



*North Somerset
Clinical Commissioning Group*

Children and Young People's Mental Health and Wellbeing Transformation Plan

2016 – 2018



Content

Future In Mind Principles	3
Sustainability & Transformation Plan	4
North Somerset Aims & Priorities	6
Introduction	10
Local Context	11
Partnership Funding	15
Current Service Model	16
Additional Priorities	18
Measuring the Change	23
Glossary	25
Appendices	27

Transformation Plan for Children & Young People's Emotional Wellbeing and Mental Health

The North Somerset Children's Emotional Wellbeing and Mental Health Partnership plan to deliver in full the implementation plan for the Five Year Forward View for Mental Health improving access, increasing availability, taking pressure off in-patient settings and providing children and young people in North Somerset with support to meet their needs at the right time and in the right place.

Future in Mind Principles

Our plan follows the key themes outlined in the Five Year Forward View for Mental Health published in spring 2016.

By 2020 we are planning to provide:

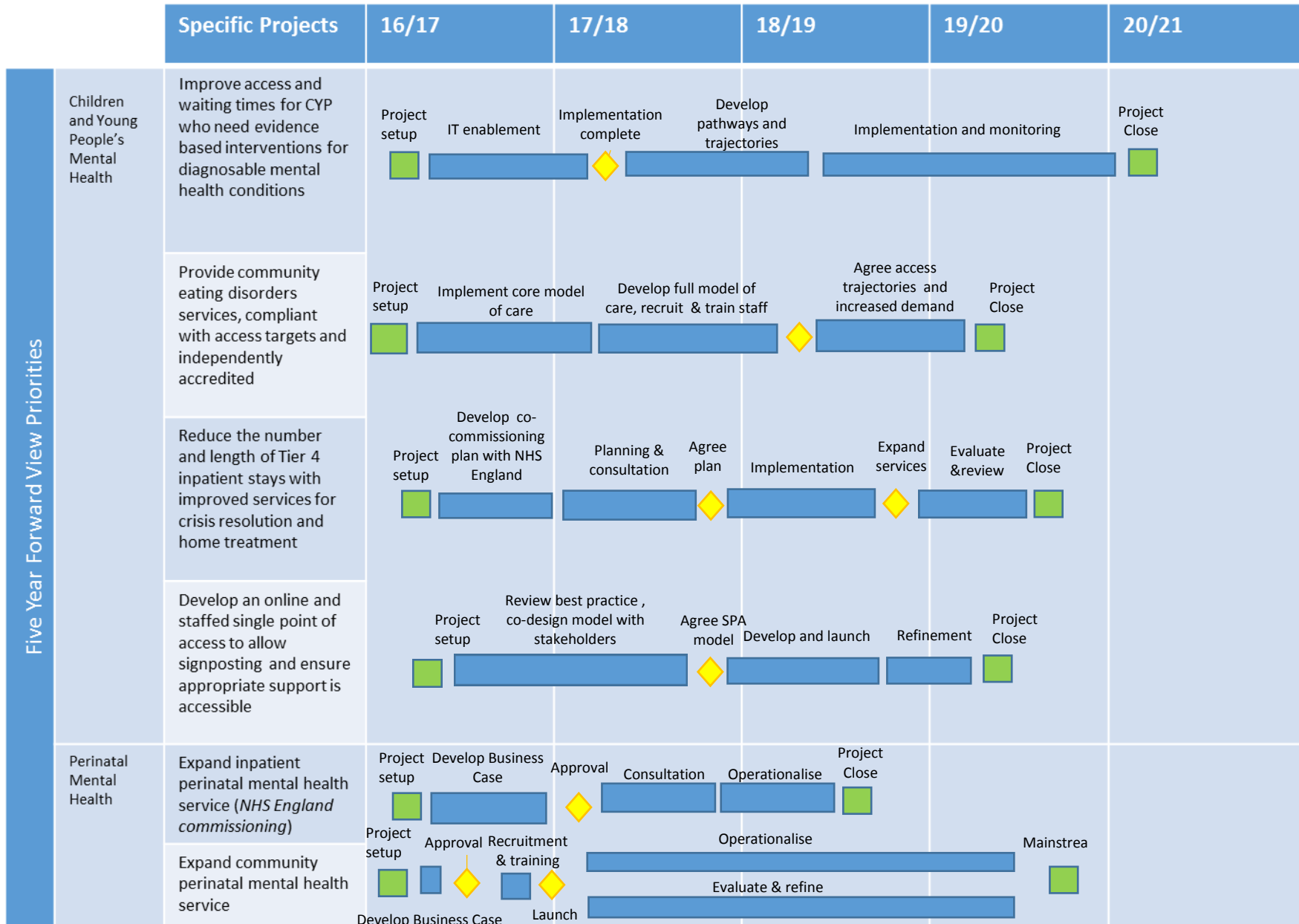
- Staff who work with children and young people trained in child development
- Improved crisis care – right care, right place, right time
- Improved public awareness – less fear, stigma and discrimination
- Timely access to clinically effective support
- More visible and accessible support
- More evidence based outcome focussed treatments
- Better use of data and information
- Improved transparency, leadership and accountability
- Improved access for parents/carers to evidence based programmes of intervention and support
- Model built around needs of children and young people and a move away from the "Tiers" model
- Professionals and mental health

Bristol, North Somerset and South Gloucestershire: Sustainability & Transformation Plan

Headlines

- Priority across BNSSG to improve access and waiting times for children and young people who need evidence based interventions for diagnosable mental health conditions, providing parity of esteem with physical services.
- Building resilience through the delivery of training to non-specialist workforces to improve capacity and capability to support CYP in community settings
- Services are part of the Children and Young people's Improving Access to Psychological Therapies programme but this needs to be developed in both specialist and wider CYP workforce
- Work towards a sustainable 24/7 urgent and emergency mental health service
- Provide community eating disorder services, compliant with access targets and independently accredited
- Improve access to and quality of perinatal and infant mental health care
- Deliver improved access to mental health support to CYP at risk of or in the early stages of criminal justice involvement
- Ensure data quality and transparency - Increase digital maturity to support interoperability of healthcare records

Mental Health – Women, Children and Families



See Appendix A: Sustainability & Transformation Plans on a page

- Reduce number & length of Tier 4 CAMHS inpatient stays with improved services for crisis resolution and home treatment
- Develop an online and staffed single point of access to allow signposting and ensure appropriate support is accessible
- Improve access and waiting times for young people who need evidence based interventions for diagnosable mental health conditions
- Develop a young people's community eating disorder service

North Somerset Aims

- Increase access to high quality mental health services to meet 32% of local need by 2018/19
- Promote and enhance our CYP IAPT capability
- Improve our mental health offer to children looked after, care leavers and adopted children and other vulnerable groups
- Develop the skills of the clinical and non-clinical workforce
- Work towards a sustainable 24/7 urgent and emergency mental health service
- Further develop our eating disorder team in line with waiting time standards
- Join the national quality improvement and accreditation network for community eating disorder services
- Improve access to and quality of perinatal and infant mental health care
- Reduce suicide by young people to zero as soon as possible
- Prioritise an effective 24/7 crisis response team
- Ensure data quality and transparency
- Increase digital maturity to support interoperability of healthcare records

North Somerset Priorities

1. Embed CYP IAPT principles and practice in early help services

Action: CYP IAPT parenting trainee to be provided with supervision to complete training; release local authority CYP IAPT trained staff to offer therapeutic interventions in the Resource Service and Community Family Service

Progress:

- All CYP IAPT training has progressed or is progressing as planned
- Issue emerging of trained CYP IAPT staff moving onto other roles outside local area

Current Priority Status: GREEN

Partnership Leads: Kate Wilcox and Dr. Mags Patterson

2. Robust, transparent, regular data and information to ensure cost effective and efficient services which match the needs of children, young people and their families

Action: Work towards the implementation of the single Mental Health Services Data Set (MHSDS) submitting required data; Ensure Joint Strategic Needs Assessment children's mental health chapter is built into wider People & Community Board planning

Progress:

- MHSDS needs highlighting with STP Digital Plan
- MHSDS issue highlighted with senior managers at WHAT
- Mental Health chapter, JSNA refreshed and built into wider P&C Board planning.
- Partnership led C&YP mental health Appreciative Enquiry event with P&C Board

Current Priority Status: GREEN

Partnership Lead: Mark Hemmings

3. Comprehensive, joined up provision for the emotional wellbeing and mental health of children and young people particularly vulnerable groups in North Somerset

Action: Mapping of services and clear pathways through all services; refreshed and disseminated specialist CAMHS threshold document, with clear information about the CAMHS consultation service accessible to all professionals; identify specific pathways for vulnerable groups of children – looked after children, young offenders, children and young people who have experienced domestic abuse, those living in poverty, asylum seekers/refugees, child sexual exploitation (CSE), Special

<p>Educational Needs & Disability, Gypsy, Roma and Travellers, young carers and teenage parents</p> <p>Develop a North Somerset Children & Young People’s Emotional Wellbeing and Mental Health Strategy using the Thrive model building on the JSNA chapter on children’s mental health and the draft Multi-Agency Children Looked After and Carer Leavers’ Emotional and Wellbeing and Mental Health Strategy and Action Plan</p>
<p>Progress:</p> <ul style="list-style-type: none"> • Children Looked After and Carer Leavers’ Emotional and Wellbeing and Mental Health Strategy and Action Plan developed • Children Looked After and Care Leavers’ Managing Behaviour through Therapeutic Parenting drafted • External funding secured for 2017-2018 re training in therapeutic parenting of children looked after and adopted children: DDR, NVR, Theraplay • Talking to children about domestic abuse leaflet drafted and out for consultation • Commissioned design of domestic abuse group for children and young people who have experienced domestic abuse • Mapping of services and clear pathways through all services has started • THRIVE model increasingly embedded in Partnership work
<p>Current Priority Status: AMBER</p>
<p>Partnership Lead: Mark Hemmings</p>

4. Good quality mental health information available to everyone

<p>Action: Further development of local information focussed on emotional wellbeing and mental health services on the new North Somerset online directory; provision of ‘Reading Well’ books and information in libraries and other settings; further development of website; signposting to local and national resources via North Somerset Online Directory, online support and kite marked apps</p>
<p>Progress:</p> <ul style="list-style-type: none"> • Reading Well books available in schools, libraries and Weston College • NSOD information reviewed and updated including tag to c&yp related emotional wellbeing and mental health services
<p>Current Priority Status: GREEN</p>
<p>Partnership Lead: Kate Wilcox</p>

5. Children, young people and their families to have emotional/mental health support at the earliest opportunity to prevent the escalation of their needs

Action: Priority focus on CAMHS-School link work to try and identify named leads in schools and in CAMHS; Develop Self Harm Guidance ensuring compatibility with BNSSG guidance; multi-agency workforce development; improving the Early Help offer through CYP IAPT: develop additional CAMHS funding bid to accelerate improvement planning and reduce waiting lists/times

Progress:

- Focussing on early intervention and prevention
- Exploring possible pilot around Primary mental health workers support for schools
- Using evidence from School CAMHS link pilots
- Supporting development of peer mentoring initiatives
- Representatives from primary schools will be invited to Theraplay groupwork training
- Designated teachers for Children Looked After will be invited to introductory modules for DDP, NVR, Theraplay
- Self Harm Guidance completed and disseminated?
- Schools will be invited to refer parents to parenting groups as part of an Early Help Assessment action Plan
- Connect 5 training available to schools

Current Priority Status: RED

Partnership Lead: Kate Wilcox, David Jenkins and Dr. Mags Patterson

6. Children and young people with complex needs to receive timely, effective local services avoiding a delay in access to services and escalation of their needs; reduction in referrals which do not meet the specialist CAMHS threshold

Action: Further development of Choice and Partnership Approach (CAPA) to reduce further the waiting times in specialist CAMHS; audit of CAMHS referrals and tracking of sample of referrals not meeting CAMHS threshold and those who do not respond to opt-in letters; review of mental health provision in the Resource Service (fostering and adoption); develop funding bid with local Youth Offending Service to increase capacity for mental health assessment and intervention/care plans; develop funding bid for enhanced communication, speech and language provision with Youth Offending Service; research efficient and effective interventions for children and young people who have experienced domestic abuse

Progress:

- Additional full time YOS mental health worker capacity secured
- Additional YOS speech and language support being worked up
- CAPA now fully embedded into specialist CAMHS

Current Priority Status: RED

Partnership Lead: Rebecca Balakrishna

7. Reduction of young people needing in-patient provision and/or a place of safety (for young people under 18 detained under the Mental Health Act, section 136)

Action: Review crisis intervention service in North Somerset and work towards an enhanced service and reduced demand for place of safety provision

Progress:

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Current Priority Status: RED

Partnership Lead: Dr Mags Patterson and Mark Hemmings

8. A commitment to hear the views of children, young people, parents and carers and, most importantly, to act on them to make improvements in the way services are designed, delivered and monitored

Action: Appointment of CAMHS Participation Worker post to embed engagement and participation work with children, young people and parents/carers involved in all of our work from staff recruitment to commissioning; link with Unite (Children in Care Council) and Ambitious Voice (Care Leavers participation group) through the Resource Service participation worker

Progress:

- Participation worker was appointed
- Participation worker improved links form c&yp with Partnership and Partnership Activities
- Youth Emotional Wellbeing & Mental Health events held in Uphill and Priory School
- Recruitment to Participation worker vacancy currently frozen

Current Priority Status: GREEN

Partnership Lead: Dr. Mags Patterson

9. Support for parents/carers in building positive relationships with their children and managing their behaviour , including those on the autistic spectrum and those with challenging behaviour

Action: Review provision of generic and specialist parenting support groups in light of significant reductions in capacity; clear backlog of parents/carers waiting for place on ASCEND course. Support the development of the young people/parents/carers led support groups e.g.

Bridging The Gap Together! Embed Non Violent Resistance in service provision

Progress:

- BTGT! now established and successfully holding variety events for children young people and parent carers
- ASCEND courses offered to all families on waiting list and all who expressed an interest have now been offered a course
- 2 ASCEND course run
- NVR training for children's workforce offered and oversubscribed
- External funding will allow additional NVR training, with a focus on children looked after

Current Priority Status: GREEN

Partnership Lead: Kate Wilcox

10. A multi-agency workforce with the right skills, knowledge and experience to recognise and support children's emotional wellbeing and mental health

Action: Workforce audit and provision of multi-agency training including training in Non-Violent Resistance and ASIST (interventions with someone at risk of suicide). Ensure CYP IAPT training is available to all working within North Somerset Council and Weston Area Health Trust.

Progress:

- Specialist CAMHS workforce audit carried out
- Whole children's mental health workforce audit carried out
- Workforce development strategy in development
- Training opportunities identified
- To date 110 people have been trained in ASIST suicide prevention training, with a further 100 people planned to be trained in the next twelve months.
- A half day training course called Safetalk has also been commissioned to fill the gap for those not able to attend the full ASIST course
- Connect 5 Train the Trainers course will allow roll out of multi-agency training in generic mental health
- External funding will enable multi-agency training with a focus on children looked after
- Mellow Bumps training with a focus on Care Leavers and mothers in recurrent care proceedings

Current Priority Status: AMBER

Partnership Lead: Kate Wilcox and Louise Lynch

11. A reduction in the stigma sometimes associated with mental health so that young people feel happy to go and ask for help wherever and whenever they need it

Action: Build on the national Time for Change¹ through the PSHE programme in schools supported by Public Health

Progress:

- TAMS?
- 4 schools in North Somerset received self harm training by external training company Attention seekers. Feedback very positive.

Current Priority Status: RED

Partnership Lead: Shaun Cheesman

12. Improve young people's emotional wellbeing and mental health through provision of volunteering opportunities, especially for those with additional needs

Action: Embed the new database of volunteering opportunities for all children and young people in North Somerset, including those with additional needs; appointment of a part-time coordinator

Progress:

- New VANS volunteering database developed and operational

Current Priority Status: GREEN

Partnership Lead: Cara MacMahon

13. Improved support for parents/carers of children to ensure their own mental health needs are met and that children get the best start in life

Action: Development of perinatal and infant transformation plan to strengthen support for mothers and infants from pregnancy onwards

Develop bid for additional resources including Tier 3 Specialist support team with Bristol and South Glos. CCGs and enhanced Adult Mental Health Worker capacity across the local area

Progress:

- Established P&IMH Steering group
- Enhanced Homestart capacity
- Enhanced adult mental health capacity across NS through 2 x 0.5 fte posts
- Professional access to specialist P&IMH Team

¹ <http://www.time-to-change.org.uk/>

Current Priority Status: GREEN

Partnership Lead: Rebecca Balakrishna
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14. Develop a stepped approach towards a cross area eating disorder service with Bristol and South Gloucestershire in line with the re-commissioning of CAMHS in 2017

Action: Joint strategic working with Bristol and South Gloucestershire in developing a hub and spoke model of Eating Disorder Care across BNSSG. Development of separate eating disorders transformation plan and protocol in WAHT, in line with Access and Waiting Times Standards for Eating Disorders, to strengthen and enhance the existing support for children and young people

Progress:

- | |
|--|
| <ul style="list-style-type: none">• BNSSG Eating disorder working group established• Developing the alignment of BNSSG ED Models• QNCC CAMHS subscription• QNCC Eating Disorders subscription• Enhanced ED staffing capacity |
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Current Priority Status: RED

Partnership Lead: Dr. Mags Patterson

Introduction

*Future in Mind*², the report of the government's Children and Young People's Mental Health Taskforce, sets out the national ambition for the improvement of children's mental health services. The purpose of this North Somerset document is to demonstrate how we plan to transform local services working in partnership to promote, protect and improve the mental health and emotional wellbeing of our children and young people.³ We already have examples of very good practice, with our specialist CAMHS assessed as 'outstanding' in the latest CQC inspection⁴, but we know we can do even better.

We want our children & young people to grow up to be confident and resilient, developing and achieving their goals and making a positive contribution to society.

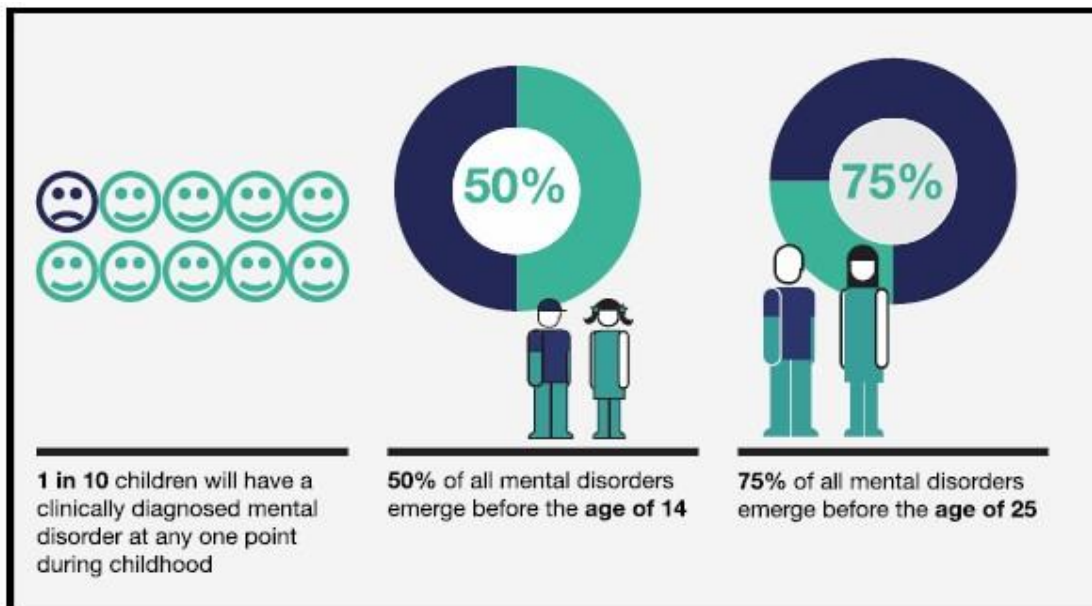
² *Future in Mind* (2015)

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

³ Unless specified in this document, 'children' will include children, young people, their parents, carers and wider family members.

⁴ Weston Area Health NHS Trust Specialist community mental health services for children and young people Quality Report (2015) http://www.cqc.org.uk/sites/default/files/new_reports/AAAD6507.pdf

Childhood can have a profound effect on our adult lives. Many mental health conditions in adulthood show their first signs in childhood and, if left untreated, can develop into conditions which need regular care⁵.



Mental health problems in children and young people cause distress and can have wide-ranging effects, including impacts on educational attainment and social relationships, as well as affecting life chances and physical health. The risks are not confined to psychosocial problems. There are also associations between mental health problems in childhood and adolescence and poorer physical health as well as the possibility of developing at-risk health behaviours.

Our focus is very much on prevention but when emotional and mental health support is needed our children & young people should be able to access the best possible care, support and treatment when they need it. We want to develop services that focus on what children and young people really need rather than simply slotting them into services that already exist and we want all of our staff to feel well supported and confident about working with mental health issues.

In this transformation plan we describe the current service model and how we intend to improve local provision to deliver a more coherent offer across all services, types and levels of need. Additional investment will be targeted wherever possible at identified local priorities across the whole continuum of care.

The plan has been agreed and signed off by the multi-agency People and Communities Board to ensure strategic oversight and coherence with existing local priorities. The detailed action and implementation plan will be developed by North Somerset's local *Future in Mind* group which has a wide ranging membership from

⁵ Public Health England (2015) Measuring mental wellbeing in children and young people, page 7
<http://www.yhpho.org.uk/resource/view.aspx?RID=213417>

statutory and voluntary agencies, including parents/carers, with young people's views represented by the young people's participation worker.

This transformation of children's mental health services is taking place in the context of re-commissioning children's health services including specialist CAMHS. We have been in consultation with children, young people and families through *Your Healthy Future*⁶ for over two years and will continue to use this feedback to influence our commissioning decisions.

This transformation plan is a working document and has been informed by what children, young people and families have told us and this is reflected in our priorities. Ongoing engagement with children, young people and families will continue to inform our planning.

Local context

Data

There are approximately 47,000 children and young people aged between 0 – 17 years old living in North Somerset. In terms of the Indices of Deprivation (ID) 2010, North Somerset has 15 areas in the most deprived quartile in the country. All of these areas are in Weston-super-Mare. For the first time in North Somerset (July 2015) there are areas within the most deprived 1% nationally, and the least deprived 1% nationally. This results in North Somerset having the 7th largest inequality gap in the county (calculated using the difference between the highest and lowest score in a unitary authority).⁷

Our plan is based upon a clear recognition that there are strong links between mental health problems in children and young people and social disadvantage, with children and young people in the poorest households three times more likely to have a mental health problem than those growing up in better-off homes. The most recent national children's mental health prevalence data date from 2004⁸ and local data are not as robust as we would wish. We are implementing the single Mental Health Services Data Set (MHSDS) launched in February 2016. This will capture the conditions, activity and evidence based intervention to allow benchmarking, and an in-depth analysis and evaluation of commissioned care and to ensure measurable progress

⁶ <https://www.yourhealthyfuture.org/>

⁷ [http://www.n-somerset.gov.uk/community/partnerships/Documents/JSNA/Overall%20findings/population%20chapter%20\(pdf\).pdf](http://www.n-somerset.gov.uk/community/partnerships/Documents/JSNA/Overall%20findings/population%20chapter%20(pdf).pdf)

⁸ Green, H., McGinnity, A., Meltzer, H., Ford, T. And Goodman, R. (2005) Mental health of children and young people in Great Britain, 2004. A survey carried out by the ONS on behalf of the Department of Health and the Scottish Executive. Basingstoke: Palgrave Macmillan
Review date: October 2017

and improved outcomes are achieved. Through the implementation of MHSDS and our use of routine outcomes monitoring (ROM), and progress against identified Key Performance Indicators (KPIs), we are focusing on improved outcomes.

Priority 2: Robust, transparent, regular data and information to ensure cost effective and efficient services which match the needs of children, young people and their families
Action: Work towards the implementation of the single Mental Health Services Data Set (MHSDS); Ensure Joint Strategic Needs Assessment children’s mental health chapter is built into wider health & wellbeing planning

In the meantime, CHIMAT (Child and Maternal Health Intelligence Network) has provided estimates of the number of children in North Somerset with a mental health issue based on the 2004 national prevalence rates and the 2014 North Somerset population estimates:

	Aged 5-10	Aged 11-16	Aged 5-16
Boys and Girls	1000	1445	2445
Boys	675	815	1490
Girls	325	635	960

Please note that the numbers in the age group 5-10 years and 11-16 years do not add up to those in the 5-16 age group as the rates are different within each age group.

These prevalence rates are further broken down by prevalence of conduct, emotional, hyperkinetic and less common disorders (descriptions taken from the 2004 national survey):

Estimated prevalence in 5-16 year old children in North Somerset by disorder	Estimated number of children and young people
Conduct	1450
Emotional (including anxiety, depression)	955
Hyperkinetic (including ADHD)	405
Less common issues (including eating disorders)	350
Autistic spectrum (including Asperger syndrome)	260

Please note that the numbers in this table do not add up to the numbers in the previous table because some children have more than one issue.

Specialist CAMHS Referrals

Activity 2014-2015	Numbers of children and young people
Referrals received	961

Referrals accepted	522* (54.32%)
Waiting times:	
0-6 weeks	139
7-12 weeks	73
13-18 weeks	28
19-25 weeks	73
26-52 weeks	105

* 104 (19.92%) failed to respond to opt-in letters

The North Somerset Clinical Commissioning Group (CCG) provided an additional £145,000 in 2015-2016 from Parity of Esteem funding to reduce CAMHS waiting times and increase assessment capacity through the introduction of the Choice and Partnership Approach (CAPA) in March 2015. This has improved flow through the system by providing an initial, triage and intervention session to children and young people who meet the threshold within 6 weeks. For some children and young people, this one session is sufficient. The waiting list for those who choose to go on to treatment is 14 weeks. Spikes in demand particularly in the spring have proved a challenge to specialist CAMHS but the focus remains on meeting the 18 week referral-to-treatment target in 2016 - 2017. The CCG is also developing an additional funding bid to reduce CAMHS waiting times in the shorter term. Within specialist CAMHS, significant work is being undertaken to enhance the CAPA model and increase the amount of appointments available to young people each week, which will reduce the wait from Choice to Partnership. Alongside this, the team are devising a psycho-educational group to provide a rolling group programme for all young people to be offered post Choice appointment to begin treatment around understanding mental health and developing skills to manage the symptoms of mental health, which will be useful for their follow up partnership work.

The CCG is also currently developing a bid to sustainably enhance speech & language provision and enhanced primary mental health support for young people engaged with the North Somerset Youth Offending Service and who do not meet the CAMHS threshold criteria.

Priority 6: Children and young people with complex needs to receive timely, effective local services avoiding a delay in access to services and escalation of their needs; reduction in referrals which do not meet the specialist CAMHS threshold

Action: Further development of Choice and Partnership Approach (CAPA) to reduce further the waiting times in specialist CAMHS; audit of CAMHS referrals and tracking of sample of referrals not meeting CAMHS threshold and those who do not respond to opt-in letters; review of mental health provision in the Resource Service (fostering and adoption); develop funding bid with local Youth Offending Service to increase capacity for mental health

assessment and intervention/care plans; Improving the SLC skills of young offenders by providing SLT has been shown to significantly reduce the risk of reoffending, increase access to rehabilitation and treatment programmes, and can improve young people's chances of gaining employment. The offer will include:

- Training on the identification of SLC needs, and strategies to support children and young people with SLC needs, for YOS case managers and Vinney Green staff
- Development and implementation of a SLC needs screening tool for BNSSG YOS case managers and Vinney Green staff
- SLT assessment of children and young people who have screened positively for SLC needs
- SLC needs reflected in children and young people's multi-agency care plans
- Delivery of SLC need group interventions for young people with assessed SLC needs
- Support, advice and consultation for YOS case managers and Vinney Green staff

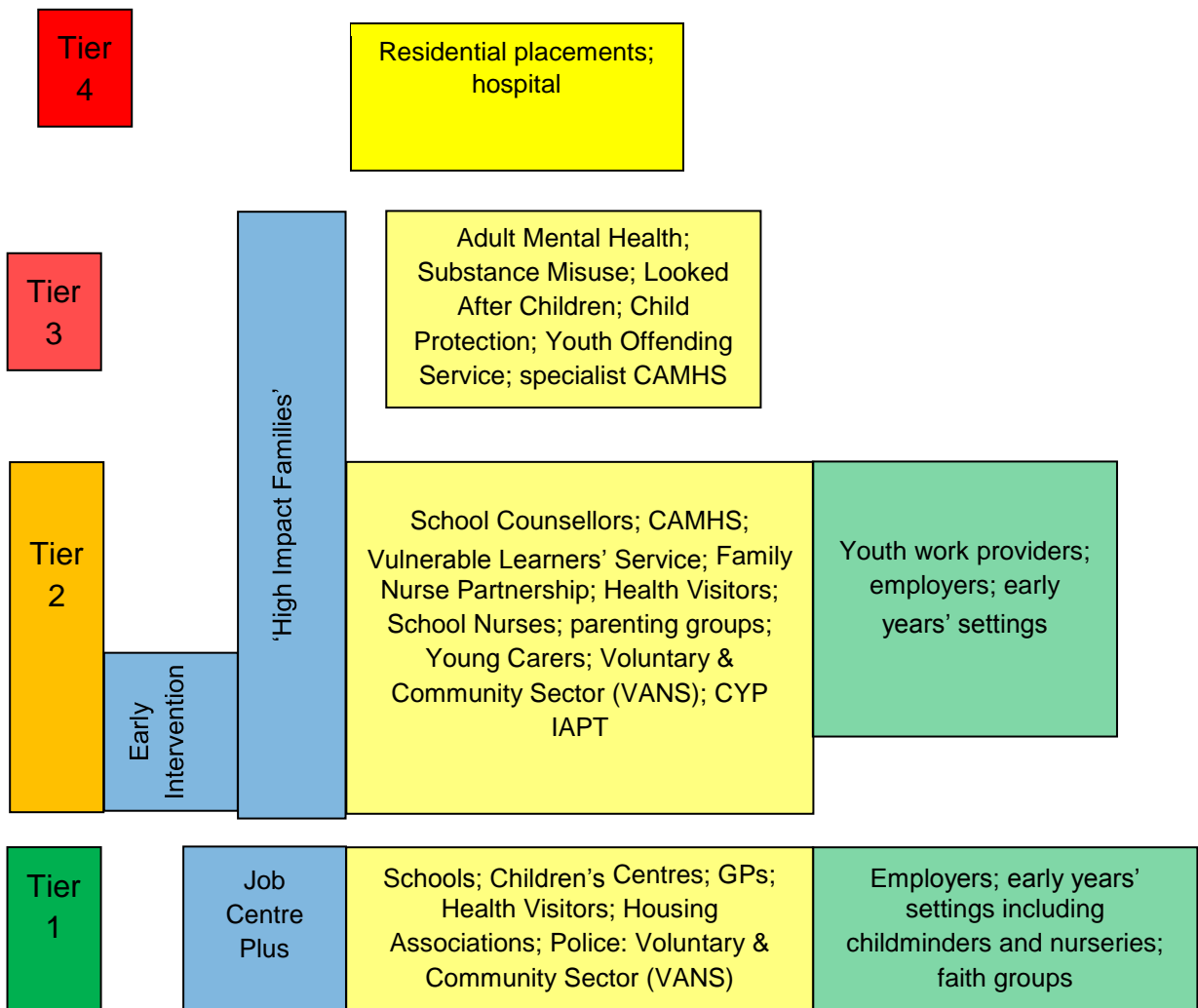
Partnership funding

Organisation	Description	2014-2015	2015-2016	2016-2017	2017 -2018
North Somerset CCG	CAMHS and Learning Disability	£1,474,000	£1,542,000	£1,542,000	£1,643,000
	Parity of Esteem	£0	£145,000	£145,000	£145,000
	CAMHS Transformation	n/a	£156,000	£196,000	£tbc
North Somers Council (CSC)	CAMHS Funded Support	£159,666	£89,000	£60,000	£0
Strategic Schools Forum (SSF)	Parenting Groups	£97,671	£72,000	£0	£0
North Somerset Council Public Health	YOS mental support	£50,000	£50,000	£25,000	£25,000
	NSC Health Visiting	£2,663,000	£3,031,000	£3,432,000 Combined	£3,432,000 Combined

	NSC School Nursing	£566,000	£584,000	total as both commissioned by NSC Public Health	total as both commissioned by NSC Public Health
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Current service model:

Traditionally, Child and Adolescent Mental Health Services (CAMHS) have been delivered through an operational model with four distinct tiers:



Central Govt.	North Somerset Statutory Partners	Voluntary, Community, Faith and Private Sectors
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Tier 1 mental health services: universal provision, working with all children for example, GPs, midwives, health visitors, schools, school nursing, public health and the voluntary sector.

Tier 2 mental health services: early intervention, targeted provision for example, school counsellors; the Vulnerable Learners' Service (VLS) which includes Educational Psychologists and the Anti-Bullying Lead; a wide range of evidence based parenting programmes; the two adult mental health workers attached to Children's Centres; and Children and Young People's Improving Access to Psychological Therapies (CYP IAPT).

Tier 3 mental health services specialist provision: for example, specialist CAMHS which includes the Children's Learning Disabilities Team (CLDT) which operates from Weston-Super-Mare (Drove Road) and Clevedon (the Barn) and offers a range of assessment and treatments to those children and young people with complex needs. The team includes specialist mental health practitioners, psychology, psychiatry, nurses, family therapy, creative therapy and primary mental health work. Other Tier 3 services include the Youth Offending Service which includes a mental health worker, part-funded by the additional investment attached to the transformation plan; the Resource Service (fostering and adoption) which also has dedicated emotional wellbeing and mental health posts.

Tier 4 mental health services highly specialist provision; for example, the: Riverside unit, a 9 bed generic unit run by Bristol Community Children's Health Partnership providing inpatient and day service currently commissioned by NHS England.

Although this four tier model helps to differentiate between services and the support available to children and young people, there are potential difficulties:

- The development of divisions between services
- Unnecessary waits between the various tiers
- Children and young people having to repeat their stories several times to different professionals
- A lack of clarity about thresholds

We now want to go further and transform services based on the THRIVE model: Getting Advice, Getting Help, Getting More Help, Getting Specialist Support so they are based on better meeting the needs of the child or young person across the spectrum of need, in collaboration with partner agencies, and children, young people and their families.

Priority 3: Comprehensive, joined up provision for the emotional wellbeing and mental health of children and young people in North Somerset

Action: Mapping of service provision with clear pathway descriptions through all levels of need; refreshed and disseminated specialist CAMHS threshold document, with clear information about the CAMHS consultation service accessible to all professionals; identify specific pathways for vulnerable groups of children – looked after children, young offenders, children and young people who have experienced domestic abuse, those living in poverty, asylum seekers/refugees, child sexual exploitation (CSE), Special Educational Needs & Disability, Gypsy, Roma and Travellers, young carers and teenage parents

Develop a North Somerset Children & Young People’s Emotional Wellbeing and Mental Health Strategy using the Thrive model building on the JSNA chapter on children’s mental health and the draft Multi-Agency Children Looked After and Carer Leavers’ Emotional and Wellbeing and Mental Health Strategy and Action Plan

North Somerset will be receiving its first Syrian family in late October and ensuring we have emotional and wellbeing service provision in place for the children if required is a priority. The number of families housed in North Somerset is planned to rise so this priority will need revisiting on a regular basis.

Additional Priorities

Children and Young People’s Improving Access to Psychological Therapies (CYP IAPT)

In recognition of the prevalence of children and young people’s mental health issues, the government established the Children and Young People’s Improving Access to Psychological Therapies (CYP IAPT) to transform CAMH services through the provision of evidence based therapies and supervision; routine outcomes monitoring to measure the effect of treatment and to gain feedback from children and families; and collaborative working with children and families through participation in all aspects of the service from recruitment of staff to development and commissioning of services. The *Future in Mind* report is based on CYP IAPT principles and evidence of effective practice.

In North Somerset, local authority staff have been trained alongside specialist CAMHS staff in Cognitive Behavioural Therapy (Anxiety and Depression); Systemic Family Practice (Self Harm; Depressions; Conduct Disorder) and Parenting (in recognition that the evidence shows the importance of parenting in the long term

protection of children’s mental health).⁹ Specialist CAMHS staff have also trained in Systemic Family Practice (Eating Disorders). Following their training the CYP IAPT practitioners will offer evidence based therapies in early help settings as well as in comprehensive CAMHS, providing an additional resource.

Priority 1: Embed CYP IAPT principles and practice in early help services

Action: CYP IAPT parenting and CBT trainees to be provided with supervision to complete their training; release local authority CYP IAPT trained staff to offer therapeutic interventions

Engagement and Partnership

As part of CYP IAPT, we have employed a participation worker because we want to ensure that participation activity includes children and young people who use specialist CAMHS and also those who choose not to use specialist CAMHS but meet the threshold and may need an alternative, innovative types of provision. The latter cohort will include identified vulnerable groups such as looked after children; young offenders and children with special educational needs and disabilities (SEND). The young people who belong to the participation group have approved this plan and the participation worker will link with the participation worker in the Resource Service.

Priority 8: A commitment to hear the views of children, young people, parents and carers and, most importantly, to act on them to make improvements in the way services are designed, delivered and monitored.

Action: Extension of the CAMHS Participation Worker post to embed engagement and participation work with children, young people and parents/carers involved in all of our work from staff recruitment to commissioning, linking with the participation worker in the Resource Service

Volunteering

Young people with mental health needs often have low self-esteem which can exacerbate their sense of isolation. We want to support our young people to be active in their communities through volunteering and youth activities because research shows that these kinds of strategies can improve individual and community resilience. The voluntary sector will develop a database of volunteering opportunities, with a key worker coordinating the work, with a special focus on young people with additional needs.

⁹ Public Health England (2015) Measuring mental wellbeing in children and young people
Review date: October 2017

Priority 12: Improve young people’s emotional wellbeing and mental health through provision of volunteering opportunities, especially for those with additional needs

Action: Develop our established Voluntary Action North Somerset (VANS) database of volunteering opportunities for all children and young people in North Somerset, including those with additional needs; appointment of a part-time coordinator

Parenting Groups

While there is a wide range of evidence based parenting groups available in North Somerset, we want to offer more parenting groups to parents and carers whose child has been diagnosed with autism or Asperger syndrome. We will clear the long waiting list for parents/carers wanting to take part in the ASCEND programme, facilitated by experienced staff from CAMHS, the Disabled Children’s Team and the Vulnerable Learners’ Service, providing a multi-agency, holistic approach. ASCEND will not be offered in future as it is not a sustainable option so we will explore a variety of innovative parenting support activities for example “Bridging The Gap Together!”

Non-violent resistance

We also want to continue to offer the non-violent resistance programme to individuals and groups to manage aggressive behaviour towards the parent/carer, siblings or the home.

Priority 9: Support for parents/carers in building positive relationships with their children and managing their behaviour, including those on the autistic spectrum and those with challenging behaviour Provision of as many ASCEND courses as necessary for parents/carers on the CAMHS waiting list i.e. parents/carers whose child has been diagnosed on the autistic spectrum and wider dissemination of strategies.

Action: Provision of generic and specialist parenting support groups

Schools

Following our CAMHS/School Audit in spring 2016, we will try and improve links between Specialist CAMHS and schools. We will invite schools to nominate a member of staff as their lead in children and young people’s emotional wellbeing and mental health, with a named lead in CAMHS per school cluster.

Priority 5: Children, young people and their families to have emotional/mental health support at the earliest opportunity to avoid the deterioration of their emotional wellbeing

Action: Training needs analysis in schools; CAMHS-School Link work with named leads in schools and in CAMHS; multi-agency workforce development; improving the Early Help offer through CYP IAPT

Stigma

We know that children, young people and families can experience exclusion and feel stigmatised by mental health problems. We want to reduce any stigma associated with mental health so that young people feel able to ask for help

Priority 11: A reduction in the stigma sometimes associated with mental health so that young people feel happy to go and ask for help wherever and whenever they need it

Action: Build on the national Time for Change¹⁰ through the PSHE programme in schools supported by Public Health

Workforce development

We want all staff to feel confident in working with children and young people's emotional wellbeing and mental health. Children often disclose their worries to a non-specialist member of staff and it's important that staff and parents/carers feel confident working with children and young people's emotional wellbeing and mental health. We will carry a children's workforce audit in late autumn 2016 and develop a multi-agency training action plan based on the findings. The findings will be collated with the local Specialised CAMHS CHIMAT workforce audit and a local training plan identified. This will then be incorporated into the wider BNSSG workforce development plan in December 2016

Priority 10: A multi-agency workforce with the right skills, knowledge and experience to recognise and support children's emotional wellbeing and mental health

Action: Workforce audit and provision of multi-agency training action plan

Information

Parents/carers have also asked us for more information about children's mental health and how they can support their children in being resilient and looking after their mental health. We will ensure that information is available in libraries, other settings and the

North Somerset online directory; members of the young people's participation group and our children's mental health strategy group will design a website page signposting young people and their parents/carers to online sources of help and kite marked apps.

¹⁰ <http://www.time-to-change.org.uk/>

Priority 4: Good quality mental health information available to everyone

Action: Development of local information on the new North Somerset online directory; provision of 'Reading Well' books and information in libraries and other settings; design of website; signposting to local and national resources, online support and kite marked apps

Crisis Intervention

Currently NHS England commissions our in-bed provision for children and young people with the most complex needs. Our out-of-hours' service will be reviewed as part of the commissioning process and the data analysed to determine, need, demand and bed nights. We will continue develop our crisis intervention service through the Children's Community Health Service procurement.

Priority 7: Reduction of young people needing in patient provision and/or a place of safety (for young people under 18 detained under the Mental Health Act, section 136)

Action: Further develop and enhance our crisis intervention service for North Somerset and thus reduce demand for place of safety

Additional Funding

Eating Disorders

There is additional government focus and funding to meet the increasing need for eating disorder services. North Somerset already has a well-regarded specialist eating disorder service within the CAMHS service offering evidence based treatment. The team, including psychiatry, psychology, and systemic family therapist and nursing staff, offers intensive support to avoid hospital admissions and maintain community links and school attendance. There have been, on average, 18-25 referrals annually for the last 5 years but there was a significant increase in the number of referrals in 2015. As part of the Eating Disorders transformation plan, North Somerset is in on-going discussions with Bristol and South Gloucestershire to develop a stepped approach towards a cross area eating disorder service in line with the re-commissioning in 2017. Joining with local CCG's will enable North Somerset to meet the recommended requirements of 500,000 population coverage.

A plan is in place to develop self-referral to be implemented by December 2019. ROMs are already collected by the team.

Specialised eating disorders services

Eating disorder bed nights are unlikely to substantially reduce as we already have inpatient bed stays substantially below the national average. However we aim to undertake a stepped approach and envisage that 2016/17 will see service improvements through an enhanced community eating disorder service as proposed

below. There is an agreed Eating Disorders pathway between Bristol’s Children Hospital and CAMHS. The Children’s Hospital is reviewing their paediatric (psychiatry) liaison service with a view to reducing acute bed nights required through increasing access to CAMHS support.

Priority 14: Develop a five year plan with a stepped approach towards a cross area eating disorder service with Bristol and South Gloucestershire in line with the re-commissioning of CAMHS in 2017

Action: Development of separate eating disorders transformation plan to strengthen support for children and young people

Perinatal and Infant Mental Health

There is a well-established perinatal (defined as conception to 2 years) mental health pathway led by Specialist CAMHS and delivered by health visitors, midwives, Positive Step, children’s centres and Adult Primary Mental Health Workers (APMHW) offering support and intervention to mothers, infants and their families alongside consultation and training to a range of health and care professionals. A multiagency strategy group is now well established and members are working together on the Future in Mind transformation plans. A detailed bid has been submitted with Bristol and South Glos. CCG’s which if successful will provide additional local APMHW capacity and access to a Tier 3 specialist advice and support team which will then provide a really good pathway to meet the mental health needs of North Somerset mothers and infants. The CCG is also committing an additional £40,000 to support parents groups and crèches in remainder of 2016.

Priority 13: Improved support for parents/carers of children to ensure their own mental health needs are met and that children get the best start in life

Action: Development of separate perinatal transformation plan to strengthen support for mothers and infants from pregnancy onwards; employment of dedicated perinatal health visitor; Action plan to enhance parent group and crèche provision across North Somerset

Measuring the Change

By 2020 there will be:	We will know if this has been achieved by:
System wide transformation of local offer to children and young people underway embedding key Future In Mind principles	CCG assurance process A suite of evidence based pathways with high level metrics that measure access, spend and progress towards delivery of the transformation programme

At least 250 more children and young people receiving swift and appropriate access to care each year	Monitoring of new national data returns
At least 13 more staff in existing services trained under CYP IAPT to improve access to evidence based treatments	Assurance of mandate requirements with HEE
Established evidence based community Eating disorder service with 95% of those in urgent need being seen within 1 week and routine cases within 4 weeks	Mental Health Services Dataset. A baseline will be set in 2017 enabling a trajectory to be agreed
Established crisis care service including places of safety	Overall reduction in numbers of children and young people admitted to inpatient beds Number of children and young people receiving NICE concordant care

Glossary

ASCEND	Autism Spectrum Condition Enhancing and Nurturing Development
ASIST	Applied Suicide Intervention Skills Training
BNSSG	Bristol, North Somerset & South Gloucestershire
CAMHS	Child and Adolescent Mental Health Services
CAPA	Choice and Partnership Approach (a system to manage demand and capacity)
CCG	Clinical Commissioning Group
CHIMAT	National Child and Maternal Health Intelligence Network
CLDT	Children's Learning Disabilities Team
CONSULT	North Somerset and multi-agency service for foster carers of looked after children
CQC	Care Quality Commission
CYP IAPT	Children and Young People's Improving Access to Psychological Therapies
Future in Mind	Government document that sets out the national ambition to improve the emotional wellbeing and mental health of all children
HEE	Health Education England
JSNA	Joint Strategic Needs Assessment
KPI	Key Performance Indicator
LD	Learning Disability
MHSDS	Mental Health Services Data Set
NICE	National Institute for Health and Care Excellence
NSC	North Somerset Council

Perinatal	In North Somerset, this term refers to the unborn child and any child less than 5 years of age
PMHW	Primary Mental Health Worker
ROM	Routine Outcome Monitoring
Section 136	Place of Safety for children or adults who are a danger to themselves or to others for mental health reasons
SEND	Special Educational Needs and Disability
SSF	Strategic Schools Forum
VANS	Voluntary Action North Somerset – the umbrella body for the Voluntary & Community Sector in North Somerset
VLS	Vulnerable Learners' Service
WAHT	Weston Area Health Trust

Appendix A



STP Plan on Page
Tier 4 CAMHS reductio



STP Plan on Page
CYP SPA and online si



STP Plan on Page
CAMHS access v1.4.d



STP Plan CYP CEDS
v1.1.docx