Bracknell Forest Council

NOTICE OF MEETING

Health and Wellbeing Board
Wednesday 29 June 2016, 2.00 pm
Council Chamber, Fourth Floor, Easthampstead House, Bracknell

To: The Health and Wellbeing Board

Councillor Dale Birch, Executive Member for Adult Services, Health & Housing
Dr Tong, Bracknell & Ascot Clinical Commissioning Group
Councillor Dr Gareth Barnard, Executive Member for Children & Young People
Philip Cook, Involve
Alex Gild, Berkshire Healthcare NHS Foundation Trust
Jane Hogg, Frimley Health NHS Foundation Trust
Dr Janette Karklins, Director of Children, Young People & Learning, Bracknell Forest Council
Lise Llewellyn, Director of Public Health
Rachel Pearce, South Central Sub Region NHS
Mary Purnell, Bracknell & Ascot Clinical Commissioning Group
Mark Sanders, Healthwatch
Fidelma Tinneny, Berkshire Care Association
Hilary Turner, NHS England South Central Region
Linda Wells, Bracknell Forest Homes
Gill Vickers, Bracknell Forest Council
Timothy Wheadon, Chief Executive, Bracknell Forest Council

ALISON SANDERS
Director of Corporate Services

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If you require further information, please contact: Priya Patel
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Published: 21 June 2016

Health and Wellbeing Board
Wednesday 29 June 2016, 2.00 pm
Council Chamber, Fourth Floor, Easthampstead House, Bracknell

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AGENDA

Page No

1. **Election of Chairman**

2. **Appointment of Vice Chairman**

3. **Apologies**

   To receive apologies for absence and to note the attendance of any substitute members.

4. **Declarations of Interest**

   Any Member with a Disclosable Pecuniary Interest or an Affected Interest in a matter should withdraw from the meeting when the matter is under consideration and should notify the Democratic Services Officer in attendance that they are withdrawing as they have such an interest. If the Interest is not entered on the register of Members interests the Monitoring Officer must be notified of the interest within 28 days.

5. **Urgent Items of Business**

   Any other items which the chairman decides are urgent.

6. **Minutes from Previous Meeting**

   To approve as a correct record the minutes of the meeting of the Board held on 5 - 10

7. **Matters Arising**

8. **Public Participation**

   QUESTIONS: If you would like to ask a question you must arrive 15 minutes before the start of the meeting to provide the clerk with your name, address and the question you would like to ask. Alternatively, you can provide this information by email to the clerk Priya Patel: priya.patel@bracknell-forest.gov.uk at least two hours ahead of a meeting. The subject matter of questions must relate to an item on the Board's agenda for that particular meeting. The clerk can provide advice on this where requested.

PETITIONS: A petition must be submitted a minimum of seven working days before a Board meeting and must be given to the clerk by this deadline. There must be a minimum of ten signatures for a petition to be submitted to the Board. The subject matter of a petition must be about something that is within the Board's responsibilities. This includes matters of interest to the Board as a key stakeholder in improving the health and wellbeing of communities.

9. **Actions taken between meetings**

Board members are asked to report any action taken between meetings of interest to the Board.

10. **Sustainability & Transformation Plan**

A presentation to be delivered by the Director of Adult Social Care, Health & Housing.

11. **Emotional Health & Wellbeing Strategy 2016-19**

The Board is asked to note the Strategy. 11 - 42

12. **Families in a Strong Community** 43 - 56

13. **Forward Plan**

Board members are asked to make any additions or amendments to the Board's Forward Plan as necessary. 57 - 58

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HEALTH AND WELLBEING BOARD
3 MARCH 2016
4.20 PM

Bracknell Forest Council

Present:
Councillor Dale Birch, Executive Member for Adult Services, Health & Housing
Dr William Tong, Bracknell & Ascot Clinical Commissioning Group
Councillor Dr Gareth Barnard, Executive Member for Children & Young People
Philip Cook, Involve
Alex Gild, Berkshire Healthcare NHS Foundation Trust
Jane Hogg, Frimley Health NHS Foundation Trust
Dr Janette Karklins, Director of Children, Young People and Learning
John Nawrockyi, Director of Adult Social Care, Health and Housing
Mary Purnell, Bracknell and Ascot Clinical Commissioning Group
Lise Llewellyn, Director of Public Health
Chris Taylor, Bracknell Forest Healthwatch
Timothy Wheadon, Chief Executive, Bracknell Forest Council

In Attendance:
Zoe Johnstone, Chief Officer: Adults & Joint Commissioning
Christine McInnes, Chief Officer: Learning & Achievement
Dr Lisa McNally, Consultant in Public Health
Paul Sly, Berkshire East Clinical Commissioning Group

39. **Declarations of Interest**

There were no declarations of interest.

40. **Urgent Items of Business**

There were no items of urgent business.

41. **Minutes from Previous Meeting**

RESOLVED that the minutes of the meeting of the Health & Wellbeing Board held on 10 December 2015 be approved as a correct record and signed by the Chairman.

42. **Matters Arising**

There were no matters arising.

43. **Public Participation**

No submissions had been received under the terms of the Health & Wellbeing Board's public participation scheme.

44. **Actions taken between meetings**

Better Care Fund:
The Chairman reported that the template had been approved since the last meeting of the Board, on behalf of the Board. The template would be circulated to Board Members and there would be an opportunity to look at the template in more detail before its final submission.

Volunteer Passport Scheme:
It was reported that this scheme was now up and running and was intended to generate better and easier volunteering across the borough. The Scheme would require a volunteer to register once, to be considered for various volunteering opportunities. The scheme would also enable volunteers to upskill or multi skill.

45. **Better Care Fund**

It was reported that the template approved by the Chairman on behalf of the Board was the first outline template that laid out resources. A final plan would be submitted on 25 April, with the Section 75 needing to be signed off by June 2016.

The Director of Adult Social Care & Health reported that the key services funded by the Plan did not change year on year, adjustments were made to respond to changing growth areas. It was noted that the plans provided a good analysis of where growth had occurred.

The Board queried how they would identify if the Board was operating successfully. It was noted that the following information should be provided for Board Members:

- Selected baseline data
- Updates/summaries of projects

The Chief Officer: Adults and the Consultant in Public Health agreed to send this information to Board Members.

It was **RESOLVED** that the Board gave delegated authority to the Director of Adult Social Care, Health & Housing to submit the 2016/17 plan to the Department of Health.

46. **Child and Adolescent Mental Health Service Transformation Tracking**

The Board received a report that updated them on the work to transform the Child & Adolescent Mental Health Service (CAMHS).

The Director of Children & Young People reported that emotional and mental health and wellbeing were two of the priorities detailed in the Health & Wellbeing Strategy. It was important to recognise that a number of actions were taking place to transform the CAMHS service and Berkshire Healthcare Foundation Trust (BHFT) were working on the blue print for this service.

BHFT reported that they shared the Board's vision for an integration of children's services, health visiting and school nursing. It was proposed that the programme lead be invited to a future Board meeting, the Board welcomed this.

It was reported that a common point of entry would be established for the CAMHS service. There would be work with schools and children's centres to achieve a joined up service.

At the next meeting of the Board, there would be a few months of evidence of how the service was operating. A leaflet had been produced to summarise the key elements of the service.

BHFT reported that they aimed to build confidence in the service, reduce overall numbers waiting and move to a maximum 12 week waiting time for Bracknell Forest. The CAMHS was now fully staffed.

The Chairman stated that this was an improvement in waiting times however 12 weeks still represented a whole term of school for a young person. He stated that he would like to see a reduced assessment time.

BHFT recognised that waiting times needed to be reduced to below six weeks and were keen to accept the challenge of achieving this.

It was reported that it was important to bring down intervention times. Work was being undertaken in schools to raise awareness around the importance of emotional wellbeing among young people. This could potentially lead to more referrals lower down.

It was recognised that whilst Kouth the online counselling service for young people was doing lots of good work, other work was also needed to support young people and an action plan had been developed for the Board to consider.

The CCG recognised that commissioning of this service may need to be considered further. They were keen to hear the views of the provider as well as to get feedback from service users.

It was reported that a Zen-zone was being commissioned in schools as a preventative measure, feedback so far had shown that it was helping young people resolve a lot of difficulties.

It was also reported that a survey would be carried out at the end of the school term to assess the impact of the online youth counselling service. The Director of Children & Young People reported that there was a range of preventative work being undertaken and that she would circulate the strategy to the Board.

It was noted that the CAMHS Transformation Board would keep the Board updated on the progress on their work.

47. **Joint Health and Wellbeing Strategy Performance Monitoring**

The Board considered a report that asked them to agree the suite of performance indicators and reporting mechanisms that would ensure the Board was informed about progress on the priorities identified in the Health & Wellbeing Strategy, “Seamless Health 2016-2020.

It was reported that in relation in Priority 4, a process was being developed to ensure patients were seen by the most appropriate professional. The Board recognised that evidence from other areas needed to be considered, whilst patients always wanted to see their GP first, this was not always necessary and was not sustainable. The message to patients needed to be that General Practice included a range of professionals and not just GPs. These practitioners needed to be defined and detailed under Priority 4.

This work would enable the CCG to assess if the right capacity was in place, as well as the correct skill mix. This then would also assist with understanding waiting times. The Board noted that the waiting time for packages of care was a good indicator of how well the system was working overall.

The Board noted that it would be important to monitor the effectiveness of tier 1 and 2 services for CAMHS under priority 2.

The Chairman asked that on page 60 of the agenda papers, the second sentence in the rationale for CAMHS be amended to read: 'Extended waiting times must be avoided as they leave young people particularly vulnerable to deteriorations in their mental health.'

It was **RESOLVED** that;

i) the Board agreed to the proposed suite of "high level" indicators (the dashboard), subject to any required amendments.

ii) the Board agreed to receive the performance report quarterly for information (outside of meetings), with areas for concern to be agenda items for discussion and decision at Board meetings.

48. **Joint Council and Clinical Commissioning Group Funding for Emotional Health and Wellbeing**

The Board received an update on the CCG's Innovation Fund and Adult Social Care funded schools project. It was reported that;

- The project would place an emphasis on work around ASD and consider pathways. A strategy would be developed which identified existing good practice and reflected shared priorities. A description had been provided of what every school should provide.
- The project was currently working with Garth Hill, in addition primary schools were being asked if they could accommodate a unit. There had been lots of interest generated and two schools had become beacons of good practice.
- The project would be aimed at young people who had a diagnosis of ASD, an impact on behaviour was anticipated. There would be an analysis of some of the significant cases to assess if earlier intervention could prevent escalation.

There would be a further update in the summer.

It was **RESOLVED** that the Board noted the project plans and the progress to date.

49. **NHS Sustainability and Transformation Plan**

The Interim Accountable Officer for Berkshire East CCG delivered a presentation to the Board.

The Chairman stated that 25% of people in Bracknell Forest chose the Royal Berkshire Hospital for services and asked how this was accounted for in the STP, as these people did not fall in the Frimley footprint. It was reported that there were strong links with the Thames Valley STP and that influence could be made albeit in a minor role, to represent those residents that accessed services in this area.

The Chairman reported that whilst he was keen to see services being joined up, he had some concerns around there being some gaps between the STP areas. It was recognised that these gaps would need to be addressed.

50. **Asset Review and Management**

The Board noted the supplementary report that updated them on asset planning arrangements.

51. **LGA Peer Review**

It was reported that it would be useful to get a health check on the performance of the Board. The Board agreed that a challenge team be established and that this work be funded by the Better Care Fund, it was anticipated that the costs would be between £10-12K.

52. **NHS Restructuring**

It was reported that;

- Whilst there would not be a Sustainability and Transformation Plan (STP) leader, a triumvirate of people would feed into the centre.
- A three week consultation period was currently underway and it was anticipated that by the end of April a new structure would be in place.
- At present there were three CCG's working independently and it was proposed that one support team be created whilst ensuring that local focus and local intelligence was not lost.

The Chief Executive expressed concerns that the funding model in place would not be adequate to support legislation and that a common approach across the three areas covered by the STP would not work effectively. The three areas had different perspectives, issues and demographics, for example a Slough solution may not be appropriate for the population of Bracknell Forest.

It was reported that CCG's would remain as separate statutory organisations and that there was no intention to combine CCG's. The Board agreed that it would be important not to lose local energy and mandate. There were clear benefits to the proposed new structure for example, any issues with Frimley Park could be dealt with singularly instead of having three teams approaching Frimley Park.

The Chairman sought clarification as to how they were to reduce their running costs by 2% and yet they were increasing headcount by 14 posts. The Interim Accountable Officer from Berkshire East CCG reported that nine posts had now been filled by interims. He reported that when local issues arose, these could not be vetoed.

Frimley Park had indicated that they were supportive of the proposals.

The Board noted that clinical leads had not yet been mapped out in this process.

53. **Forward Plan**

The Board noted the items for consideration at future meetings of the Health & Wellbeing Board.

CHAIRMAN

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TO: THE HEALTH AND WELLBEING BOARD
DATE: 29 JUNE 2016

THE EMOTIONAL HEALTH AND WELLBEING STRATEGY 2016-19
Director of Children, Young People and Learning

1 PURPOSE OF REPORT

1.1 To present the final version of the Emotional Health and Wellbeing Strategy 2016-19 which has been amended to reflect feedback from consultation with all key stakeholders.

2 RECOMMENDATION

2.1 The Board is asked to note the Strategy.

3 REASONS FOR RECOMMENDATION

3.1 The strategy reflects national and local policy drivers and concerns and has been extensively consulted on.

4 ALTERNATIVE OPTIONS CONSIDERED

4.1 None

5 SUPPORTING INFORMATION

5.1 The final draft of the strategy is attached as appendix A.

5.2 The draft strategy has been consulted on through the following groups- Primary and Secondary Headteachers Association, Children and Young People's Partnership, Health and Wellbeing Board, Emotional Health and Wellbeing Sub-Group, Education Overview and Scrutiny. The final version reflects the feedback obtained.

6 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

6.1 The relevant legal duties for promoting well being and preventing mental illness in children and young people are set out in this report.

Borough Treasurer

6.2 The Borough Treasurer is satisfied that sufficient resources exist within Children, Young People & Learning budgets to deliver the actions for which the council is directly responsible for in the Emotional Health and Wellbeing strategy.

Contact for further information

Christine McInnes, Learning & Achievement, 01344 354185
christine.mcinnes@bracknell-forest.gov.uk

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Bracknell Forest Council

Bracknell Forest

Children and Young People's Mental and Emotional Wellbeing Strategy

2016 – 2019

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1. Foreword

We recognise the significant impact that emotional and mental health problems can have on all aspects of children's lives; from poor educational attainment, family disruption, offending behaviour, social isolation, discrimination and self-harm. We also know that certain members of our communities are much more likely than others to experience emotional and mental health problems, including looked after children, children with disabilities, young offenders, those from black and minority ethnic backgrounds, those who are homeless and LGBT young people. Without effective support and intervention, a young person's emotional and mental health issues will impact on their families, carers and the community. The evidence shows that if these issues are not addressed, they can continue into adulthood and potentially affect generations to come.

All children and young people deserve the best start in life and building strong emotional resilience is an important element in helping children and young people achieve and succeed. In Bracknell Forest we have strong partnership arrangements which work to deliver the best possible outcomes for children, young people and families. This strategy sets out our priorities up until 2019 for improving the emotional and mental health of children.

We welcome the focus of the Department of Health, supported by the Department for Education, on improving the mental wellbeing of all children and young people and to offer better services for those in crisis or great distress as set out in "Future In Mind" (DH 2015a). We are committed to leading our Children and Young People's Partnership to address these improvements and to offer the right support from the right service at the right time, close to home. In particular, we will work with our schools, Bracknell and Ascot CCG and with providers including Berkshire Healthcare NHS Trust and the voluntary sector.

We are proud that most children in Bracknell Forest grow up with a strong sense of identity, self-esteem and resilience. However, we realise there is more we can do to strengthen protective factors that promote resilience across every child's physical and emotional attributes, family life and the environment in which they live and to see better services delivered more quickly for those in difficulty.

This is a challenge for all of us living in Bracknell Forest, so we trust you will join us in playing your part to help all children grow up healthier and happier.

Dr Gareth Barnard, Executive Member for Children, Young People and Learning

Dr Janette Karklins, Director, Children, Young People and Learning

2. Executive Summary

Introduction

Children and young people who feel good about themselves and are confident and optimistic about their future will be better equipped, more resilient and able to deal with and adapt to the inevitable stresses that life will set them. There is strong evidence to support the importance of children making a good start in life. If a child or young person suffers mental ill-health and their condition is not addressed, they are likely to remain unwell through adulthood and go on to develop other harmful physical health conditions too.

The Bracknell Forest Mental and Emotional Wellbeing Strategy sets out how local partnerships and organisations will work together with children and their families to support them to grow up happy and well. It also outlines how we will work together to provide timely care and treatment for the ten to fifteen per cent who go on to develop serious mental health problems.

The key definitions employed in the strategy are as follows:

Mental health: "A state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." (WHO 2004)

Emotional wellbeing: "A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment" (WHO 2007).

The strategy covers all 0 – 19 year olds in Bracknell Forest, and is of relevance to 19 – 25 year olds with learning difficulties and special educational needs, for whom the council holds a duty of care. The services covered are available to Bracknell Forest residents and pupils attending an educational facility in the area and children in care who are temporarily accommodated within the borough.

Evidence and policy

The national strategy "No Health Without Mental Health" encourages the promotion of good mental health and early intervention, particularly with children and young people, to prevent mental illness from developing and mitigate its effects. This has been followed by "Future in Mind" which sets out ways to develop more effective services for children and young people and to support preventative work, especially in schools.

Our local evidence tells us that our children's emotional wellbeing is at, or a little above, the national average.

- Most children are happy with their lives with just eight per cent reporting overall low wellbeing
- Children are relatively happy with their school life and express positive views about their local area
- The estimated number with a diagnosable mental health condition is about 1,500, or 8.3 per cent of the school-age population, lower than the national average.

Through local engagement activities, we have been challenged by service users about the need to make improvements, such as:

- Reducing waiting times
- Increasing resources to meet the demand for early emotional wellbeing interventions
- Freeing up specialist mental health staff to work more closely with partners, such as schools
- Providing better pre- and post-diagnostic support for those waiting assessment of autistic spectrum disorder (ASD) or attention deficit hyperactivity disorder (ADHD).

Other challenges we have identified include:

- The increasing local population of school-age children; latest estimates are for an increase of over 20% by 2020
- Our patchy profile of the health and wellbeing of our local children
- Better information for children and young people about how to access local services and clearer pathways about how these services link their support together.

Priorities for 2016 – 2019

The challenges faced locally about children getting access to the right level of support or intervention early are consistent with those throughout England. The government's new strategy, 'Future In Mind' (DH 2015a), recommends local partnerships move to a new model of care (the Thrive model) that is focused on achieving outcomes with children. As well as specific service priorities (below), we will ensure a strategic discussion during the lifetime of this strategy about how to adapt provision in Bracknell Forest along the lines of the Thrive model.

We set out our development priorities under four themes:

1. The best for all
2. Better information
3. Early intervention
4. Specialist care.

The developments we plan for 2016 – 2019 include:

1. <u>The best for all</u>:
   a. To improve casework liaison between the specialist mental health service and all schools
   b. To support all schools in Bracknell Forest to continue to be healthy schools.
   c. To improve the co-ordination of training in mental and emotional wellbeing, offering evidence-based courses where possible.

2. <u>Better information</u>:
   a. To run a successful anti-stigma campaign which increases the understanding of mental ill-health among children, young people and their families
   b. To review and improve pathways for early mental and emotional wellbeing support across Bracknell Forest
   c. To make recommendations for routinely collecting better health and wellbeing information about our children and young people.

3. <u>Early intervention</u>
   a. To improve the support provided to children and young people with autistic spectrum disorder, both before and after diagnosis
   b. To increase the training delivered about perinatal mental health and for health professionals to provide better support for vulnerable new mothers
   c. To establish a successful, blended, counselling service for young people.

4. <u>Specialist care</u>
   a. To increase specialist provision for children and young people with eating problems and earlier support for those suffering psychosis
   b. To achieve better outcomes for young people whose care transfers to the adult mental health service
   c. To increase the in-patient capacity at the Berkshire Adolescent Unit.

We invite all residents in Bracknell Forest to join the organisations in our Children and Young People's Partnership to help our children and young people to grow up happy and healthy and to offer understanding and assistance to those in distress or suffering from mental illness.

3. Introduction

Most children in Bracknell Forest will grow up with a strong sense of identity, self-esteem and resilience, and will not require any form of intervention around their emotional and mental health. This strategy recognises the importance of strengthening protective factors which promote childhood resilience across a child's physical and emotional attributes, family life and the environment in which the child lives. However, this strategy also acknowledges that the impact of poor mental health can be destructive to young lives and hinder a child's ability to fulfil their potential now and into adulthood.

We set out how integrated services commissioned and delivered by Bracknell Forest Council, Bracknell and Ascot CCG and our partners will support the emotional wellbeing and mental health of all children and young people in Bracknell Forest. Our joint and shared ambition is to develop and deliver a comprehensive continuum of child and adolescent emotional wellbeing and mental health services which are seamless and remove any barriers that currently exist. We plan to move from a CAMH system commissioned around tiers to a broad spectrum of emotional wellbeing and mental health support and services that are better aligned to the range of children and young people's needs.

This strategy sets out how support should be made available across a continuum to enable a seamless, comprehensive service, which encompasses:

- Staff and partner agencies providing services to all children, young people and their families in Bracknell Forest (universal services) – such as schools and children's centres
- Services for children and young people (particularly those in a number of key groups as defined by statute including Children in Care, those under the supervision of the Youth Offending Service and Children in Need) that need targeted assistance to be commissioned and delivered flexibly
- Support and treatment for children and young people in particular distress and with mental illness that requires specialist support from mental health professionals.

The developments that we describe will be underpinned by the Thrive Model (Anna Freud 2014), where all partners and agencies align to provide the right care at the right time to support children and young people to thrive (see p.25 for further details).

Overall the support and services provided across Bracknell Forest should all seek to fulfil our vision:

1. No child or young person will have a preventable mental health issue
2. If they do, they will not have to wait unduly to get the effective help they need.

(BACCG 2015)

4. Definitions

Many factors affect children and young people's emotional wellbeing and mental health. In this section we clarify the definitions that are used in this strategy. Children and young people say that good emotional wellbeing and mental health means 'feeling safe and secure', 'being satisfied with life' and 'feeling worthwhile'.

Core definitions

For the purposes of this strategy, **mental health** will be defined as: "A state of wellbeing in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community." (WHO 2004)

Emotional wellbeing is defined as: "A positive state of mind and body, feeling safe and able to cope, with a sense of connection with people, communities and the wider environment" (WHO 2007). It is increasingly used alongside mental health and is usually favoured in schools and early years settings where the wellbeing of the whole population is the focus.

These definitions highlight the fact that emotional wellbeing and mental health are not about feeling happy all the time.

The age range covered in this strategy is all 0 – 19 year olds in Bracknell Forest, together with 19 – 25 year olds with learning difficulties and special educational needs. To help the reader throughout the strategy we have used the term 'children' to cover this full age range of children and young people.

The services covered by this strategy are available to Bracknell Forest residents, pupils attending a Bracknell Forest educational facility and children in care who are temporarily accommodated within the local authority area, in conjunction with the placing authority/ care provider.

Other mental health terms

For clarity, concepts used in this strategy and the mental health conditions that are most prevalent among children are defined below:

- Anxiety – characterised by excessive and unrealistic worry about everyday tasks or events, which may be specific to certain objects or rituals. Simple phobias involve excessive anxiety evoked by specific objects (e.g. a marked fear of snakes), whilst social phobias are fears of interacting with others, particularly in large groups. In obsessive-compulsive disorder (OCD), the individual experiences an obsession – an intrusive and recurrent thought, idea, sensation or feeling – coupled with a compulsion – a behaviour that is recurrent and ritualized, such as checking, avoiding, or counting.
- Attachment – attachment theory provides a valuable concept for understanding the development of a child's capacity to establish meaningful and satisfying relationships with parents/carers. Reactive attachment disorder is uncommon but may develop if the child's basic needs for comfort, affection and nurturing aren't met and loving, caring, stable attachments with others are not established.
- Attention deficit hyperactivity disorder (ADHD) – a neurodevelopmental disorder identified by behavioural symptoms that include inattentiveness and impulsiveness. There is considerable overlap between ADHD and hyperkinetic disorders.
- Autism spectrum disorder (ASD) – is a lifelong spectrum of conditions as a result of incapacitating development of brain function. The three major types of symptoms people with autism share are difficulties with social interaction, social communication and with social imagination.

- Conduct disorder – children with conduct disorder act inappropriately, infringe on the rights of others and violate the behavioural expectations of others. Those with conduct disorder act out aggressively, express anger inappropriately and engage in a variety of antisocial and destructive acts.
- Depression – characterised by withdrawn or sad moods, diminished interest in activities which used to be pleasurable, weight gain or loss, psychomotor agitation or retardation, fatigue, inappropriate guilt, difficulties concentrating, as well as recurrent thoughts of death. Depression is more than a "bad day"; diagnostic criteria dictate that five or more of the above symptoms must be present for a continuous period of at least two weeks.
- Eating disorders – characterised by an abnormal attitude towards food that causes someone to change their eating habits and behaviour. A person with an eating disorder may focus excessively on their weight and shape, leading them to make choices about food with damaging results to their physical as well as mental health.
- Psychosis – characterised by dysregulation of thought processes, such as symptoms of delusions – which are false beliefs – and hallucinations – which are hearing and/or seeing sensory information which is not actually present.
- Post-traumatic stress disorder – is an anxiety disorder caused by very stressful, frightening or distressing events. It can develop immediately after someone experiences a disturbing event or it can occur weeks, months or even years later.
- Resilience – often thought of as "bouncing back" in the face of setbacks, we define resilience more widely as positive adaptation despite the presence of risk, which may include poverty, parental bereavement, parental mental illness, and/or abuse (EEF 2013).
- Self-harm behaviours – where somebody intentionally damages or injures their body. It can be a way of expressing difficult emotional feelings, or a way of coping with traumatic events.

The following are mental health service or intervention terms defined for use in the strategy:

- Berkshire CAMH service – specialist child and adolescent mental health services provided by mental health practitioners for the most unwell children. These can be delivered as 'outpatient' (attendance at a clinic), in-patient or 'community' (sessions by a CAMHs specialist in a school for example) services. Locally, Berkshire Healthcare NHS Trust (BHFT) provides these services.
- Cognitive behavioural therapy (CBT) – a talking therapy that can help a person to manage their problems by changing the way they think about them and then behave.
- Counselling – a type of talking therapy that allows a person to talk about their problems and feelings in a confidential and dependable environment.
- IAPT – 'improved access to psychological therapies' programme to increase access for children and young people and parents to evidence-based approaches such as CBT. The programme of development will embed session outcome monitoring, better user participation and easier self-referral into existing services providing mental health care including early intervention.

5. Vision and Priorities

We want all children in Bracknell Forest to enjoy good emotional wellbeing and mental health

The vision and priority actions for children's mental and emotional wellbeing fall under the strategic umbrella set out in "Creating Opportunities: A Joint Strategic Plan for Children, Young People and Families in Bracknell Forest 2014 – 17" (Bracknell Forest 2014). The outcome priorities to be achieved for all children are:

Outcome priorities	
OP 1	**Raise levels of attainment and pupil progress across all phases of learning for all pupils**
OP 2	**Improve physical and emotional health and wellbeing from conception to birth and throughout life**
OP 3	**Safeguard and protect children and young people**
OP 4	**Improve outcomes for the most vulnerable children and young people in the borough**
OP 5	**Strengthen families through effective multi-agency co-ordination and support**
OP 6	**Reduce the impact of poverty on children and young people**

This strategy's priorities primarily sit under Outcome Priority two, however improvements in emotional health and wellbeing make an important contribution to all six outcome priorities.

We will build on the work that is already in place across Bracknell Forest, co-ordinated through the Children and Young People's Partnership (CYPP) and supported by the Health and Wellbeing Board (HWBB), to promote good mental health in children and support the development of resilience, especially for those who are at higher risk of developing mental health problems.

Where children and their families need support in relation to mental health, we believe intervention should focus on delivering long-lasting improvements in their mental health. We recognise that this is not the responsibility of any one organisation and that families are fundamentally important in the development of good mental wellbeing for their children.

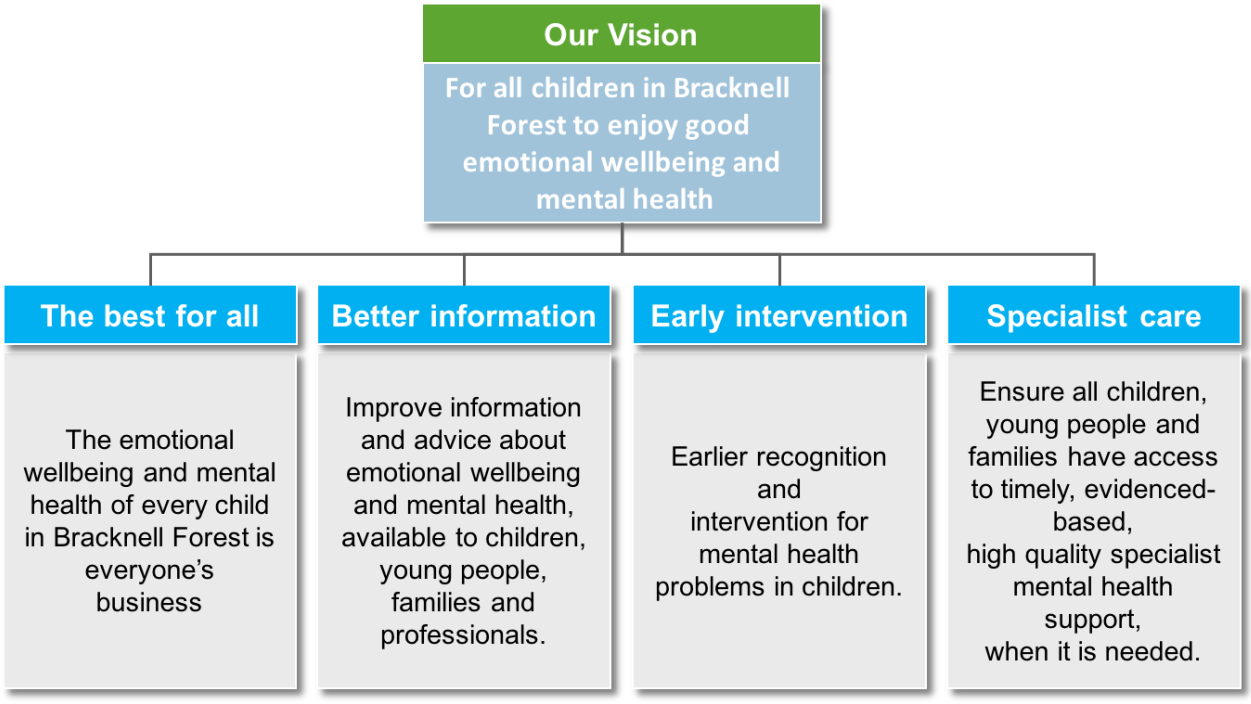


Fig 1 Our Vision

Our principles

We are committed to:-

- Focusing on promoting mental wellbeing and building resilience throughout children and young people's lives, as well as ensuring we have high quality early intervention and treatment services
- Taking an integrated, whole system approach to ensuring all services work together to improve the emotional wellbeing and mental health of all children in Bracknell Forest
- Actively engaging with children and their families in all services covered by this strategy so their views inform improvements
- Ensuring that the work we do will help to reduce wider health inequalities: reducing the preventable and unfair differences in health and learning experienced by different groups of Bracknell Forest residents
- Continuous, evidence-based service improvements that is providing value for money and delivered by a workforce with the right skills, competencies and experience.

These strategic principles are aligned with those in "Creating Opportunities" (Bracknell Forest 2014) and with the East Berkshire Transformation Plan (BACCG 2015).

National and Local Context

There is strong evidence nationally of increasing demand for emotional and mental health support, together with concerns about resourcing and capacity across services and the effectiveness of some of the care on offer. Over the past three years this has produced a volume of national policy advice and evidence. This strategy highlights the key policy documentation and evidence, with publication details available in the references section.

National policy

"No Health Without Mental Health" (HM Government, 2011) set out the national ambition to put mental health services on an equal footing to physical health services. The subsequent Health Select Committees report into CAMH services states: *"*there are serious and deeply ingrained problems with the commissioning and provision of children's and adolescents' mental health services. These run through the whole system, from prevention and early intervention through to inpatient services for the most vulnerable young people.*"* (Health Select Commitee, 2014).

As a result of the inquiry, a children and young people's mental health taskforce was established. Their report, published in March 2015 entitled 'Future In Mind' (DH 2015a), provides a broad set of recommendations for a comprehensive CAMH service continuum, introducing the Thrive Framework, to promote positive mental health and wellbeing for children. It emphasises the need for better co-ordination across the system and the need for a significant improvement in meeting the needs of children from vulnerable backgrounds. The recommendations in 'Future In Mind' (DH 2015a) form the basis of local area CAMHS Transformation Plans and the 'Local Transformation Plans for Children and Young People's Mental Health and Wellbeing – guidance' (DH, 2015b) identifies the following key objectives:

- Build capacity and capability across the system – to close the health and wellbeing gap and secure sustainable improvements in children and young people's mental health outcomes by 2020
- Roll-out the 'Children and Young People's Improving Access to Psychological Therapies programmes' (CYP IAPT) by 2018. The additional funding will also extend access to training via CYP IAPT for staff working with children under five and those with autism and learning disabilities
- Develop evidence-based community eating disorder services for children and young people, with capacity in general teams released to improve self-harm and crisis services
- Improve perinatal care; there is a strong link between parental (particularly maternal) mental health and children's future mental health

- Bring education and local children and young people's mental health services together around the needs of the individual child.

(p.13, 'Local Transformation Plans for Children and Young People's Mental Health and Wellbeing')

In order to put mental health services on a par with physical health services, new standards and commissioning processes are being developed. Access and waiting times for mental health are being introduced (e.g. Early Intervention in Psychosis; and Access and Waiting Time Standard for Children and Young People with an Eating Disorder (NHS England 2015a, b).

National research and prevalence

Policy and research recognises the wider context of children's lives plays a crucial part in their potential to develop well emotionally or to become mentally unwell. Resilience is increasingly seen as a vital quality for children to develop in order to thrive even in difficult circumstances. Protective and risk factors for emotional wellbeing are widely recognised and have informed the thinking underpinning this strategy and are set out below (Fig 2).

Mental health problems in children are relatively common and they account for a large proportion of the total burden of ill health in this age group (JCP Mental Health 2013). One in ten children aged five to 16 has a mental health problem and it is estimated that 20 per cent of these children experience more than one mental health problem (ONS 2004). However, there is a lack of comprehensive, representative data for children's mental health in England (AYPH 2015).

There is, though, evidence of rising levels of need in key groups, such as the increasing rates of young women with emotional problems and increasing numbers of young people presenting with self-harm (Bor et al 2014). There is also a growing realisation of the long-term consequences of emotional and mental problems in children. For example, there is significant impact on employment, physical and mental health, with between 66 per cent - 75 per cent of adult mental illnesses (excluding dementia) being apparent by the age of 18 (Campion et al 2013). Recent audits have also found increases in average waiting times to first appointment in specialist CAMH services for children (as high as an average of 15 weeks in some areas) and that less than half of all providers (40 per cent) reported providing crisis access (Health Committee, 2014).

Boys are generally more likely to have a diagnosable mental illness than girls. This may be due to boys being more likely to display externalising disorders, such as conduct disorders, which are easier to identify than internalising disorders, such as anxiety and depression, which are more prevalent among girls (AYPH 2015). Common mental health issues affecting children and young people in England include conduct disorders (5.8 per cent); anxiety (3.3 per cent); depression (0.9 per cent); and hyperkinetic disorder (1.5 per cent) (DH, 2015a). One in ten children will need support or treatment for a mental health condition yet only a quarter of children with a diagnosable mental health problem receive treatment (DH 2014). There is also evidence nationally that particular groups are at an increased risk of having poor mental health and these include those who:

- Have a long-term physical illness or disability
- Have an intellectual disability
- Have an autistic spectrum disorder (ASD)
- Are a looked after child (LAC) or subject to adoption
- Have suffered abuse or neglect
- Are in contact with the criminal justice system
- Have a parent with a mental health problem
- Have a parent with substance or alcohol misuse problem
- Have a parent in prison
- Live in a low income household
- Are a refugee or asylum seeker
- Are from a traveller community
- Are lesbian, gay, bi-sexual or transgender (LGBT)

(JCP Mental Health 2013).

Fig 2: Risk and protective factors for a child's mental health (Barnados 2002; DfE 2016)

	Protective factors	Risk factors
Child	• Being female (younger children) • Biological resilience • Good communication, social and emotional skills • Good physical health and development • Secure attachment to parents/carers • Outgoing temperament as an infant • Problem solving skills and a positive attitude • Humour • Experiences of success and achievement • Faith or spirituality • Capacity to reflect	• Genetic influences • Specific developmental delay or neuro-diversity • Physical illness/disability • Low IQ and learning disabilities • Communication difficulties • Difficult temperament • Academic failure • Low self-esteem • Who have or are misusing substances, such as alcohol and drugs
Family	• At least one good parent- child relationship (or one supportive adult) • Family harmony and stability • Affection • Supportive and consistent parenting with firm boundaries and limits • Support for education • Absence of severe discord • Family involvement in activities /spending time as a family	• Overt parental conflict, including domestic violence • Family disharmony, instability and break up (including where children are taken into care) • Harsh or inconsistent discipline • Hostile or rejecting relationships • Failure to adapt to a child's changing needs • Physical, sexual and/or emotional abuse • Parents/carers with mental illness • Parental criminality, alcoholism or personality disorder • Significant death and loss • Siblings with serious illness or disability
School	• Attend a school with high morale and positive policies for behaviour, attitudes and anti-bullying • Whole school approach to promoting mental health • Sense of belonging and connectedness between school and family • Positive peer influences • Academic achievement	• Difficult school transition • Bullying • Discrimination • Breakdown in or lack of positive friendships • Peer pressure • Deviant peer influences • Poor reading/low school attainment • Poor pupil – teacher relationships • Poor attendance
Community	• Wider supportive network • Good housing • High standard of living • Participation in community networks • Strong cultural identity and pride/valued social role • Opportunity for participation in a range of leisure activities	• Socio-economic disadvantage • Homelessness • Discrimination • Isolation • Disaster, accidents, war or other overwhelming events • Other adverse events in childhood

The National Institute for Health and Care Excellence (NICE) produces national, evidence-based guidance that practitioners should keep up to date with. NICE publishes a suite of documents that inform clinical practitioners, public health staff and commissioners about best practice in both interventions for specific conditions and in the prevention of mental ill-health and promoting emotional wellbeing among children. These guidelines are reviewed every three years and updated if necessary for example whennew guidelines, such as recent updates on children's attachment (NG 26), are published. The full range of guidelines, quality standards and advice of relevance to mental health can be found at: https://www.nice.org.uk/guidance/lifestyle-and-wellbeing/mental-health-and-wellbeing.

Local policy

This strategy falls within the scope of the Bracknell Forest Children and Young People's Partnership (CYPP), whose priorities are set out in the local children and young people's plan: "Creating Opportunities" (Bracknell Forest 2014). The outcome priorities are set out in chapter 4 and Bracknell Forest's Health and Wellbeing Board has also set improving children's emotional wellbeing as one of its two key priorities (Bracknell Forest 2012). Accountability for this strategy is to the CYPP's Emotional Health and Wellbeing sub-group and which then reports to the Health and Wellbeing Board.

The CYPP is clear that many of its priorities cannot be achieved in isolation and that other strategic partnerships are crucial to achieve successful outcomes. These include:

- The Community Safety Partnership, which has a focus on reducing crime and anti-social behaviour and works in partnership on jointly agreed safeguarding priorities, which include domestic abuse, e-safety and substance misuse. http://www.bracknellforestpartnership.org.uk/360

- The Local Safeguarding Children Board (LSCB) is responsible for securing effective local safeguarding arrangements and coordinating activity to safeguard and promote the welfare of all children. The LSCB produces an annual report in which it highlights key messages on ways safeguarding activity can be improved. The LSCB's annual business plan sets out its key priorities, which are incorporated and linked to the CYPP priorities and to those of other partnerships where relevant. http://www.bflscb.org.uk/

- The Health and Wellbeing Board (HWBB) is made up of lead officers from social care for adults, children and families, schools' representatives, leaders from different parts of the NHS and people who represent patients and users of social care services. The HWBB is responsible for implementing the Joint Health and Wellbeing Strategy "Seamless Health" (Bracknell Forest 2012). This identifies health and wellbeing priorities for 2013 – 2016 and informs the commissioning of health services locally. The HWBB oversees joint commissioning arrangements with Bracknell and Ascot CCG, such as for local CAMH services. Among the priorities identified in "Seamless Health" is mental health, including increasing IAPT support for mothers with post-natal depression and support for people with ASD. The HWBB also discussed and supports the *Joint Action Plan for Emotional Wellbeing / CAMHS* (Bracknell Forest 2015c) developed in conjunction with the local Transformation Plan (BACCG 2015).

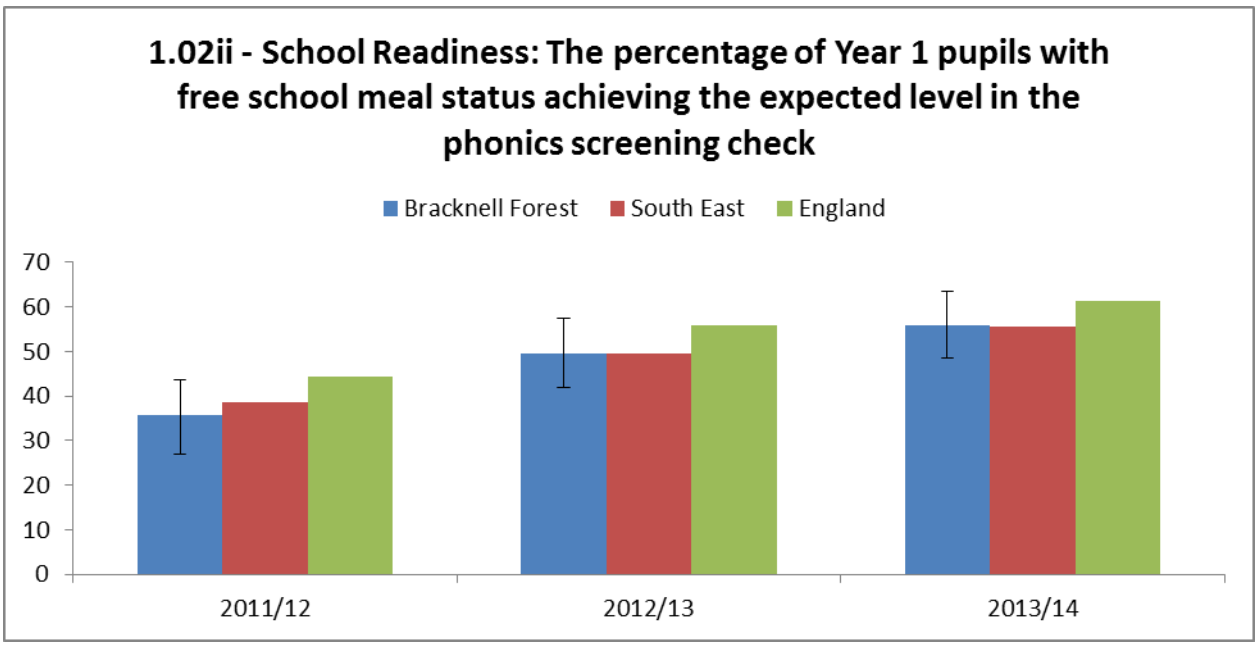
The priorities set out in "Seamless Health" and in "Creating Opportunities" were informed by the local Joint Strategic Needs Assessment (JSNA) of public health and wellbeing. Information about the Bracknell Forest JSNA is available from: http://jsna.bracknell-forest.gov.uk/ .

6. Local emotional wellbeing and mental health and future levels of need

Emotional wellbeing

The general wellbeing of the majority of children in Bracknell Forest is good. Measures of school readiness are comparable to the national average and there has been improvement in the number of children receiving free school meals that achieve expected levels of development (see Fig 3).

Figure 3: Year 1 pupils with free school meal status achieving the expected level in phonics screening



Source: Public Health England

The attainment of pupils, such as the proportion achieving five good GCSEs (57 per cent), is on a par with the national average. There has also been a decrease in pupil absence from school and levels of fixed-period exclusions are well below national average. The rate of children attending accident and emergency departments and of deliberate and unintentional injuries leading to hospital admissions are comparable to the national average.

'The Bracknell Forest Survey of Children and Young People' was undertaken in 2013 and sought the views of 2,500 children aged between nine and sixteen. Key finding from the survey were:

- Most children are happy with their lives with just eight per cent reporting low wellbeing, a figure similar to the national average
- Reported wellbeing is highest among the younger age group
- Children who are disabled, have learning disabilities, are eligible for free school meal and who are not living with family are more likely to have low wellbeing
- Children are slightly less happy than the national average with their health and appearance, but happier than average about their prospects, their money/possessions, and the amount of choice they have
- Children are relatively happy with their school life and are positive about their local area
- Around a quarter of children said that they had been bullied in the past three months, which was associated with lower wellbeing (Children's Society 2014).

For more statistical information about the emotional wellbeing of children and young people in Bracknell Forest please follow this link: http://jsna.bracknell-forest.gov.uk/developing-well/children-and-young-peoples-wellbeing/children-and-young-people%E2%80%99s-emotional-wellbeing

Mental health

In common with many parts of the country and consistent with the findings of the Health Select Committee's enquiry into child and adolescent mental health (Health Select Committee 2014), Bracknell Forest has an incomplete data profile of the emotional wellbeing and ill-health of its children. This position is mirrored at national level; the last survey in England that offers an overview of children's emotional wellbeing and the prevalence of mental ill-health took place in 2004 (AYPH 2015). Although this 2004 dataset has been subject to incremental updates from service activity information, there is a 'health warning' about its ability to provide an accurate picture of future need. Nationally the Department of Health is committed to recommence the carrying out of a national survey during 2016 (DH, 2015a).

Table 1 shows a number of the estimates for the current prevalence of mental health problems in children in Bracknell Forest. The number of children with a diagnosable mental health condition is about 8.3 per cent of the school-age population, equivalent to about 1,500 children, which is lower than the national average. As a partnership we are not yet in a position to be able to consider good enough quality, local prevalence data nor treatment data. This is a priority action for service providers, commissioners and public health as part of the local Transformation Plan (BACCG 2015).

"Future In Mind" (DH 2015a) puts considerable emphasis on listening to the voice of children, young people and their families who have received support and treatment from specialist CAMH services. Bracknell Forest, together with partners across Berkshire, carried out a project in 2014 involving surveys and face-to-face consultation with users and referring professionals (Thames Valley SCN 2014). The service users were both positive about the good treatment experienced by some, whilst being very clear and specific about areas for improvement by specialist services. The summary recommendations and commitments to development were published by the seven Berkshire CCGs in December 2014: "You Said … We Did" (BACCG 2014).

The recommendations given by stakeholders were:

- Reduce waiting times
- Increase tier 2 provision to ensure early intervention
- Increase resources to meet demand
- Free up CAMHS staff time to work with partner agencies and improve support in schools
- Improve information about the services on offer and how to access them
- Improve communication and administration
- Create a more young person-friendly environment
- Provide better post-diagnostic support particularly around a diagnosis of ASD or ADHD
- Provide better out of hours access and crisis support
- Provide a local 24/7 inpatient services.

These have formed the core of the needs being addressed in our local Transformation Plan and we will continue to involve users in the changes in the future.

Table 1: Prevalence of mental health problems in children and young people

Mental and Emotional Wellbeing Indicator	Bracknell Forest	South East England	England	Year updated
5 – 16 year olds estimated prevalence of any mental health disorder	(*1504*) 8.3 per cent	8.5 per cent	9.3 per cent	2014
5 – 16 year olds estimated prevalence of any emotional disorder	*(584)* 3.2 per cent	3.3 per cent	3.6 per cent	2014
5 – 16 year olds estimated prevalence of conduct disorders	*(883)* 4.9 per cent	5.1 per cent	5.6 per cent	2014
5 – 16 year olds estimated prevalence of hyperkinetic disorders	*(247)* 1.4 per cent	1.4 per cent	1.5 per cent	2014
Pupils with ASD	*(237)* 1.16 per cent	1.17 per cent	1.08 per cent	2015
Pupils with any SEN	*(2,830)* 13.8 per cent	15.2 per cent	15.4 per cent	2015
10 – 24 year olds admitted for self-harm *(rate per 100,000)*	*(155)* 257	355	353	2013
0 – 17 year olds admitted for mental health *(rate per 100,000)*	*(11)* 40	77	87	2015
The following indicators have a weak statistical basis, but are included for completeness				
Perinatal mental health: number of women supported during or just after pregnancy	184	-	-	2012
Potential prevalence of eating disorders among 16 – 24 year olds	1,552			2013
0 – 17 year olds potentially in need of tier 3 CAMHS support	500			2012

Source: Public Health England http://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh

For the future

By 2020 we predict that there will be 19,816 school age children living in Bracknell Forest, an increase of 3,500 children (21 per cent) over the period 2015 – 2020 (Bracknell Forest 2015a). The continuing rise in births, the development of new housing and inward migration are all contributing to the increase.

The indications are that we will continue to see more children with mental health conditions in the area due to the following factors:

- Mental health problems are predicted to remain at a similar level, at least in the short term, and the proportion of vulnerable children is expected to remain the same. This means that we estimate an increase in the number of children with mental health needs simply from the population increase (Bracknell Forest 2015a).
- Evidence suggests that mental ill-health is under-diagnosed among children in Bracknell Forest, in common with the rest of England (DH 2015a). We expect the increased national and local focus on children's mental health and the drive for parity with physical health to lead to more children being identified with mental health problems. At the same time there will be increased opportunities for prevention and early intervention which could reduce some of the demand for specialist mental health interventions.
- The long-term impact of lifestyle behaviours, which can also increase the risk of poor mental health (and vice versa), such as obesity, physical inactivity and substance misuse, are more difficult to predict. While we have seen some success in influencing risky behaviours in children, it is unlikely that we will see a dramatic reduction over the period of this strategy (Berkshire 2014).

7. Our Emotional Wellbeing Offer

The best for all

The emotional wellbeing and mental health of every child in Bracknell Forest is everyone's business.

The best for all

Bracknell Forest Council and its partners in the CYPP are committed to the best start for all children in the local area.

Emotional wellbeing and resilience are essential factors in ensuring that children achieve good mental health. As stated in 'Future In Mind' (DH, 2015a), the evidence is that supporting families, building resilience through into adulthood and promoting self-care reduces the burden of mental and physical ill health over the whole life course. It is envisaged that this approach will help us to identify children who may be at risk from poor emotional and mental health at an earlier stage. We also have an aim that fewer people will experience stigma and discrimination due to their mental illness. We will campaign locally to increase the public understanding of mental health and challenge and decrease negative attitudes and behaviours towards people with mental health problems.

a. Early years

Core to our strategy are health professionals and the support and opportunities which parents and carers can access at children's centres. Health visitors and other primary care staff monitor the health and development of all babies and young children. They are committed to helping parents and carers to nurture good emotional development for their children and provide support for new mothers showing signs of emotional distress too.

Children's centres support families from pregnancy right through until children start school. They offer services for everyone, but especially for families at times when life is a struggle. There are four children's centres in Bracknell Forest and each provides services that include:

- 'Play and learn' sessions where parent and child get to have fun together and make new friends
- Family support, which includes parenting courses
- Childcare and early education, or signposting to other local childcare providers, including information on local, home-based childcare
- Advice and tips on how to improving skills or how to find work, with links to JobCentre Plus.

Bracknell and Ascot's GPs and their primary care teams are committed to supporting all their families, children and young people to develop resilience and in identifying and referring problems early.

b. School and college years

Our CYPP works with all schools and other education providers to help our children have the best start in life through opportunities to learn and achieve. All schools in the area promote a clear set of values, have a positive ethos and aim to be supportive learning communities. Our schools believe that the development of resilience and emotional literacy are important and that there should be a range of opportunities for all children to learn and participate.

The key approaches in Bracknell Forest are:

- Building inclusive school communities through supporting positive relationships and behaviour management, upskilling staff in child development and on-going action to tackle bullying.
- Participation in the re-launched Bracknell Forest Healthy Schools Programme. The programme has emotional health and wellbeing (EHWB) as a focus area in its own right and all schools are supported to demonstrate their commitment to offering the best start for all their pupils.
- The dissemination of national guidance, for example on mental health, and the promotion through regular network meetings of effective practice, such as in the support for children with SEND.
- Emotional Wellbeing Book Boxes: all primary schools will have access to a set of books, together with guidance and training, which will help children to understand emotions better and practice their social skills.

Better information

Improve information and advice about emotional wellbeing and mental health, available to children, young people, families and professionals.

Better information

a. Public campaigns

"Future In Mind" (DH, 2015a) identifies the need for a national conversation about children's mental health and wellbeing. The policy advises that all children and their parents and carers need clearer awareness of what is good mental health and what is poor mental health, as well as better information about how to keep mentally and emotionally healthy. It also advocates increased use of information technology to boost understanding about mental ill-health and personal, emotional wellbeing. This applies across safer internet use (such as the #DontPanicButton initiative), the encouragement of emotional wellbeing app development and support portals such as the online Youth Wellbeing Directory. In Bracknell Forest we already recognise the value of such campaigns and conversations and see our local activities complementing those at national level. Activities already delivered locally include:

- A major mental health anti-stigma campaign, incorporating targeted social media content that reached over 148,000 people across east of Berkshire. The campaign included content developed with young people such as animated films, a story writing challenge, anti-stigma sessions in schools and a parents' guide to emotional wellbeing distributed via primary schools and other key venues (Berkshire 2014).
- The development of an online information service about emotional health and wellbeing for all children and families, signposted by secondary schools.
- The local anti-bullying co-ordinator offers materials for parents and carers and support local anti-bullying activities and supports campaigns in schools, such as Anti-bullying Week.
- The statutory Bracknell Forest Family Information Service acts as an information portal, especially for young families, and helps to signpost families to support and care services.
- A range of training offered that is available to staff in schools and colleges, childcare and play providers and early years' settings. Providers include the youth offending service, family intervention team, targeted youth support team and not-for-profit sector partners such as the Berkshire Autistic Society. There is, however, limited oversight of the training or monitoring of uptake or effectiveness.

b. Wellbeing and service delivery and outcomes data.

"Future In Mind" (DH, 2015 p. 62) identifies that for change and improvement to emotional wellbeing and mental health to be sustained, better data and information is needed. Our Health and Wellbeing Board has ensured that mental health is strongly reflected in both our local Health and Wellbeing Strategy (Bracknell Forest 2012) and in the Joint Strategic Needs Assessment (http://jsna.bracknell-forest.gov.uk/). However, local data sources about local emotional wellbeing are patchy and what prevalence data is available about children's mental health is difficult to link to service activity or outcomes for children.

Currently, data on the whole population of children's emotional wellbeing is drawn from one-off 'snapshots', such as the survey of young people's wellbeing (Children's Society 2013). This is then supplemented by service summaries such as the 'Profile and Analysis of Children in Need in Bracknell Forest' carried out by the council and routine data gathered by schools, for example about SEND and exclusions. Similarly, a range of activity data about specialist mental health services for children, such as referrals from primary care, is gathered by the CCG for performance management and commissioning purposes.

8. Our Mental Health Offer

Early intervention

Earlier recognition and intervention for mental health problems in children.

Early intervention

The earlier model of risk and protective factors (see: Fig 2) sets out evidenced features of children's lives that can leave them at more risk of poor mental health. Vulnerable children and their families are central to the targeted support provided across Bracknell Forest. Both "Future In Mind" (DH, 2015a) and the local Transformation Plan (BACCG 2015) highlight the importance and value of effective intervention for vulnerable groups. The aim is to support them through periodic crisis points, seeking to either prevent decline into serious mental distress or to ensure speedy and effective referral to more specialist assessment and treatment.

Bracknell Forest Council currently invests in a range services to help vulnerable children and families. These include: behaviour support services, which work with schools to develop a more emotional healthy climate and ethos and targeted support for individual pupils; family and parenting support, including a support group for parents of children with autism, a safeguarding and inclusion team, educational psychologist service and an early years foundation stage inclusion service (EYFSIS). Other examples of strategies delivered include: the autistic spectrum and social communication (ASSC) team for schools and psychologists and counsellors working in primary care, schools and youth services. Counselling support includes Youthline's face-to-face counselling service and Kooth, an online counselling service for 11 – 19 year olds. Early intervention practitioners also include the looked after children's nurses, health visitors and youth offending service staff.

A core process in Bracknell Forest for identification of a child and / or family in need of targeted support is the Common Assessment Framework (CAF). The CAF is a structured process of assessment that any education, care or health provider can undertake with a parent and/or child to assess additional needs, develop a plan of action and flag the need for additional provision (http://schools.bracknell-forest.gov.uk/policies-guidance/common-assessment-framework-toolkit). The Early Intervention Hub provides the forum for multi-agency co-ordination of early help cases with a CAF. It considered 352 referrals during the year 2014 – 15 (Bracknell Forest 2015b). Another important procedure for certain vulnerable children is the Education and Health Care Plan (EHCP). The EHCP is a process of assessment and monitoring for children with more complex special educational needs and disabilities (SEND), which is replacing the statementing process (by 2018).

The process is led by the child's school with the expectation of specialist support from local authority staff and active involvement of parents/carers.

The CAF processes support vulnerable children and their families to access evidence-based support and interventions, however, there is still scope for improvement for those who primarily have an emotional wellbeing and mental health need. There is currently limited understanding of how services for children in Bracknell Forest can discuss a case at an early point with specialists from the NHS CAMH service. The Berkshire CAMH service's 'common point of entry' (CPE) offers some facility for consultation and discussion and work is underway to promote this more actively, especially with those supporting the more vulnerable such as looked after children and young offenders.

Specialist care

Ensure all children, young people and families have access to timely, evidenced-based, high quality specialist mental health support when it is needed.

Specialist care

Some children have a high level of emotional problems, potentially moving towards mental illness. Assessment and treatment are commissioned from the Berkshire Healthcare NHS Foundation Trust (BHFT) to provide this specialist CAMH service for children in Bracknell Forest. Children can be referred for assessment to this service's 'common point of entry' by professionals (see: www.berkshirehealthcare.nhs.uk/camhs/for-professionals.asp). BHFT CAMH service provides support, advice, guidance and treatment for children and young people with moderate to severe mental health difficulties, whose symptoms are having a significant impact in their daily lives. Usually these symptoms will have been occurring over several months and will not have responded to early intervention and prevention programmes. Referrals are accepted from all health, education, and children's services and may follow on from working to a CAF. The CAMH service undertakes an initial triage process to identify urgency of need.

Berkshire-wide specialist CAMH service performance data from 2014 shows that:

- All urgent referrals were seen within 24 hours
- 77 per cent of all cases categorised as needing to be seen "soon" were seen within 4 weeks
- 27 per cent of routine referrals were seen within 7 weeks
- 54 per cent of routine referrals were seen in 16 weeks.
  (p.13, Wokingham 2014)

The specialist CAMH service defines care pathways to offer treatment for mental health conditions. Its services for Bracknell Forest children and their families include:

- An urgent care response to children presenting in crisis to accident and emergency, in partnership with Wexham Park Hospital
- Interventions for condition requiring psychiatric/ clinical diagnosis, and treatment
- Assessment and diagnosis of autistic spectrum disorder
- Diagnosis and management of ADHD
- Specialist treatment for moderate to severe anxiety and depression, including obsessive compulsive disorder and post-traumatic stress disorder
- Specialist eating disorder day programme.

A small number of children are in such distress or mental health need that they require more intensive treatment that requires specialist day care or an in-patient stay. The Berkshire Adolescent Unit in Wokingham provides some specialist day and 24/7 in-patient care. Some young people, for example those requiring high secure or forensic care, or support relating to a gender identify disorder, need treatment from specialist placements, that are outside of Berkshire. Assessment,

referral and care coordination for young people requiring such highly specialist mental health care is led by the BHFT specialist CAMH service.

9. Our Priorities - 2016 – 2019

"There is now a welcome recognition of the need to make dramatic improvements in mental health services. Nowhere is that more necessary than in support for children, young people and their families. Need is rising and investment and services haven't kept up. The treatment gap and the funding gap are of course linked. This document rightly steers a middle course, charting an agreed direction and mobilising energy and support for the way ahead. I'm pleased to give it NHS England's full support". Simon Stevens "Future in Mind" (DH, 2015a)

The above quote underlines the national policy drive in 'Future In Mind' (DH, 2015a). The policy intention is to put mental health on a par with physical health (parity of esteem), and to close the health gap between people with mental health problems and the population as a whole. Good mental health and resilience are fundamental to physical health, relationships, education, work and to individuals achieving their potential. Mental health has a significant impact on a range of outcomes. For children this includes poor educational achievement, greater risk of suicide, substance misuse, antisocial behaviour, offending and sexual exploitation; and is associated with poorer physical health outcomes.

The priorities set out in this section will have benefits for all aspects of children's lives and lead to positive impact through into adulthood.

A system without tiers

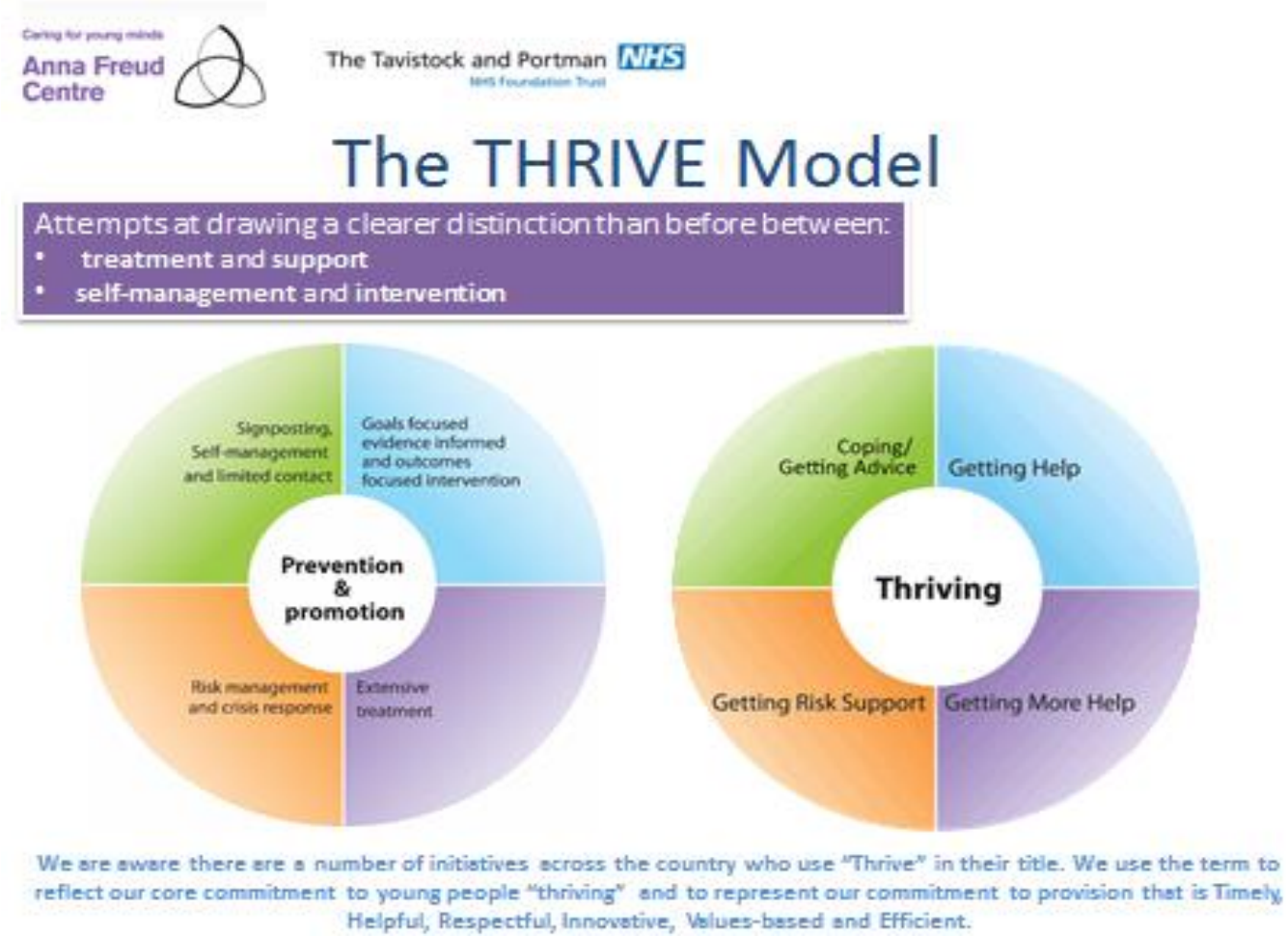
'Future In Mind' (DH, 2015a) proposes a conceptual shift to a a whole system approach that shifts focus to the outcomes of interventions. It supersedes the current, escalator model with services defined by increasing severity or complexity of condition, and is aligned to emerging thinking on payment systems, quality improvement and performance management. This Thrive Framework describes groups of children, and the support they may need, and tries to draw a clearer distinction between treatment, on the one hand, and support, on the other. It focuses on a wish to build on individual and community strengths wherever possible, and to ensure children and families are active decision makers in the process of choosing the right interventions.

The Thrive Framework (Anna Freud Centre, 2015) conceptualises five needs-based groupings for children with mental health issues and their families. In Fig 4, below, the image on the left describes the input that is offered for each; that on the right describes the state of being of people in that group.

Each of the five groupings is distinct in terms of the:

- Needs and/or choices of the individuals within each group
- Skill-mix required to meet these needs
- Dominant metaphor used to describe needs (wellbeing, ill health, support)
- Resources required to meet the needs and/or choices of people in that group.

Fig 4 **The Thrive Framework**



"Thrive Elaborated" (Anna Freud Centre, 2015, pages 17 - 23) offers more detail about the model and its ambition for all children to maintain a level of emotional wellbeing that is adequate for the challenges they face in their lives. It is anticipated that, at any one time, around 80-90 per cent of the total population of children fall into the group 'thriving' (Green et al, 2005). This leaves around 10-20 per cent of children who have problems significant enough to warrant specialist help. Thrive also recognises that some children or their families might not yet be ready to engage with the changes needed to respond to treatment. It recommends a more joined-up, local system through designating a lead local agency to coordinate multi-professional support for different groups of children.

Our service transformation priorities

A strategic conversation will take place throughout the period of this strategy to develop our renewed vision and system for mental and emotional wellbeing in Bracknell Forest underpinned by the Thrive Framework.

Our local area partnership, led by Bracknell and Ascot CCG, has produced a local Transformation Plan (BACCG 2015) setting out the areas for improvement funded by the NHS. The objectives of the Transformation Plan, which act as measures to test the success of the plan, are that:

- Children and young people tell their story only once (one assessment).
- Everyone who works with children is confident in their role and their contribution to supporting mental and emotional wellbeing.
- One professional takes lead responsibility for each child receiving planned intervention or treatment.
- That young people being supported by the CAMH service make a good transition to adult services when time to do so.

Set out in this section are our priority actions and outcomes for 2016 – 2019 to start to realise our vision for children and families, linked to the priorities in 'Creating Opportunities' (BFC 2014). Further details can be found in the 'Emotional Wellbeing / CAMHS Action Plan for Bracknell Forest' (Bracknell Forest 2015c).

The priorities are organised under the headings:

- The best for all children
- Better information
- Earlier intervention
- Specialist care.

The best for all **-** the emotional wellbeing and mental health of every child in Bracknell Forest is everyone's business.	
There are many factors that influence good emotional wellbeing and mental health. We want everyone to understand what these factors are, including the importance of physical health, and how they can help to promote mental health in children and remove the stigma that is often associated with mental health problems. We want to increase awareness and knowledge about mental health problems amongst people working with children and young people and improve understanding of when it is necessary to seek specialist support.	
Key outcomes	**How will we know we have made a difference?**
• Mapping of the emotional wellbeing training offer for those working with children and their families. Better co-ordination of this offer leading to greater confidence among professionals about their role supporting improved emotional wellbeing.	Directory of training produced and feedback about effectiveness from training participants.
• All schools receive recognition for having a culture and ethos that is supportive of good emotional wellbeing.	All schools engage with the relaunched Healthy Schools programme and most maintain their local Health and Wellbeing Award.
• Improved liaison and co-ordinated care planning for children between schools and the specialist CAMH service.	The Targeted Support team will maintain an update list of named school leads for mental health and the named, specialist CAMH service liaison person for every school.
• Extended opportunities for young people to participate in and receive support from peer listening.	Review the effectiveness with members of the Youth Council.
Key Actions	
A	CCG and the council to commission an emotional wellbeing training offer which is c coordinated and impact and feedback gathered. PPEPcare training delivered for primary care staff and for key support and inclusion staff in schools and children's centres, including on self-harming. The Mental Health First Aid training programme is delivered and support disseminated across the area.
B	Launch the updated programme for Healthy Schools and support all schools to review their practice and develop an action plan to improve children's health and wellbeing.
C	Targeted services team to co-ordinate with the specialist CAMH service and inclusion managers in schools and establish arrangements for regular casework liaison and advice about effective support for vulnerable pupils and those receiving support for mental ill-health.
D	To review the evidence-base about effective approaches to peer listening and engage with the Youth Council and schools to extend the offer of peer listening and the development of peer resilience in schools and in community settings.

Better information **-** improve information and advice about emotional wellbeing and mental health, available to children, families and professionals.	
The NHS and the council invest significant resources in addressing the emotional wellbeing and mental health of children. We only have a partial picture of the coverage of services, the extent that evidence-based interventions are adopted and, most importantly, the impact these interventions have for children. We will improve the gathering and sharing of data and co-ordination of the most effective support for vulnerable children and their families. We will make it easier for children and their families to find out about services, so that they can make informed choices about the type of support they need and how to access it.	
Key outcomes	**How will we know we have made a difference?**
• A comprehensive overview of the provision for vulnerable children and their families across Bracknell Forest.	Timely completion of new NHS activity reporting. Better aligned thresholds between multi-agency panels that co-ordinate support for vulnerable children.
• The majority of students in Bracknell Forest report rejecting mental health stigma and are more confident talking about mental health problems and relating to those with mental health problems.	Report produced from surveys completed by pupils taking part in the anti-stigma campaign.
• Launch of online mental health and wellbeing content so that children and their families can have 24/7 access to information and advice.	Number of hits, impressions and views through the different social media.
• Increase data to inform the joint commissioning of emotional wellbeing and mental health support for children.	Regular co-ordination and sharing of data between Bracknell and Ascot CCG and Bracknell Forest Council.
Key Actions	
A	Mapping and base-lining the current specialist CAMH services and staffing together with those supporting vulnerable children. Use this to increase transparency, maintain effective services and to highlight and address inequalities. Develop clearer communication of the pathways and access routes for children to access support via targeted services.
B	Undertake an anti-stigma campaign for children and their parents developed and delivered across Bracknell Forest
C	Develop and launch mental health and wellbeing social media and website content with young people (on behalf of Slough Borough Council and the Royal Borough of Windsor and Maidenhead as well).
D	Assess options for the routine gathering of self-reported health and wellbeing data about children and young people across Bracknell Forest, including emotional wellbeing. Consult with school leaders and young people about approaches to be taken.

Early intervention - earlier recognition and intervention for mental health problems in children.	
We know that earlier intervention with emotional and mental health difficulties improves the life chances and opportunities for children. Parents and carers have told us that there are gaps in services for children suffering from emotional wellbeing difficulties. Professionals have identified they want to understand better ways to support children with severe emotional wellbeing needs, who do not require a specialist mental health service. We will work to better co-ordinate early intervention services for children and to improve liaison between them and the specialist CAMH service.	
Key outcomes	**How will we know we have made a difference?**
• A local strategy that sets out support arrangements for children with ASC and their families. Faster assessment of ASC, together with improved support for these children and for their families.	Fewer, and more appropriate, referrals for an ASC assessment are received by the CAMH service's CPE. Three schools become 'autism aware' using the National Autistic Society accreditation process.
• Clear process for assessing and managing 'step-up / step-down' of children with emotional wellbeing needs agreed between the Early Intervention Hub and the BHFT Common Point of Entry.	Feedback from users that progress has been made towards children only having to tell their story once in order to receive the support they need.
• Improved day-to-day stability for children with ADHD.	Feedback from schools and parents that they feel better equipped to support children's ADHD.
• Earlier, more timely support for women suffering perinatal and postnatal mental health issues.	More women who are suffering perinatal and postnatal mental health issues are able to access IAPT support.
• Increased access to counselling for young people, both face-to-face and online.	Positive feedback from young people accessing counselling and good general knowledge about the service across Bracknell Forest.
Key Actions	
A	As part of the development of a local strategy for the support of children with ASC, support improvements to both pre- and post-diagnosis pathways with the local CAMH service and Early Intervention Hub, especially for school-age children. Work with three schools (one primary, one secondary), the ASSC service and with the Berkshire Autistic Society to better co-ordinate training opportunities, improve support available to all schools and for two schools to be supported to achieve the National Autistic Society accreditation.
B	Set up a task-and-finish group to review and lead action to better align existing assessment processes in order to minimise the assessments that families undergo and speed access to mental health support. The review should involve the early intervention hub, BHFT's common point of entry, GPs and schools.
C	Develop effective post-diagnosis support for ADHD between the specialist CAMH service, schools and behaviour support in Bracknell Forest, together with an improved training offer for school staff.
D	Expand the training about perinatal and postnatal mental health available to primary care (GPs, health visitors, practice nurses) and to children's centres.
E	Implement and establish a new blended, online and face-to-face counselling provision for young people to complement and extend counselling availability in the area.

Specialist Care **-** ensure all children and families have access to timely, evidence-based, high quality specialist mental health support when it is needed.	
Specialist mental health services are needed for children with more complex and severe mental health needs. Through consultation, we heard that young people, parents and carers felt that they often had to wait too long to access these services. Professionals identified a need for better information about specialist services and some were concerned about the capacity of specialist services, in particular the need to increase in-patient capacity.	
Key outcomes	**How will we know we have made a difference?**
• Children who require it, have timely access to evidence-based interventions.	Continue to reduce waiting times for the specialist CAMH service. Most, if not all LAC, care leavers, those at risk of child sexual exploitation are given an appointment for assessment within 10 days of referral.
• Children have access to an evidence-based eating disorder service.	Improved outcomes to treatment for children with eating problems and eating disorders. Eating disorder waiting times standards are implemented.
• Children who require it, have more timely access to evidence-based crisis care.	Reduce avoidable admissions to Wexham Park Hospital of young people with mental health problems, in line with NICE guidance.
• All young people requiring continuing support make a good transition to adult services.	There is a discharge and support plan for all young people undergoing transition. Feedback from young people indicates they have made a good transition.
Key Actions	
A	To increase the capacity of the Berkshire in-patient and crisis care facility. The Berkshire Adolescent Unit, in Wokingham will expand from seven beds to be a larger in-patient residential unit (12-15 beds) that provides some crisis intervention beds as well as catering for day patients.
B	Develop the Alternative to Admission Eating Disorder Service for severely unwell young people. They will be seen within the outpatient clinic of the Berkshire Adolescent Unit, or, where appropriate, closer to home. Young people who do not meet the threshold for the Alternative to Admission service will be seen where it is most appropriate - within their locality clinic, at school, within the GP practice or at home. Physical health monitoring will be provided with shared care agreements with primary care.
C	Enhance and expand early intervention services for children suffering psychosis.
D	Monitor and follow-up all non-attendance by children assessed as requiring specialist support. Carry out risk assessment for all non-attenders and undertake re-engagement activities where appropriate.
E	Review pathways and discharge processes for young people being transferred to adult mental health services. Learn from the experience of young people who have recently made this move. Ensure transition is a consideration for all service users aged 15 and older.

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TO: EXECUTIVE
19 JULY 2016

FAMILIES IN A STRONG COMMUNITY PROJECT
Director of Children, Young People & Learning

1 PURPOSE OF REPORT

1.1 To inform the Executive of the conclusion and outcomes from the successful grant application in 2015 for Delivering Differently in Neighbourhoods funding for Families in a Stronger Community Project.

2 RECOMMENDATIONS

2.1 **That the Executive NOTES the success of this pilot project and the outcomes achieved.**

2.2 **That the possibility of extending this work through a joint bid with the Clinical Commissioning Group (CCG) is ENDORSED and led through the Health and Wellbeing Board.**

4 REASONS FOR RECOMMENDATIONS

4.1 To ensure that the work of the Families in a Stronger Community Project continues to focus on improving the outcomes for vulnerable families within Bracknell Forest.

5 ALTERNATIVE OPTIONS CONSIDERED

5.1 None

6 SUPPORTING INFORMATION

6.1 The project runs from July 2015 to September 2016. Context findings and successes are included in Appendix 1 which is a case study evaluation, Families in a Strong Community Project, submitted to the Department for Communities and Local Government (DCLG) in April 2016.

6.2 Bracknell Forest Council piloted a plan to redesign services to some of the most vulnerable members of the community through establishing a programme of neighbourhood based very early support and intervention. Bracknell Forest received a grant of £87,500 through the DCLG 'Delivering Differently through Neighbourhoods' programme. This was used to develop a Bracknell Forest volunteering training scheme to support vulnerable families from within the community. Using these groups of skilled volunteers based in their local communities we were able to set up and run friendship and support groups for vulnerable residents. The groups were based in Children's Centres and schools. In addition, volunteers were placed in a range of positions including directly with schools and community support groups.

6.3 Whereas many families receive support from friends and relations when things start to go wrong, others do not. It is these vulnerable families that we wanted to identify for support. Providing this support is implemented at an early stage there is the

potential for cost savings due to a decrease in demand for high cost services. Community based peer support can be effective where early help is needed and provides opportunities for strong and sustained relationships to be formed. It also builds capacity within the local community.

6.4 All support offered was in collaboration with the families themselves, the aim of which is that they are supported in behaviour change over a period of time and in the process building community resilience. The model has proved beneficial for both vulnerable families and the volunteers, with a proportion having now been able to access employment opportunities through upskilling and increased mental health and wellbeing. Evaluations after volunteers training show an increased self confidence for volunteers and an increased awareness of their own health and mental being. Benefits for those targeted families being supported have been evaluated and details are shown in the case study attached. Families supported have increased self reliance and show better mental health outcomes. This should lead to increased community resilience and less need for statutory services at a later date within those more deprived communities.

6.5 The pilot was focussed on three Bracknell Town neighbourhoods: Harmans Water, Wildridings and Great Hollands as areas of deprivation, although support has also been offered outside of these areas by volunteers supporting other Bracknell Forest community groups.

6.6 The project used a mix of case studies and cost benefit analysis to assess the impact of this model. A report was produced in April 2016 which was submitted to the DCLG to share learning with other LAs nationally. The Project Manager has presented on this model to South East Strategic Leaders, ADCS and other LAs within Delivering Differently in Neighbourhoods network as well as cross council.

6.7 Due to the project completion in September 2016 and the successes and learning from the project, Involve will now deliver the volunteering course twice within the next 12 months. Involve will then ensure that volunteers are placed in a wide range of volunteering opportunities within Bracknell Forest Council services and to other voluntary and community groups.

6.8 Volunteers should be signposted by Involve to offer a range of additional courses to attend around parenting and support for families in order to increase self confidence and upskill for potential employment in the future. Existing courses are offered currently at no additional cost for Bracknell Forest Council, including those offered by Involve, FIT team, Community Learning and external partners

6.9 It is anticipated that volunteer training can be rolled out across Bracknell Forest and be adapted to need. Involve should then ensure that this model for volunteering is embedded within its Bracknell Forest offer.

6.10 Families in a Strong Community have been piloting a friendship and support group model for vulnerable parents in Children's centres and schools and it is our understanding that this model will be developed in line with transformational work being done by Early Intervention Project.

6.11 **Extending the project for a further year.** This project has been very successful in both establishing a training programme for volunteers and in developing the local community. The project could be extended for another year at an estimated cost of £40,000. It was recommended by the Project Board, Chaired by the Chief Executive, that a joint bid is made with the CCG, with the potential for the Council contribution to

be financed from the transformational programme fund, for funding to extend the project to other targeted neighbourhoods. The project could be overseen by the Health and Wellbeing Board. This proposal forms one of the recommendations.

7 ADVICE RECEIVED FROM STATUTORY AND OTHER OFFICERS

Borough Solicitor

7.1 The relevant legal issues are addressed within the report

Borough Treasurer

7.2 Whilst the cost benefit analysis identifies a potential 32% return on the grant investment, actual cash benefits to the Council will take time to emerge and when certain, will be reported through the normal budget monitoring process.

7.3 Before a proposal can be taken to the Executive to extend the project for a second year, a funding source for the £40,000 council contribution needs to be identified.

Background Papers
Appendix 1 – DCLG Delivering Differently in Neighbourhoods Case Study

Contact for further information
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Department for Communities and Local Government

Bracknell Forest Council

Delivering Differently in neighbourhoods

Case Study

Bracknell Forest - Families in a Strong Community Project

#redesign #communityengagement # neighbourhoodsupport # earlysupport #earlyintervention # communityempowerment #employability

The headlines

- Redesigning services to some of the most vulnerable members of the community by establishing a programme of neighbourhood based very early support and intervention.
- A new model for delivery based on recruiting and training local residents.
- A team of volunteers acting as Family Partners playing a key role in providing advice and support on a one to one and group basis.
- Volunteers trained to offer support in a variety of settings including Children's Centres, Schools and Community Groups.
- Increasing employability of local residents via volunteering, ongoing training and confidence building.

"We would like to see that not as many people progress into statutory services. We are also keen to have a diverse range of volunteers; we want volunteers to be able to relate to their communities."

Abby Thomas Head of Community Engagement and Equalities Bracknell Forest Council

What is the context?

Bracknell Forest lies 28 miles west of London, at the heart of the Thames Valley and within the county of Berkshire. The borough's population is 118,025 (Mid-2014 Estimates, based on Census 2011).

The population is relatively young (median age 38.4 years). 13.6% of the population is aged 65 or over, compared to 17.7% nationally, although this is expected to grow

Bracknell Forest is one of the least deprived areas of the country (ranked 287 out of 326 local authorities in England on the Index of Multiple Deprivation 2015). Property prices and levels of car ownership are significantly higher than the national average. However, these headline figures mask significant pockets of deprivation. For instance, 8 out of 19 wards in the borough have free school meal eligibility of over 10%.

Bracknell Forest Council Plan 2015-19 is centred upon a key statement of vision for the organisation which includes the prioritisation of people

Bracknell Forest Council has a strategic priority to build volunteering and improve community resilience. We are keen to build and support communities that can help themselves through the increased use of volunteers.

We were keen to identify when families start to struggle and provide early help to prevent escalation of problems, for the benefit of those families, the local community and the area as a whole.

In order to meet these aims we piloted a feasibility project to redesign services to some of the most vulnerable members of the community through establishing a programme of neighbourhood based very early support and intervention.

This is focussed on three Bracknell Town areas:

Harmans Water
Wildridings
Great Hollands

These were chosen as areas of deprivation and high need. For example 17.6% of children in Wildridings and Central are at risk of living in poverty, compared with 11.7% across Bracknell Forest (September 2015)

"We want groups to increase through personal recognition, this suggests that families get a lot from attending and think it's worth others attending – supports the community to help each other

We want to decrease isolation

We want to see an increase in friendships being formed

We want to see volunteers increase in confidence

We want to build resilience

We want to avoid families needing more specialist support."

Sarah Holman – Project Manager

What service delivery model has been adopted?

We wished to investigate using volunteers to peer support other families from within their own community. The building of community based support was important to test whether this model could increase community resilience and community self reliance.

Firstly, a Theory of Change approach was used and the associated workshop was attended by over 20 people from Bracknell Forest, voluntary organisations and volunteers. The approach was used to understand the changes required for the project to achieve its objectives. It enabled the council to challenge the project on whether the changes required for it to meet its objectives were sufficient and likely to happen.

Bracknell Forest Council has a new transformation programme aligned to the Council Plan aims and objectives outlined in the previous section - which includes:

- Early intervention and prevention
- Evidence of less customer contact and more self-reliant communities who do not need to contact us

The Council developed a new model for delivery based on recruiting and training local residents. The plan was that a team of local residents/volunteers acted as Family Partners and played a key role in providing advice and support on a one to one basis.

The initial aim was to provide a Parent Partner programme with two main components:

- Selection and training of suitable adults to undertake the role of a Parent Partner
- Deployment of Parent Partners with on-going professional support

Parent partners were to identify and act on opportunities to build relationships with vulnerable families and aim to work with these families with the ultimate aim of developing social capital within their neighbourhood. We have adapted the model over time and evolved the project to meet the needs of the volunteers and the community. It was initially envisaged that Parent Partners would provide 1-1 support for families in the community. After successful recruitment and training of volunteers, it became apparent that:

- It was hard to identify families for 1-1 support where their needs could be matched with a volunteer
- Volunteers had different skill sets which were not always appropriately matched to the work they were expected to do

We therefore adapted their approach in order to still reach vulnerable people in the community and use the volunteers best skill sets in the right area as well as to ensure that a successful project was provided. This flexibility has been key to its success.

This flexibility in approach has been supported by a Bracknell Forest Project Board and Steering group which allowed for a wide range of view and professionals to become involved in the development of the project.

The project is supporting 16 families directly through a mix of support groups and 1-1's. The groups currently running are:

- Friendship groups for Post-Natal Depression (PND)
- Friendship group for parents of ASD diagnosed children (0-5) and some undiagnosed
- Healthy cooking group for vulnerable parents and children.
- School readiness support group
- SEN support groups as Wildridings and Meadowvale schools

There are plans to run a further healthy eating course and special educational needs and disability groups supporting families with children over the age of 5. In addition another post-natal friendship group is due to start in April 2016 in another geographical area of Bracknell Forest. Volunteers are also participating in a wide range of volunteering placements such as schools and children's centres.

Volunteer Training

This was a key area of success for the project. Involve, the central support organisation for voluntary, community and faith groups in Bracknell Forest, were asked by Bracknell Forest to support recruiting and training volunteers. Involve advertised for the volunteers and carried out interviews on a joint basis with Bracknell Forest Council. A small amount of money was allocated to create a bespoke training programme. Recruitment of volunteers was very successful and according to Involve the most successful recruitment that they had ever seen.

Volunteers were trained in the following areas:

- The role of volunteers
- equality and diversity
- family life and supporting parents
- safeguarding level 1
- roles of partner agencies and signposting to support
- boundaries and confidentiality

The training was provided in 2 course types:

- Two courses were held over five weeks during the day time where a crèche was provided to encourage younger mums to participate
- Training at the weekend in order to meet the needs of volunteers who couldn't attend during the week.

Volunteers have been offered a variety of additional courses and are benefitting from this upskilling. Volunteers have attended courses on hoarding, anxiety, sleep behaviours, digital skills and numeracy skills. Upcoming courses include working with stuck families, family life cycles, domestic violence awareness and mental health first aid. These courses are fully funded by Bracknell Forest Council.

Who are the key partners?

Bracknell Forest Council

Key partners within the Bracknell Forest Council are the Early Intervention team and community learning in addition to:

Involve

Involve provide local support for the voluntary and community sector for Bracknell Forest. They carry out development work and training for charities and the wider voluntary sector and promote volunteering as part of the national "do it" campaign.

They are a key partner and for this project they supported Bracknell Forest Council by advertisitng and recruiting volunteers (joint interviews) with the local authority.

They were involved from inception and before and have been a member of the steering group along with Bracknell Forest Homes (housing association).

Bracknell Forest Homes

Bracknell Forest Homes are enthusiastic about the project as they own the majority of the housing stock in the more deprived areas of Bracknell Forest where the pilot took place and therefore it is largely their tenants who would be volunteering and receiving support.

Health Visitors

At one Children's Centre in particular there has been excellent support from Health Visitors (HV) who have referred Mums with PND to the key support group.

Schools

Wildridings school have been running the Families and Schools together programme (FAST). 23 families attended the programme and family retention was high. The school has noted greater family involvement with the school and increased parenting skills. Child behaviour has also improved.

A volunteer from Families in a Strong Community Project was used to support this project and will be helping further through regular workshops with parents on a wide variety of topics.

Children's Centres

Within the piloted areas two children's centres were involved in the project, this included allowing support groups to be situated within the Children's centres, referring parents to the volunteering training courses, referring families for support and promoting the project via newletters and advertising. In particular using trained volunteers in other areas within the children centre and using them to support other community based family groups.

> **"It would be good to see excellent links between schools and children's centres and people in the community as partnership working is very important. I feel the right people are on the steering group which includes children's centres, schools, the LA and the Open Learning Centre (adult education)"**
>
> Phil Cook, Involve

What has been the impact?

Interviews identified that key indicators of success include:

- 26 volunteers coming forward, attending the training and saying that it was good and useful training
- Targeted groups and 1-1 work being provided at an early level in local communities
- Self referrals and community referrals to both the volunteer training and to attend the groups increased by word of mouth
- Good outcomes for volunteers themselves
- Importantly all attendees felt that their skills increased as a result of the training. Evaluations were taken before and after training opportunities supported this view.

Impact on Volunteers

The impact on volunteers, their skills and confidence has been very clear as shown through feedback from the volunteers themselves. As outlined above the recruitment of volunteers was a key success, as was the training.

- Numbers expressing interest in volunteering on the project was high when compared to simialr recruitmen for other community projects.
- Attendance and retention on the course was high
- Volunteers spoke highly of the training
- The volunteers felt energised and ready to start supporting in the community
- Many volunteers have gone on to take up further learning opportunities as a direct result of the training
- Volunteers have gained a lot personally from volunteering:
  - Increased their skills
  - Seen a large increase in their confidence levels
  - Been encouraged and empowered to study further (eg, maths and English study)
  - Been encouraged to skill up for work
  - Have carried out volunteering and added skills and experience to their CV
  - Have been successful in finding work (3 as a direct result of the volunteering)
  -

Volunteers said:

“My parenting skills have improved, I am more confident with my own family and I am using the things I have learnt with my own family and to signpost others including family and friends. I love it!”

“I have much more self-worth, knowing I am helping others. It has added to my confidence and I am better able to cope. I was withdrawn, but now I am confident and happy to talk to people. The training was really good and I have understood about things like learning patterns which has given me tools to help in my own family. This is a very exciting project and I am very excited to be helping. “

“I can see that others like the fact that there is someone they can talk to who has been through a similar experience. They are very positive. In the post-natal friendship group they also seem very happy to attend and then they continue to return. It helps parents know that it is normal people who have been through the same thing, they feel that health workers give good advice but have never been through the issue of PND themselves, whereas we have. “

Impact on Families - Emotional Wellbeing

Familes who are reguarly attending friendhship support groups are telling us that they feel better able to cope, welcome the opportunity to be part of a supportive network of volunteers, other families and Family Support Worker. A strong early indicator is that parents are telling us they feel less isolated within their community.

Family study 1

Family composition

Mum, Dad, daughter aged five, son aged four with additional support needs, and baby aged seven months.

Context

I became depressed after the birth of my youngest and my health visitor mentioned this group that is running for children with additional needs. My four-year-old J has significant development needs.

I have had an assessment but recently been advised that he does not meet the threshold for autism. I feel devastated by this and that nobody understands how bad his disabilities are, or how hard it is to cope on a daily basis. I just want to run away.

My husband (M) is not coping at all as he is avoiding the situation and doesn't want to be alone with J. The pressure on me is absolutely immense. If J is being noisy or unhappy I am more worried about how M will react than I am with managing J.

I feel very lonely and regularly feel that I can't cope. I am begging for support from people but just not getting it as he is not 'bad enough'. The only person who understands me is Kelly (worker) as she has a child with similar disabilities.

Over Christmas things deteriorated drastically as our routine changed slightly and J could not cope with that. He started wetting the bed, became angry, M could not cope, and my five-year-old thinks that I love J more than her because I give him a lot more time. I really am at the end of my tether and I feel very lonely. I know that M wants to avoid all this as he can't cope but I can't either but have no choice. I would just like some sleep and feel in a constant state of guilt and worry.

Impact of group/support

"If I didn't come to this group I Just don't know what I would do with myself. I look forward to coming even though it's really difficult to get out of the house and I don't really want to speak to anybody. But at least people here understand what I'm going through. This really is my lifeline. I know when I'm here that it's not just me and I get reassurance. I wouldn't be exaggerating if I said this is my saviour of the week. None of my family really understand how difficult this is and none of my friends really understand. I feel very lonely. I can understand why mums take their own lives. I would never do that but it's this group that keeps me going.

Family study 2

Family composition

Mum, Dad, daughter aged 3 and daughter aged 18 months

Context

I suffered with postnatal depression after I had my second child. I knew that I was getting depressed and forced myself to go out against what I really wanted as I knew it was the right thing for my children. I attended a baby group where you get your children weighed and it was workers at the children's centre that recommended this group.

Impact of group/support

The main reason that I came here is because it's free. I looked at other places but you have to pay for all of them. It's an excuse to get out and make the children play but for me I feel I need to go, and I look forward to going. If there was anything I would change I would probably like this more often, and maybe at a different venue where there is more space (for older children to run around) and toys for older children. We do need a K though to be honest. She recognised one week that I was particularly quiet and she picked up the phone and checked up on me. I really appreciated that and that's what makes me come again. I know that people care. I have also been given the confidence to attend because I am in regular contact with K.

Families said:

"It's this group that keeps me going"

"It's a lifeline for me – my saviour"

"I feel I need to go, and I look forward to going"

"I have had good support from S on a weekly basis and also from K and they have helped and encouraged me"

People are turning up for groups on a regular basis and they see value in them and the support that they receive from the family partner worker, volunteers and others in the group. It is clear from the families and volunteers interviewed that the group work is providing extremely valuable support.

Starting with group work leading to 1-1 support has worked well. It has been 'less scary' to attend a group. This has led to building trusting relationships and one to one help can then be offered.

Where further support has been offered all individuals/families have agreed to the more intensive one to one support

Parents attending the post Natal Post Nata Depression Groups completed the Edinburgh Postnatal Depression Scale(EPDS) at the beginning of the support and 5 months later, the scores decreased by a significant point score which indicates a strong link between the support given and increased mental health and wellbeing of those parents.

Impact on Families – Cost benefit Analysis

We undertook a cost benefit assessment of the project building on the costs and benefits identified through a Theory of Change workshop..

Our analysis suggests a discounted total public value of the project at £113,644 or public value return on investment of £1.32 for every £1.00 of investment.

Of the total fiscal benefits 44% would accrue to the NHS and 41% to the DWP, 5% to the LA and the remainder to police and probation service .

> **'It is working. I believe needs may have escalated and we have seen excellent results here. One mum was severely post natally depressed and now, following the volunteer training course, supports one-to-one families and groups and is now looking for work this has been a huge improvement for her'**
>
> Kelly Higgins Family Partner Worker, Bracknell Forest Council

What have been the key elements of success?

- **Recruiting volunteers –** Involve supported BF in recruiting and training volunteers, by advertising and carrying interviews on a joint basis. Leaflet drops, newsletters and leaflets in children's centres and schools were used. **Leaflets to individual houses were found to have had the most impact.**
- **Training volunteers** - a number of courses were offered (see above in 'model') and this was offered in two ways; during the week and at weekends to suit volunteer's time constraints.
- **Supporting volunteers** - Bracknell Forest staff and Involve staff have supported volunteers throughout the training and volunteer placements and this has been well received, with volunteers feeling eager to continue. For example, we provided lunch and a crèche facility, which helped volunteers to feel valued.
- **Good relationship** with the voluntary sector, community learning, Health Visitors and the Children's Centres.
- **Ability to flex the project –** it was important to establish what the project was and evolve the project based on the skills and experience of the volunteers and the gap identified in the community. In our case, this led to our project being more about group work than originally intended.
- Starting with **group work leading to 1-1 support has worked well**. It has been 'less scary' for people to attend a group and this has led to building trusting relationships from which 1-1 support can then be offered.
- **Co-ordination and planning from the Council** - in particular the Bracknell Forest project manager in building relationships across partners and driving the shared vision for the project.

What has been learnt?

- There was some initial nervousness from service partners regarding the use of volunteers to support vulnerable families and groups. This was overcome as the benefit of using volunteers to build community capacity became apparent.
- Some paid professionals are required to manage and support volunteering/volunteers in the community. They also need to be prepared to fill gaps and step in where volunteers do not deliver what is expected in order not to let the community down. This is particularly important if volunteers do not turn up on time or pull out of volunteering assignments at short notice.
- Groups must be the right groups on the right issues to gain regular commitment (For example Post natal friendship groups). When families see a need to attend because the support is the right support, they continue to attend even when it is difficult for them to.
- It is important to understand individual's motivations to volunteer in order to keep them engaged and actively involved. Groups are more successful when run by people interested in the subject. In this case volunteers were recruited to assist in the running of support groups where they either expressed interest in a support area or may have had personal experiences of those areas.
- Timing of training/volunteering is important. Some volunteers mentioned the frustration of the distance between training volunteers and giving them something active to do. This led to them to lose enthusiasm and needs to be considered when carrying out training and increasing volunteering.

'We want to see community activity in involving and engaging volunteers to support families in local areas. We want people to come forward, undertake training, and support families in their communities and to integrate this into Children Centres. Early intervention and prevention and self reliant communities are priorities for the Council.'

Abby Thomas Head of Community Engagement and Equalities Bracknell Forest Council

Who can I contact?

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Other information

We will soon be running a **volunteering workshop** for staff and partners to discuss plans to increase volunteering across a wide range of services.

We are also in early discussions about having a **volunteer's passport** which supports volunteers to get ack to work. So for example if they attend a safeguarding level one course or other training linked to volunteering this can be added to their passport and it stands elsewhere in Bracknell Forest. This adds additional content to their CVs and supports volunteers back into work.

Work from this project is being linked into corporate strategy around Bracknell Forest Council Plan 2015-19 which is centred upon a key statement for the organisation

- Many residents of Bracknell Forest are affluent, well educated and independent. We want to continue to support that by providing core services that all residents can benefit from

- But we need to prioritise if we are to live within our means, and that will mean making difficult decisions

- We will prioritise people and areas with the greatest need, early help and prevention so struggling or vulnerable people can maximise their opportunities to become independent.

This narrative is supported by six strategic themes;

- Value for money
- A strong and resilient economy
- People have the life skills and education opportunities they need to thrive
- People live active and healthy lifestyles
- A clean, green, growing and sustainable place
- Strong, safe, supportive and self-reliant communities

For further information please visit
www.bracknell-forest.gov.uk

HEALTH & WELLBEING BOARD: FORWARD PLAN

(Scheduling of agenda items are subject to change)

June 2016

Joint Protocol for Partnership Boards - LSCB Jonathan Picken

December 2016

Thames Valley Police Mental Health Street Triage Pilot Update – Gavin Wong/Dave Gilbert

March 2017

Year of Self Care Feedback – Lisa McNally

Standing Agenda Items

Health and Wellbeing Strategy Performance Monitoring – Zoe Johnstone
Child and Adolescent Mental Health Service (CAMHS) Transformation Tracking - CCG

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