Of those CYP offered routine treatment (n = 55), over 98% accepted the offer. On average, CYP had attended 11 sessions by the time they were discharged from treatment – this increase of 37.5% compared to 2019-20 is largely accounted for by additional appointments required to keep people safe at the height of the COVID-19 pandemic.</p> <p>12. During the period 2020/21 for Symbol SALT service received a total of 51 CYP referrals of who received direct intervention. (This was fewer than in previous years due to the COVID-19 pandemic, which resulted in fewer young people being referred to the YOT.) 176 intervention sessions were delivered and 13 training sessions were delivered with 100 people trained, including YOT staff, education staff, social workers and volunteers.</p>
<p><b>Outcome 3:</b>  <b>Better communication – we will provide improved and coordinated information about the mental health and wellbeing support available and we will communicate this information effectively to children, young people and families, communities and professionals</b></p>	<ol style="list-style-type: none"> <li>1. Continued to deliver our communication and engagement plan for the new MHST and Getting Help teams to ensure awareness of the new services/support. This included newsletters, adding information online in all three boroughs, creating videos (co-produced with CYP), Mental Health Network meetings for professionals and sharing the offer with primary care during their protected learning time.</li> <li>2. Worked with Young Health Champions to review services through an annual mystery shop and provide feedback, including on how user-friendly websites are and processes such as referral forms.</li> <li>3. Ran virtual campaigns launched during Mental Health Awareness Week in 2020 and 2021: #5ways5daysNHS social media challenge to promote the Five Ways to Wellbeing adapted for lockdown and #PoemToAParentOrCarer competition and 'Time to Talk' campaign to encourage more open communication and publicise the support available for parent and carers of a young person struggling with mental health issues.</li> </ol>
<p><b>Outcome 4:</b>  <b>Improved coordinated care for</b></p>	<ol style="list-style-type: none"> <li>1. Reviewed and recommissioned Symbol to provide speech and language therapy and support for all three East Berkshire YOTs.</li> <li>2. Reviewed our mental health crisis offer for CYP and started development of intensive home-treatment functions. We also made additional investment into the rapid response</li> </ol>



<p><b>children and young people with more complex mental health needs and vulnerable children and young people – ensuring the right support, at the right time, in the right place</b></p>	<p>team to increase their hours of operation, add a family support worker to the team and support additional COVID-19 demand.</p> <ol style="list-style-type: none"> <li>3. Supported demand-and-capacity modelling and continued with additional investment into our eating disorders service in collaboration with BEAT.</li> <li>4. Provided additional investment for waiting time initiatives for neurodiversity services within Berkshire Healthcare. This included digital assessments for autism and a pilot of digital ADHD assessments. Also supported demand-and-capacity modelling and secured further additional investment.</li> <li>5. Explored a transformed approach to understanding and supporting neurodiversity, with a pilot being developed in Bracknell Forest. Worked with LA partners and Berkshire Healthcare neurodiversity services to launch the East Berkshire Neurodiversity Network in May 2021 to help bring about a change in thinking to promote a strength-based approach and champion collaborative working.</li> <li>6. Offered an adapted model of PPEP Care training to foster carers.</li> <li>7. Focused on protected vulnerable groups, starting with LGBTQ+ CYP. We piloted LGBTQ+ awareness and LGBTQ+ mental health training for the CYP workforce, with 73 professionals trained between September 2020 and July 2021.</li> <li>8. Created the new post of Children in Care (CiC) CAMHS worker, recruited in December 2020.</li> <li>9. Offered training in Restorative Practice for youth in mind (funded by HEE and delivered by Thames Valley Restorative Justice Service) to middle managers and frontline staff across Slough and RBWM through seven sessions in 2020/21.</li> </ol>
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#### 4. Our response to the COVID-19 crisis

4.1 This year's LTP also reviews the short-term and potential long-term impact of COVID-19. The pandemic has meant that we have had to come together across our local system to find ways to deliver services differently. We explore how we can continue to take innovative new approaches to delivery without compromising the outcomes that we want to achieve for the emotional and mental health and wellbeing and neurodiversity of children and young people in East Berkshire. This involves professionals working together and with children, young people, and their families/carers to design and provide the best possible services.

4.2 Whilst many people's lives have been adversely affected by coronavirus and the measures taken to combat it, the impact on children and young people has been particularly profound. We know that, as a result, some have encountered new emotional difficulties or have experienced a deterioration in pre-existing mental health issues. For many children and young people their emotional health will improve as society emerges from COVID-19 and they are able to return to their normal routines. However, for some young people the negative impact of the coronavirus crisis on their wellbeing will be more severe and long lasting.

4.3 Even before the coronavirus pandemic, mental health services for children and young people were already seeing an increase in demand. All our current planning must consider the additional short- and long-term demand generated by the pandemic, and the extra pressure it is placing on services and on our CAMHS workforce. This LTP sets out how we intend to ensure that every young person receives the mental health support they need. The plan also explores

how we can best recognise and value the contribution that all those working in emotional and wellbeing services bring.

- 4.4 The government have produced a 'COVID-19 mental health and wellbeing recovery action plan', which includes a section on children and young people and sets out "... an ambitious cross-government, whole-person approach to promoting good mental health ...." As a system within East Berkshire, we are committed to the principles set out in the action plan.
- 4.5 In our previous LTP we stated our intention to not simply redesign existing services, but to transform them across the whole system. The strengthened governance arrangements and multiagency, partnership-group working that we have put in place over the last two years have allowed us to progress our work at pace. We are an ambitious partnership with integration, collaboration, and co-production at the heart of our transformation agenda. Although COVID-19 has inevitably had an impact on our system-change programme, the additional spending being put into CAMHS and the dedicated CAMHS transformation support within our main provider, Berkshire Healthcare NHS Foundation Trust, are enabling transformation to progress.
- 4.6 Our CAMHS transformation has been and will continue to be shaped by direct user engagement from children and young people and their families and parents/carers, together with feedback from CYP and professionals/volunteers received as part of our widespread engagement work. There is also a system-wide determination to understand the nuances of the learned experiences of CAMHS users in a world that is constantly advancing with technology and the use of social media. During the engagement sessions we held with children and young people during the preparation of this LTP, they talked to us in detail about the positive and negative ways in which digital technology impacts their lives and their mental health.
- 4.7 In addition to the impact of the coronavirus crisis, we face several other ongoing challenges as we work to realise our ambitions. The plan also sets out how we intend to overcome those challenges and mitigate the potential risks associated with the implementation of our wide-reaching transformation programme.
- 4.8 All providers in the CAMHS partnership have continued to deliver services but through adapted models (i.e., digital).
- Invested in providing additional digital assessments for autism.
  - The crisis team in specialist CAMHS is offering extended hours to cover Sunday and until 10pm on weekdays; a 24/7 helpline is also in place.
  - CYP MH system: bimonthly calls were held, eventually focusing on recovery and restoration. We are supporting providers to complete demand/capacity modelling.
  - MHSTs and Getting Help teams and CAMHS partners created a virtual support offer for education between May 2020 and July 2021: 40 different webinars delivered to more than 1,100 individuals from across education, health and social care and the voluntary sector (see also section 5.3).

- A set of [#Coping Guides](#) were produced for children, young people and families. The guides, which were published in April 2020 and updated in January 2021, contain information on services and resources to promote self help and support family life during the pandemic.
- Ensured CAMHS, the AnDY clinic and the community-based youth counselling service Youthline continued to operate. These services increased capacity and moved to virtual or blended models of delivery where appropriate.
- Increased funding to Youthline in addition to baseline for two fixed-term posts for the 12 months, starting in January and March 2021.
- Increased funding to the AnDY clinic in addition to baseline for one fixed-term post for 12 months.
- Increased funding to the Number 22 counselling service to increase capacity from February 2021 to June 2022.
- Increased funding to CAMHS rapid response team (to enable them to keep extended hours), the eating disorder service and the autism pathway.
- Following feedback, an information webinar providing an overview of adult mental health services was held in September 2020, mainly focusing on services that are open access (i.e., adults can self-refer). The sessions aimed to equip CYP professionals and volunteers with an understanding of the accessibility and profile of local adult mental health services to help support families across East Berkshire.
- Supported the rollout of the DoE's Wellbeing for Education Health; worked with Bracknell Forest EP service to support implementation and delivery. Return training programme to equip nominated education staff with the knowledge and skills to introduce and contextualise clear, coherent information and resources to their setting's staff and to support and enable discussions with children and young people and parents and carers. Training for education took place in October/November 2020.

## 5. Developing the plan with engagement with key stakeholders

- 5.1 Our continued engagement with children and young people and their parents/carers has fed into this refresh of our LTP and will continue to inform the transformation/design of services. We are using detailed feedback from our engagement activities to identify how we need to deliver the services that children, young people and parents/carers want to receive, rather than the services that professionals want to deliver.
- 5.2 Most of the feedback described in the table below is from a virtual consultation event arranged by Frimley CCG and partners to feed youth priorities into this LTP. Held on 1 July 2021, the event was attended by Young Health Champions from Slough, Bracknell Forest and RBWM along with representatives from other youth-participation groups.

**Table 3: Summary of feedback from young people**

Theme	Comments
	For CYP who need support with their mental health there are currently no options other than counselling at present. CYP have asked us to consider how sport, music and art can offer an opportunity to alleviate stress levels. Such activities

Options other than counselling	<p>can make it easier to bond with other CYP who has a shared interest, and talking with such a peer helps, as they are more likely to understand how another child or young person is feeling. An example was given of how one young person created their own jewellery company, allowing them to channel their creativity into personalised work. Poetry in Mind helped too. Furthermore, because schools have offered less face-to-face learning recently due to COVID-19, there has been less of an emphasis on intellectual stimulation and some students have been struggling to enjoy academic subjects as much as they would in person. Some young people have found that creative outlets have helped them to feel intellectually stimulated and motivated. However, they would still like emotional support to be offered alongside creative and positive activities.</p>
Stigma	<p>Participants emphasised that any alternatives to counselling should not be labelled as such. Events/activities that are labelled as “supporting young people with mental health problems” would not be well received, as CYP would see this as drawing attention to the fact that participants may have a mental health issue. Family members may also may not want their children to be associated with any overt mental health support. Any activities on offer, therefore, should be designed to indirectly help to improve mental health without stating that as an ambition. This could be achieved, for example, by promoting such activities visually using colours or fonts associated with MH.</p> <p>It was felt that it would be helpful for parents and those working with children and young people to be able to spot the early signs of anxiety and depression.</p> <p>There was a view that everyone should be looking after their general wellbeing, physical and mental, so support should be presented in a positive rather than a negative light.</p> <p>Participants also expressed a sense that poor mental health, especially issues such as anxiety and depression, have been ‘glamourised’ recently, rather than being balanced against severe mental health disorders. An example was given around OCD – for most people who say that they have got OCD, it is just because they like to be tidy, not because they have a mental health problem. There needs to be a balance and greater understanding about the difference between feeling down compared to having a wider underlying mental health problem. However, genuine concerns need to be addressed.</p>
	<p>The pros and cons of social media need to be addressed. There are many benefits to social media if it is used in the right way. It helps people to stay in contact and find information online. However, it is important to teach children and young people – for example, via workshops – how to use social media in a safe and balanced way. Young children may not understand the potential impact of the use of social media and the internet in general and how to deal with that impact, whereas by the age of around 16 young people are better equipped to deal with it. An example was given of 13- and 14-year-olds who had been engaged in conversations with adults aged 25+ without understanding that they</p>

Pros and cons of social media	<p>could potentially be being manipulated. When someone tries to warn them about this danger, young people often become very defensive. However, if they do fall prey to online manipulation, they should be supported and not made to feel ashamed about it.</p> <p>PHSE is a potential method of ensuring that the right message is given, but that PHSE need to be more engaging with up-to-date material that is relevant to young people today. School assemblies could also be used in a creative way to get the message across. For example, students could act out a scenario to makes the danger of social media more real for children and young people and show how it is easy to fall into traps. This would be more meaningful and relevant than just providing statistics.</p> <p>There was a general opinion that TikTok is a toxic platform. Young people cited examples of peers accessing content promoting self-harm and eating disorders, as well as other types of videos that are not good for general wellbeing.</p> <p>However, participants emphasised that most young people who use social media are not harmed by it and over-amplifying the dangers can create anxiety. Adults do not always use the same platforms as young people and so often do not understand the impact that certain platforms may or may not have.</p> <p>Consideration must be given to the amount of distressing information CYP are given. Many of them have found the constant flow of information about the negative impact of COVID-19 emotionally exhausting and are feeling powerless to help. It is impossible to have the capacity to care about everything. A solution for this is around resilience and for young people to receive a message that it is normal to feel like that and that there is nothing wrong in it. It really helps to have other like-minded people to talk to.</p>
Communication	<p>If the NHS want to promote a wellbeing message it is best to use a peer-to-peer approach and good 'marketing' is vital. Communications should be expressed in a way that young people understand. Short videos are effective – they make issues seem real and get the point across quickly. This requires the use of role models, such as influencers who are looked up to and respected.</p> <p>If a service/advice is communicated in this way, it will be more acceptable for young people to use/follow it and they won't feel too embarrassed to do so. Participants said that we all go through periods of being low and talking to others about this and making it feel real is crucial.</p>
	<p>Some young people described lived experiences of talking to GPs who were not always helpful. There were instances of GPs telling CYP they were too young to be suffering from poor mental health. Young people saw GPs who failed to take their problems seriously as being very unprofessional. Participants felt GPs should treated every patient as an individual and should take the time to understand why a young person may be struggling with stress or other mental</p>

<p>Non-judgemental professionals</p>	<p>health issues. CYP need professionals to be welcoming and build a rapport with them, rather than invalidating what is a real problem for that young person.</p> <p>It was felt that GPs should receive training on how to engage with CYP and be non-judgemental about them, given that CYP experience life in a very different way to adults, and often find it more challenging.</p> <p>GPs should give young people the choice of where and who to go to for mental health support. The option of anti-depressants should be given with a clear explanation of the possible side effects/risks and that the drugs may take three months to have an effect. The young person should be signposted to support they can access during those three months.</p> <p>By definition, a young person may have not felt anxious or depressed before, so knowing how to cope with such feelings is something that they are not used to. Young people sometimes feel as though they are being dismissed by medical professionals, as though the underlying message is “you are only a kid, so keep quiet”.</p> <p>There was similar feedback about some teachers’ interactions with young people, who sometimes felt judged if they brought up mental health issues. CYP also worried that if they told a teacher that they were struggling with their mental health, then it would mean that all the other teachers in the school would know, and some members of staff might then treat that young person differently as a result.</p> <p>Young people also said that, once they are in contact with a professional, they don’t want to have to share too much about their feelings in the first instance.</p>
<p>Accessing services</p>	<p>CYP told us about issues they have with engaging with counselling services in schools. Young people often worry they might be made fun of if others know that they are going for help, as there currently seems to be a culture of mocking depression and other mental health conditions. The length of time that it can take to first be seen by a counsellor is another problem. Counselling needs to be accessible and to last for as long as the young person needs, rather than them being told that the funding has run out or that they have a target to reach.</p> <p>Many young people are not aware of a community offer and do not necessarily know how to access it. Youth Centres (or Family Hubs) can be hidden away and hard to find out about, unless it’s through a friend. It can also feel embarrassing to go to a centre; within the boroughs, people tend to know each other, so if a young person is seen at a centre, they worry that others will automatically think they have a problem.</p> <p>The preference would be for all counselling to take place in a space that is as private as possible.</p>



### 5.3 Parent engagement

#### Parent's Views on CAMHS and Neurodiversity Services

An online survey was undertaken in June and July 2021 with a focus on exploring how we improve the way we communicate about the services available to local children and young people and to understand from a parent's perspective in what works well and where improvements can be made. Finally, we asked whether they would like to be involved in participating in future engagement events to help shape our services.

247 parents completed the survey with 150 parents saying that they would like to be involved in future engagement events in helping to shape services.

This is a summary and full details of the survey will be distributed in September 2021.

#### Did you notice improvement in your child's emotional wellbeing and happiness after they used the service?

- 7% saw a large improvement
- 38% saw some improvement
- 22% saw little improvement
- 35% saw no improvement

#### As a parent/carer were you happy with the service your child received?

- 12% - Very happy, 21% Quite happy, 38% Mixed, 29% Not happy

#### Where is the most likely place, you would go to find information you needed?

- Online 50%, NHS Website 20%, Other Sources including GP, school, charity and LA websites 30%
- In person or by Phone – 35% school, 35% GP surgery, 10% Family and Friends

#### How easy was it for you to find information you needed?

3% Very Easy, 26% Quite Easy, 36% quite difficult, 24% very difficult, 11% unable to find the information.

**Table 4: Written views from parents:**

What do you feel as parents about the services that are available?	
I believe CAHMS should have parental support available 24/7 to help us deal with children.	We were expecting to have an assessment for ADHD as well as an autism assessment when my son was assessed but we have been waiting nearly 2 years now for an ADHD assessment.
We are in the first couple of sessions with the getting help team which has been so far helpful.	Staff are very helpful on the phone but waiting times need to be reduced

<b>Most of the time school issues were resolved with me working with a fabulous and understanding head of year. It took constant communication.</b>	The service he receives is very good the problem is the time it takes to get it
<b>Is your child happy with the services they receive?</b>	
<b>Everything is a long waiting list. Now we are under the Specialist Team we get lots of support. Only now are we getting help as a family and I don't think anyone understands how physically as well as mentally exhausting it is looking after a child with ASD with suicidal thoughts.</b>	My child liked the one to one, done over the phone which was preferred to doing face to face chats.
<b>Long wait and often appointments were cancelled for more urgent ones. So not enough consistency especially when relying on that appointment for help.</b>	
<b>Is there anything else you would like to tell us about your experiences of finding out about, accessing and/or using mental health, autism or ADHD services?</b>	
<b>It needs to be easier to navigate with all partner services in one place rather than a bit you can find out about through school, a bit you need to access through early help and another bit you need GP referral for. You need a single point of contact/assessment that then provides a personalised prescription of support.</b>	I need a one-page guide that is sent out straight away to parents the FIRST day a child refuses to go to school. We have had to navigate this ourselves... There then needs to be a number to call - help line to support parents who can't get their child into school. There is so much information on the web if you google - but too much to navigate when you are in a crisis like this.
<b>The service needs to be far more proactive and joined up.</b>	I contacted the Young Minds charity who were brilliant giving me a list of suggestions on what steps I could take.
<b>I know there is no hard and fast test of whether someone has autism or not, but it would appear a growing number of people do, and the education system needs to be more inclusive of those groups of children.</b>	I feel more support letters while waiting would help feeling left alone to cope with child's additional needs with knowing what to do in certain crisis situations

## 6. Engagement with professionals to inform this LTP refresh

In January and again in June and August 2021, NHS Frimley CCG held workshops to gather views from professionals at all three CYP mental health and emotional wellbeing network meetings to help shape the priorities and deliverables in this plan. An amalgamation of the outcomes of these sessions is shown below.

Feedback from the workshops with professionals from across the system allowed us to identify some overall priorities and key messages (see table below). These have informed our plans to continue to transform our services, as outlined in this LTP refresh.

### Table 5: Summary of feedback from professionals

Priorities	Key messages
<p><b>Communication</b></p>	<p>This was agreed as a key factor in getting the right message across at the right time for all stakeholders.</p> <p>A shift towards self-help/self-support requires that parents be offered the right information so that they know where to look and how to access resources. This is most important through the triage process, so that children, young people and families receive the right service at the right place and at the right time.</p> <p>It is important to identify how we can use communication to engage with hard-to-reach parents.</p> <p>Head teachers receive a myriad of emails and contacts every day from organisations offering emotional wellbeing support and often do not know which ones they should pay attention to. They said that they are more likely to take notice of recommendations from other head teachers.</p>
<p><b>Working in partnership</b></p>	<p>There was agreement that services need to work in partnership more, with an emphasis on the right person in the right place at the right time.</p> <p>Clear evidence emerged from the discussions showing that professionals are not aware of the availability of each other's services and what the offer is. It is very important not to speak on behalf of another organisation and make assumptions about what they can offer. We need to be clearer around what support should look like through the development of roadmaps (Berkshire Healthcare have started work on this) and better signposting of services is needed.</p> <p>Young people do not always respond to professionals so we need to review our assets and identify who the right person may be to support that young person. However, consideration must be given to the fact that some professionals may not feel equipped to support young people and would not want to take the risk.</p> <p>It should be considered whether a lead provider/consortium approach offering pathways for levels of support would help. These pathways could include links with experts in the field, such as MIND, to support and help build capacity within the system. A graduated response to support is required, with the ability to spot the signs of mental ill health, along with an exploration of how this can be embedded into our core principles and sustainability of working.</p> <p>It is important for CAMHS to be involved in more multi-disciplinary meetings so that the need of the young person is considered in a holistic manner. This approach had been a positive outcome when there was a consultative/screening/clinical role within the MASH.</p>

The Whole School Approach and engagement of parents as part of co-production is crucial, along with the concept of 'doing with' rather than 'doing to'.

Children Centres/Youth Centres are the new Family Hubs – we should explore how to make best use of this opportunity and links with Parent Support Networks and Family Friends. These could potentially be part of our open-access model, as they are already staffed by multi-disciplinary teams. Stakeholders also talked about the positive impact that Health Clinics could offer.

Public Health have been doing work on asset mapping. This should be revised and refined to show how to make the best use of not only our physical assets but our community assets. These include third and voluntary/community sector organisations, such as Barnados and MIND. Through working with such organisations via a true partnership approach we can pool knowledge and resources by building capacity and networking. An example given was the Reaching Out project in Slough (see section 6.7), the goals of which include creating links between the BAME community and community resilience, MHSTs and CAMHS.

It is important to think about how we can engage the non-MHST schools so that they are able to access support on a level comparable with MHST schools.

Youthline has the capacity to offer more support, especially to parents, and to offer to do mental health talks in non-MHST schools.

The DfE Wellbeing for Education Training, due to roll out again after the summer break, provides schools with an opportunity to access and share best practice. Schools should also be supported to implement a Whole School Approach and offered senior leadership training.

The YOS use a trauma-informed approach which is widely regarded as a model of best practice – stakeholders asked whether this could be transcribed into a model of working.

It was also suggested that risk-management panels be helpful.

There was a discussion around the role of School Nursing and 0–19 services and the need to ensure that these are recommissioned on a system approach. It was acknowledged that, whilst School Nurse clinics in secondary schools have worked well in trying to link things together, School Nursing is a small resource.

### Developing a model to suit the current needs of children and young people

Professionals are seeing increased anxiety presentations across all support services from early help services through to CAMHS. Also, an increase in parental anxiety is impacting CYP.

CYP are reporting increased anxiety due to uncertainty over exams, transitions, return to school, separation and germs and/or fear of causing harm to their loved ones by bringing infection home. Parents/carers are also struggling with family pressures and stress due to financial difficulties, home schooling, home working, managing challenging behaviours, and domestic violence.

Stakeholders identified a need for:

- a safe and supportive environment for young people
- education on resilience and coping strategies for managing emotions
- improved communications for parents/carers about where to get help
- a better integrated pathway for anxiety

A comment was made that the modelling of services needs to be built around the needs of young people rather than the needs of professionals. We really need to understand the pressures that young people are under from loneliness, isolation, anxiety, bullying, exam stress and the experience of being away from a school regime. For many CYP, going back into school again after long lockdowns is challenging.

Professionals need to be able to spot the early signs of anxiety and know where to signpost families for help. A review is needed of the support to build resilience for the transition into secondary school/changing year groups and adapting to different learning environments (especially in relation to the impact of home schooling).

It was noted that parents can be a barrier to CYP getting support due to mental health stigma.

Some stakeholders suggested the use of school assemblies to engage CYP about mental health and get key messages heard. Consideration is needed of how to help young people who will not engage and how to offer them support through a trusted adult, such as a youth worker or family support worker.

Any new service model needs to include the right outcomes measures so that we can understand what difference we are making. It was pointed out that a one-size-fits-all approach will not work because each young person's needs are unique.

Professionals stated that whatever model is developed needs to include the following:

- resilience-building for young people

	<ul style="list-style-type: none"> <li>• coping strategies</li> <li>• short-term intensive treatment followed by long-term support</li> <li>• learning through case studies to understand what we should have done differently through early intervention</li> <li>• a graduated response and easy access for the whole family, which may help avoid the need for specialist intervention</li> </ul>
<p><b>Bridging gaps between services</b></p>	<p>It was agreed that there is a need to bridge the gap between the Getting Help offer and core CAMHS. Professionals also need a clearer understanding of referral routes to avoid young people and parents being “bounced” around the system. A seamless approach should be offered.</p> <p>There is a need to review which universal/targeted services are available to CYP who are waiting for specialist support – there should be an element of choice. Families should receive support tools to help them avoid entering a crisis while they are waiting. It was agreed that we should change the terminology “care of waiters”.</p> <p>Stakeholders felt that it was important to bridge the gap between the Getting Help offer and core CAMHS.</p> <p>There needs to be a stronger universal offer. We should also address the long waits for CAMHS.</p>
<p><b>Impact of COVID-19</b></p>	<p>Because of COVID-19, a model of online support has been created. However, although this addressed an immediate need for help, the value of face-to-face support and engagement should not be underestimated – many young people are experiencing online fatigue and are still facing a limited choice of support.</p> <p>The pandemic has impacted on younger children too; professionals are worried about some children becoming addicted to gaming and others falling prey to cyber issues. It was felt that social media should not be over-relied on at a time when some young people are expressing digital fatigue. Stakeholders were also concerned about the negative impact of trolling and CYP’s ability to access inappropriate materials online.</p> <p>Participants wondered how we can prevent problems such as disordered eating from emerging.</p> <p>Participants expressed their need for help to understand what is ND and what is challenging behaviour. The coronavirus crisis has raised issues around autism/anxiety –disruption to their routines has been particularly difficult for young people with autism, yet there is a gap in the provision of positive behaviour support.</p> <p>Professionals have seen CYP displaying attachment issues as challenging behaviour; this is a problem, especially in the context of domestic violence</p>



	<p>cases. (See previous discussion above about the value of using a trauma-informed approach.)</p> <p>Many children and young people have been experiencing low mood and a lack of motivation during the pandemic. COVID-19 has exacerbated an underlying issue.</p>
<p><b>Parental capacity</b></p>	<p>By placing extreme pressures on family life, the pandemic has created real additional challenges for many parents. (An example was given of young people who had never previously been known to social workers entering the social care system.) During the health crisis, parents have not been able to connect with other parents through the usual routes, such as PTAs and other school social events.</p> <p>Stakeholders raised questions about how to address stigma and build parents' resilience and willingness to seek support. In-reach and outreach support are clearly crucial, as is community engagement and having community champions, both within schools and within communities.</p> <p>The role of Family Support Workers and the benefits that they could bring were also discussed. A rollout of webinars may be a positive option in giving parents an element of anonymity if they wanted to reach out for support; this could be promoted by schools.</p> <p>Discussions acknowledged that we need to look at the environment that the young person is in and to consider family centre practice to understand the reason for the behaviour. Whole-system support should be designed to suit the holistic needs of children, young people, and families/parents/carers. A parenting offer is needed; this should be done through a co-ordinated approach that avoids raising expectations but supports and empowers parents.</p> <p>From a parental perspective, stakeholders wondered whether six weeks' support is sufficient, as it can take longer than that for professionals to build up relationships, especially with children who have an impairment. It was felt that services being commissioned must be reviewed to allow for greater flexibility in supporting the needs of individual children, young people and families. (This is currently not within the core offer of how services are commissioned.) However, there is a need to understand the impact that such a change could have on waiting times for accessing services.</p>
	<p>Schools can be the one constant in a child or young person's life. Education staff are often first point of contact for CYP who are struggling with their mental health and staff want to provide the best help they can.</p> <p>However, serious concerns were expressed for the wellbeing of school staff. Schools are now being viewed as a place to go for help and support, but also, by some challenging parents, as a place to offload. This is putting</p>

<p><b>Supporting professionals working with children and young people</b></p>	<p>staff under considerable stress. There is a need to provide emotional support for school staff.</p> <p>It was felt that webinars for staff would be helpful if they looked at implementing a Whole School Approach (by drawing on work by the Anna Freud Centre) and showed staff how to develop a plan with themes. Again, this approach must be for all schools. Staff also need clarity around their own roles and responsibilities. There was a sense that government guidance tends to be far too general and that schools often wait months for the detail of the guidance to arrive.</p> <p>A holistic, rounded approach to pupils' mental health is required. Staff need support to gain a basic understanding of the issues and to be able to identify when a child needs more help. Training for some staff in specific areas, such as anxiety and self-harm, was thought to be desirable. The need to agree a shared language about mental health was also highlighted, as was the importance of tackling mental health stigma.</p> <p>Reflective supervision models should be explored; stakeholders acknowledged that good supervision is required for staff wellbeing, boundary checking and understanding the limits of competency. The importance of Family Support Workers was emphasised.</p> <p>It was pointed out that communications sent to schools are sometimes information overload and need to be simplified. Ideas to achieve this included support menus, event calendars and a centralised resource bank.</p>
<p><b>Workforce support</b></p>	<p>Workforce support was a key discussion on the following levels:</p> <ol style="list-style-type: none"> <li>1. Mental health, like safeguarding, is everyone's responsibility. There could be an opportunity to include mandatory basic mental health training within and alongside safeguarding training. This could include the identification of roles and responsibilities and offer mental health training at different levels depending on the need of the professional. A lead and cascade through the DSL network was suggested, coupled with a proposal to the LSCB about training the whole workforce (especially at a school level with NQT and how dovetailing this approach at the beginning). PPEP Care has a history of offering support at this level. Feedback from the WEL programme provided by the DfE within schools was that there was too much content and basic lower-level strategies were needed.</li> <li>2. There was a clear message that training needs to be face to face, even if via Teams, and not through online modules.</li> <li>3. Other training suggestions included a consultation/support strategy by bringing cases to drop-in sessions. This may help support a Whole School Approach by offering a sustainability approach to schools using a methodology of known best practice. Schools did not currently feel properly equipped to be able to support parents.</li> </ol>

4. The SHaRON platform is another resource suitable for professionals working with children and young people.
5. A six-month pilot with DSLs, currently being evaluated, has included a monthly session and training on reflective practice within the teams.
6. One participant raised the need to develop a shared understanding and language around self-harm in CYP.
7. There are known problems with recruitment to some mental health roles, so a competency-based approach needs to be considered.

### 7.3 Local priorities

Based on the views of children, young people, parents/carers and professionals (see section 6 for information about our engagement activities), the table below represents our priorities and planned deliverables for the next three years. As part of the implementation of the priorities, there will be a detailed action plan which will include:

- Deliverables
- Outcomes and benefits
- Key Milestones
- Risks
- Mitigations
- Responsible Officer
- Support required

**Table 6: Our high-level Action plan for implementing the priorities and enablers from 2021 – 2024**

Local Priorities	High Level Actions
<b>Strengthening Crisis Support</b>	<ul style="list-style-type: none"> <li>• Phased approach to Strengthening Crisis Support Plan, which will include: an integrated home-treatment service; challenging behaviour support; multiagency self-harm protocol; and examination of the development of a safe haven.</li> <li>• Transform core CAMHS with the allocated funding pot.</li> </ul>
<b>Supporting children with complex needs</b>	<ul style="list-style-type: none"> <li>• Evaluate the impact of the autism and ADHD transformation funding.</li> <li>• Develop an emotional wellbeing/CAMHS Children in Care Model in line with the Southeast Children in Care Evidence-Based Clinical Review &amp; Practice Guide, November 2020</li> <li>• Engage with the Thames Valley Complex Children Expression of Interest led by Oxford Health utilising the Framework for Integrated Care</li> </ul>
<b>Transition</b>	

<p><b>Arrangements</b></p>	<ul style="list-style-type: none"> <li>• Develop an action plan in partnership with Adult Commissioners for implementing the 18-25 Access requirements including the recommendation to lower the age group to 16+</li> </ul>
<p><b>Addressing Eating Disorders and Disordered Eating</b></p>	<ul style="list-style-type: none"> <li>• Implement the actions within the East Berkshire June 2021 Eating Disorder Recovery Plan</li> </ul>
<p><b>Embed MHST principles across all schools</b></p>	<ul style="list-style-type: none"> <li>• Continue to develop and embed the MHST Wave 5 and 6 programmes learning and implementing the Early Evaluation of the Children and Young People’s Mental Health Trailblazer Programme July 2021 across all MHST and non MHST schools</li> </ul>
<p><b>Enhanced Parenting Support</b></p>	<ul style="list-style-type: none"> <li>• Enhance existing LA parenting strategies and the role of Family Support Workers, including a self-care/self-help approach.</li> </ul>
<p><b>Addressing gaps in provision</b></p>	<ul style="list-style-type: none"> <li>• The first phase of the formalised partnership delivery arrangement will identify the current baseline of service provision.</li> <li>• Identify the gaps in commissioned emotional and wellbeing services through the utilisation of case studies</li> <li>• Develop an interim plan for bridging those gaps whilst the formalised partnership delivery arrangement is being implemented.</li> <li>• The gap in services for 0–5s is currently being reviewed by the Getting Help service.</li> </ul>
<p><b>Development of formal partnership arrangements as a new model of working</b></p>	<ul style="list-style-type: none"> <li>• Develop an outcome-based emotional health and wellbeing model which will suit the future needs of children and young people by working in collaboration with partners as part of formalised partnership delivery arrangement. This arrangement will involve four key phases of work:             <ol style="list-style-type: none"> <li>1. Agreeing the baseline</li> <li>2. Listening and learning</li> <li>3. Designing the future</li> <li>4. Delivering change</li> </ol> </li> </ul>
<p><b>Responding to the impact of COVID and planning for a surge</b></p>	<ul style="list-style-type: none"> <li>• Implement the actions within the East Berkshire June 2021 Eating Disorder Recovery Plan and the implementation of the Strengthening Crisis Support Plan</li> </ul>

	<ul style="list-style-type: none"> <li>• Implement and respond to relevant actions within the Frimley ICS Urgent and Emergency Care Action Plan</li> <li>• Continue to implement the Reaching Out Project and the Workforce Offer to support the most vulnerable groups</li> </ul>
<b>ENABLERS</b>	<b>DELIVERABLES</b>
<b>Communications</b>	<p>Develop a high-level Communications Strategy (and accompanying strategy delivery milestones) across key stakeholders to:</p> <ul style="list-style-type: none"> <li>• raise awareness of all the current and future CAMH services available within schools and in the community as a whole</li> <li>• describe how CAMH services are going to be integrated in the future</li> <li>• align communications and engagement messaging and activity across organisational boundaries (health, education and LAs)</li> <li>• support the onward cascade of communications and engagement feedback through our governance arrangements</li> <li>• identify the target audiences: who are partners and who do we need to involve and inform, to determine the level and frequency of communication</li> </ul> <p>This Communications Strategy will be the golden thread running through each of our local priorities.</p>
<b>Improve the 'front door' to current emotional health and wellbeing services</b>	<ul style="list-style-type: none"> <li>• Review referral pathways, triaging, risk management panels and signposting to services across the system.</li> </ul>
<b>Workforce support</b>	<ul style="list-style-type: none"> <li>• Contribute to the Frimley ICS Workforce Plan 2021-2022 strategy.</li> <li>• Continue to implement the GP Link Programme across the East Berkshire Primary Care Networks</li> <li>• Amalgamate the Getting Help and Frimley CCG workforce training offer</li> <li>• Investigate the development of mandatory MH training.</li> </ul>

## 8. Investment

### 8.1 East Berkshire Transformation Investment

8.2 For some areas of transformation, extra investment may be required using the additional funding from NHS England allocated to NHS Frimley CCG. The information in this section concerns the finances for transformation-related activity, which includes funding specifically linked to the LTP. The allocation of funding and the spend are documented below. Table 7 below shows all the additional funding allocated to NHS Frimley CCG to support the transformation agenda. During 2021/2022 we have also seen an increase in funding from NHS E into the CCG's baseline funding which has been allocated to Berkshire Healthcare NHS Foundation Trust to support core CAMHS transformation as well as the delivery of the ambition in the NHS Long Term plan (row B and C).

**Please note that CAMHS funding (row A) to CCG has only been allocated on 6 months basis until the end of September 2021 at time of writing.**

**Table 7: Total funding for transformation related activity**

		<b>2021/2022</b>
		£
A	Funding – CAMHS – 6 months only until end of September 2021	829,320*
	<u>Long Term plan baseline funding</u>	
B	Children and Young People's Community and Crisis	372,430 250,191 90,128 55,963 77,092
C	Children and Young People's Eating Disorders	25492 66,832 14000
D	Neurodiversity	1,200,000
	<b>TOTAL funding allocation</b>	<b>2,152,128</b>

### 8.3 Spend on transformation – East Berkshire

8.4 Where funding has been allocated for a specific area, this spend is detailed in table 7 below. Row A shows the anticipated spend in 2021/2022 to help support the implementation of the LTP. For some of the services listed here, the figure shown represents an additional contribution from NHS Frimley CCG and does not reflect the total cost of the service.

8.5 In addition to the figures listed here, NHS Frimley CCG also co-funds the cost of the specialist CAMHS services delivered by Berkshire Healthcare NHS Foundation Trust and including PPEPCare training, the CAMHS workers in YOT and the CAMHS CLA worker post. NHS Frimley CCG also contributes £47,207 towards the cost of paediatric mental health liaison

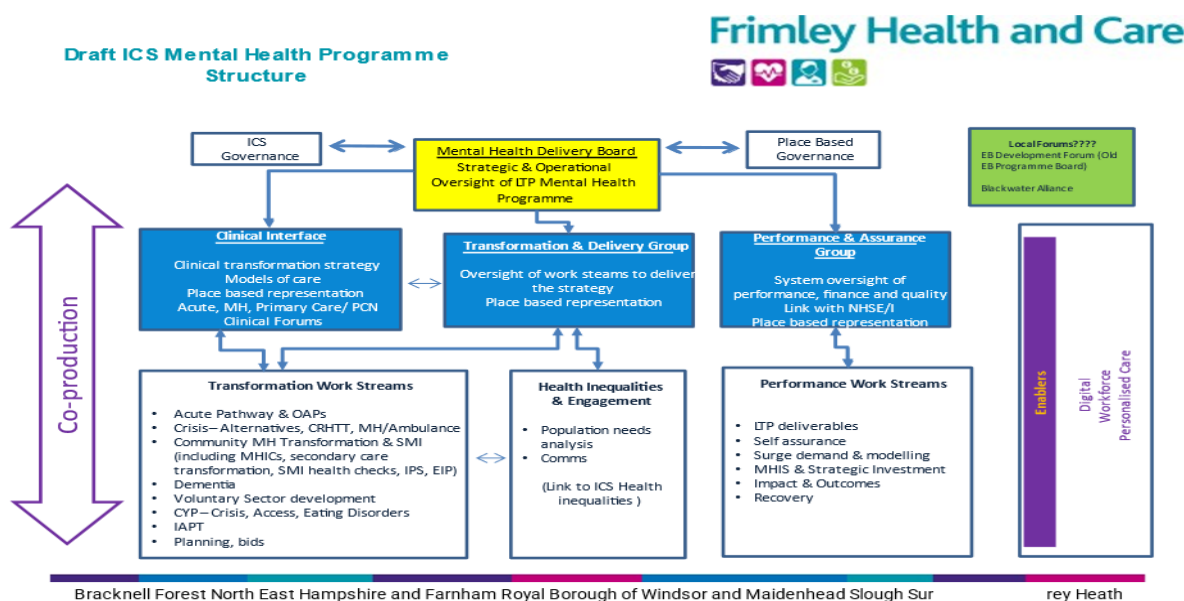


nurses at Frimley Park Hospital, and £63,310 to the crisis team from Surrey and Borders NHS Foundation Trust so that they can see C/YP from East Berkshire who present at Frimley Park Hospital. The budget is £829,320.00 with the total anticipated spend until the end of September as £530,612.59. Berkshire Healthcare NHS Foundation Trust has also been allocated funding for a Mental Health Support Team in Royal Borough of Windsor and Maidenhead, Bracknell Forest and an additional team for Slough.

### 9. Governance - East Berkshire and Frimley ICS

- 9.1 Following the publication of the White Paper earlier in 2021, the recent NHS Bill will lead to the establishment of statutory Integrated Care Systems (ICSs) from April 2022. As part of this journey, and following on from the recent engagement processes, the Secretary of State for Health and Social Care considered the boundaries of several ICSs across the country.
- 9.2 On 22 July 2021, it was formally announced that the Frimley Health and Care Integrated Care System (ICS) can continue to develop along its existing boundaries from April 2022. As a result, Frimley ICS will become a statutory organisation from that date, and the areas of Surrey Heath, North East Hampshire and Farnham and East Berkshire will remain within the existing Frimley ICS boundaries.
- 9.3 This may mean that our current governance arrangements, as shown in Figure 1 may be subject to change, but for the purposes of this Local Transformation Plan (LTP), we will assume that these local governance arrangements will continue until April 2022.
- 9.4 As the ICS develops, the intention is to build upon our effective partnerships with neighbouring ICSs and local authorities to ensure the delivery of the five-year strategy 'Creating Healthier Communities'. The aim is to work with the population and partners to reduce inequalities and create inclusive and compassionate health and care services.

Figure 1: Frimley ICS emerging delivery structure



## 9.2 Local Transformation Plan group

In our area we have strong multiagency arrangements in place via our Local Transformation Plan group for mental health, which meets bimonthly. The group also acts as a forum to continuously review the mental health needs of East Berkshire’s children and young people. The multi-stakeholder LTP group has representatives from health, local authorities, service providers, parents/carers, and the voluntary sector and is chaired by the lead GP for mental health from Frimley CCG. The group reports to the Joint Commissioning Board, which has a responsibility to ensure delivery of the LTP.

## 9.3 Local boards

Due to the nature of our locality, which spans three different local authorities (LAs), monitoring and oversight is also provided through a range of local partnership boards at which CYP mental health is integrated into overlapping agendas. These boards include the new Place-Based Committees, the Children and Young People’s Partnership Board (Bracknell Forest), SEND partnership boards and Local Safeguarding Boards across East Berkshire. In addition, there are three different health and wellbeing boards in our area: Slough Wellbeing Board, Bracknell Forest Health and Wellbeing Board and Royal Borough of Windsor and Maidenhead Health and Wellbeing Board. All are partnership boards with a shared focus on improving health and wellbeing in each locality, tackling health inequalities and focusing on prevention. The refreshed LTP and updates are presented to these boards on an annual basis.

Figure 2 represents the current Governance arrangements

