

Children & Young People's Emotional Health & Wellbeing Local Transformation Plan 2019

North Somerset



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Children and Young People's Emotional Health and Wellbeing Local Transformation Plan – 2019/20 Refresh

1. Introduction

A Children & Young People's Emotional Health and Wellbeing Local Transformation Plan has been in place in North Somerset since 2015 following the publication of the five year strategy 'Future in Mind' and this is the final refresh required by NHS England under the Future in Mind strategy.

The plan for 2019 onward reflects the work undertaken to date between the Local Authority, Public Health, voluntary sector partners, commissioned service providers and the Bristol, North Somerset & South Gloucestershire Clinical Commissioning Group (BNSSG CCG) with input from children, young people and families.

Importantly, not only does it seek to provide information on delivery and progress against previous Transformation plans, it describes actions taken during 2019/20 and the agreed direction of travel at **area level** in regards the Long Term plan from 2019/20 through to 2023/24.

Undoubtedly the headline development has been establishing the Urgent Care assessment and treatment (UCAT) service within Weston Area Health Trust. This service, whilst embryonic is the system lynchpin in providing an urgent response for Children and Young People in crisis within North Somerset enabling routine cases to have consistent access to the CAMHS service.

This refresh has been produced by the North Somerset Future in Mind Partnership group with members providing the majority of the detail from Operational, Professional and Strategic perspectives. The group has taken on board the findings from the CQC inspection of CAMHS in June 2019 as well as the joint OFSTED and CQC inspection in 2018 of services for children and young people with special Educational Needs and/or disabilities.

The membership of the North Somerset Future in Mind group is provided at Annex 1.

Whilst steady progress has been made in some areas, increasing demand alongside cuts in Local authority funding and insufficient NHS investment means that the local system is struggling to meet local needs. Waiting lists remain unacceptably high and in some areas, notably the Youth Offending service, waiting lists are a new

phenomenon. Additionally, significant gaps remain across the pathway for effectively managing Children and Young People's emotional health and wellbeing needs particularly a lack of Perinatal and Infant Mental health services for women with mild to moderate mental health issues and for children over the age of 1 as well as services for the 5-10 age range in North Somerset. Inevitably the aims and objectives going forward focus on creating additional capacity as well as new capacity in a number of areas and we welcome the opportunity to take part in NHS E initiatives such as the development of Mental Health Support Teams (MHST's) in schools.

At a BNSSG level the timing of this refresh comes ahead of the production of an all age Mental Health Strategy. This is significant since the strategy incorporates key issues which need to be addressed at a system, rather than a local level such as Workforce. However, this plan outlines the joint priorities and actions of all local partners within North Somerset and is coherent with the ambitions of the Mental Health strategy in regards Children and Young People.

It should be noted that services referred to throughout this document are funded through a variety of sources including but not solely the Health & Wellbeing transformation funding.

2. National Strategic drivers

2.1 Future in Mind

The mandate for the Local Transformation Plan's came from the Department of Health 'Future in Mind' strategy in 2015 which required each area to articulate the local offer for children and young people in relation to emotional health and wellbeing annually for the next 5 years.

The plans need to reflect the national ambition and principles set out in the 'Future in Mind' strategy and be decided and agreed at a local level in collaboration with children, young people and families, the local authority and local service providers.

The plans were founded on the following principles:

- **Transparency:** A declaration of current and planned investment based on the needs of the local population and a requirement on providers to declare what services they already provide, including staff numbers, skills and roles, waiting times and access to information.
- **Service transformation:** A clear description of the existing services which the local area offers and the range and choice of improved support they aim to provide as part of the transformation. It also need to include details of plans

in place to ensure collaborative practice with children, young people and families and the involvement of schools, the use of evidence-based interventions and regular outcomes monitoring.

- **Monitoring improvement:** Development of an action plan and key performance indicators to track improvement with refreshed plans to report on progress.

The specific deliverables are:

1. Increased public awareness and understanding of emotional health & wellbeing for children & young people and less fear and stigma
2. Increased opportunity for self-care, both through digital and non-digital needs
3. Timely access to clinically effective mental health support & reduced waiting lists for specialist care
4. Move away from a system defined by tiers and more focused on levels of need
5. Improved evidence based outcome based commissioning
6. One stop shop approach for accessing services, support and advice
7. Improved care for children & young people in crisis so that they are treated in the right place at the right time and close to home as possible
8. Improving access for parents and carers to strengthen attachment, avoid early trauma and build resilience
9. Improved offer for the most vulnerable children & young people with specific tailored needs
10. Improved metric covering access, waiting times and outcomes
11. Improved training for professionals who work with children & young people on mental health & child development.

Whilst some of the above deliverables are co-dependent, two additional objectives are regarded locally as being fundamental to children and young people's emotional health and wellbeing. These are;

12. Co-production with people with lived experience of services, their families and carers
13. Increase prevention & early intervention services to reduce need for higher level services and support children, young people and families sooner

2.2 Five year forward view for Mental Health.

In July 2016, NHS England published 'Implementing of the Five Year Forward View for Mental Health'¹. This guidance identified new areas for us to focus on and this

¹ <https://www.england.nhs.uk/mentalhealth/taskforce/>

has been included in our plans, specifically increased access to appropriate mental health services with improved responsiveness and quality.

2.3 Children and Young Peoples Mental health Green paper

The Children & Young People's Mental Health Green paper, published in December 2017 set out the requirement to provide Mental Health Support Teams working in schools and colleges, bringing NHS expertise into educational settings and providing more early intervention and support.

Transition arrangements for young people between the ages of 16-18 are to be a particular focus alongside the need to extend current service models up to 25 years of age, through an integrated approach across health, social care, education and the voluntary sector using evidenced-based 'iThrive' models.

The three core proposals are:

- To incentivise and support all schools and colleges to identify and train a Designated Senior Lead for mental health.
- To fund new Mental Health Support Teams, which will be supervised by NHS Children and young people's mental health staff.
- To pilot a four week waiting time for access to specialist NHS children and young people's mental health services.

All three elements will be trialled in new trailblazer areas, with first wave sites operational by the end of 2019 and the new approach being rolled out to at least a fifth to a quarter of the country by the end of 2022/23 subject to the development of the NHS long term plan and the evaluation of the initial trailblazers.

2.4 NHS Long Term Plan 2019

The Long Term Plan 2019 underlines the importance of a 'strong start' in life for children and young people and a focus on developing more community based mental health services, improved crisis support and intensive community follow-on. (NHS, 2019)

Whilst this refresh is intended to focus on the Future in Mind deliverables in section 2.1 above, Health and Social Care partners within the North Somerset area have been mindful of the subsequent strategic priorities which have emerged in recent years and these have influenced the development and agreement to the joint area priorities and action plan within this document.

3. Local Context

3.1 Bristol, North Somerset & South Gloucestershire CCG

Bristol, North Somerset & South Gloucestershire CCG's, previously 3 separate CCG's, merged in April 2018. Since then, time has been taken to better understand

the needs and demand of the 3 areas and 6 localities within them, of currently commissioned services, their effectiveness and the priorities of the 3 areas moving forward to meet national imperatives and produce the response to the LTP as the new System-wide planning vehicle.

Each area has produced a Local Transformation plan since 2015 which has been managed and overseen in North Somerset by the Future in Mind Partnership Board. This board has multi-agency representation including Health watch and voluntary sector partners.

At a BNSSG level, the Children & young people's emotional health and wellbeing strategy group is in place which oversees the development and coherence of emerging plans and service developments at a more strategic level.

3.1.2 Care Quality Commission (CQC) review of CAMHS services

Locally, Child and Adolescent mental health and learning disability services (CAMHS) are provided by Weston Area Health NHS Trust at Drove House in Weston Super Mare and the Barn in Clevedon with one multi-disciplinary team across the two sites.

A CQC inspection in 2015 rated the service outstanding although a subsequent inspection in June 2019 has found it to be inadequate for a number of reasons. It is noted that an increase in referrals has put a strain on the ability of the service to see young people quickly, exacerbated by a disinvestment in local Tier 2 services.

This, according to the CQC reflects a national trend with the consequence that CAMHS are seeing young people who are increasingly more complex and unwell. This is compounded by a high ratio of staff vacancies, high staff turnover and long waits due to the lack of staff. The pressure on the service impacted on the number of referrals being rejected and long waiting lists have built up. The 18 week referral to treatment target set by commissioners has been frequently breached, intensive support for those experiencing crisis through the rapid access clinic are felt to be insufficient.

The challenges highlighted by CQC at Weston are now being addressed through an improvement plan which is being routinely supported and monitored by the CCG and Trust management. The developments within Weston described in section 5 has helped to provide much needed capacity within the team and enabled a greater focus on service and clinical governance internally. Commissioners welcome the efforts being made at Weston to improve the service and will continue to monitor the quality of the service, referral demand and capacity alongside other potential provider partners within BNSSG.

3.2 Healthier Together

Healthier Together is the Bristol, North Somerset and South Gloucestershire (BNSSG) Sustainability and Transformation Partnership (STP)

Local health and care bodies sit on the Healthier Together board, but the partnership goes beyond just these organisations. The views of the public, patients, staff and voluntary sector form a significant role in shaping the future of local health and care services.

At this level, the response to the NHS Long term plan is being produced. This will encompass an all age mental health strategy involving all partners which is expected to be complete by the autumn of 2019.

The overall aim of the strategy is to ensure that mental health services are comprehensively integrated with wider health and social care services and can respond to changing needs. It also aims to re-focus efforts towards prevention, early intervention and resilience with a specific emphasis on Perinatal, Children and Young People.

The Healthier Together Workforce Programme is supporting the development of a **system wide five year workforce plan for health and social care for BNSSG**, including a specific focus on Mental Health. The approach has considered:

- Current workforce challenges
- New models of care or approaches arising from the development of the Mental Health Strategy or other work in progress
- New roles, ways of working and training to meet future need
- Organisational Development and Engagement across the system

Work will continue to ensure planning and transformation continues in Healthier Together Workforce and Mental Health Programmes, supported by the wider system which will inform the whole BNSSG process of workforce recruitment, retention and development. The current CAMHS workforce at Weston Area Health Trust in North Somerset is made up as follows:

Eating Disorders	2.3
Arts Team	2.0
Psychiatry	2.4
ADHD	0.2
Family Therapy	0.7
Learning Disabilities	2.5
Core CAMHS	10.43
Early intervention workers	0
Child Wellbeing Practitioners (CWPs)	0
Total	20.53

New staff in place:

- Band 8A CAMHS Clinical/Service Manager 1.0 WTE from 15th July 2019
- Urgent Care and Assessment team (UCAT) Band 6 clinicians 2.0 WTE
- UCAT: Band 7 clinician 2.0 WTE
- Assistant psychologist Band 7 0.2 WTE – start date 8 April 2019
- CAMHS Consultant Doctor 1.0 WTE – start date 8 April 2019
- Eating Disorders Specialist dietician Band 6 0.4 WTE

3.3 North Somerset Local Authority

The Local Authority continues to be required to make very challenging financial savings, and there are particular pressures emerging around children with the most complex needs where central government funding has not kept pace with a growing population of children with Education, Health and Care Plans. It is essential that there is a system-wide response to this challenge, with the Local Authority and CCG working in partnership to project future requirements and plan for their delivery.

The local authority elections in May 2019 resulted in a significant shift in the political make-up of the council, and a change in the leadership of the Executive Committee. While the priorities of the new administration are still emerging, there is a clear commitment among newly elected councillors to maintain a focus on improving services to support children and young people's emotional health and wellbeing, to work with key partners in schools and the NHS, and to ensure that children in North Somerset receive timely, effective support and interventions when required.

3.3.1 The SEND Local Joint Area Review

In May 2018, CQC and OFSTED visited North Somerset to inspect services for children and young people with Special Educational Needs and/or Disabilities (SEND). This was the first such inspection of the Local Area undertaken since the implementation of the Children and Families Act 2014, which placed new responsibilities on both Local Authorities and CCG's as lead agencies in supporting children and their families. In common with around 50% of local areas inspected, North Somerset was required to produce a Written Statement of Action to address eight areas where outcomes were considered to require improvement by the inspection team. Locally, an established SEND Programme Board has overseen the partnership response to this process and has provided challenge and support to agencies commissioning and delivering services.

The emotional health and wellbeing of children with SEND, along with the diagnostic pathway for autism spectrum conditions and services for children with a need for support at Tiers 2 and 3 were key areas of concern during the inspection.



4. Local demographic profile and needs assessment

4.1 Demography

The estimated population of North Somerset based on 2016 Office for National Statistics (ONS) mid-year population estimates is 211,747, including approximately 47,200 children aged between 0 and 19 years. The age structure of North Somerset is older with fewer young dependents and people aged under 40 but official population projections produced by ONS show that the population of children and young people in North Somerset is set to rise by 8.7% by 2031

The population of North Somerset is less ethnically diverse than the England and Wales average with 97% of people in North Somerset classifying themselves as belonging to a white ethnic group. (JSNA, 2015). The 2018 school census data shows that 87.9% of North Somerset's school children are of white British ethnicity.

The second most common ethnicity is White Eastern European, at 2.8% of the school population (835 children). The school census data indicates around 5.4% of North Somerset's school children have a first language that is known or believed to be other than English.

In 2016 12.6% of children under 16 years living in North Somerset (4,625 children) were living in a low-income family (*Source: PHE Local Authority Health Profile*). This is lower than the South West regional (14.0%) and England averages (17.0%).

Although North Somerset is generally thought to be an affluent area, it has the 3rd highest inequality in the country, as measured by the range in national ranking between the most and least deprived Local Super Output Areas (LSOAs) in the district. North Somerset has 5 LSOAs within the most deprived 5% in England, all within South and Central wards of Weston-Super-Mare. Two LSOAs on the Bourneville Estate in Weston-Super-Mare were within the most deprived 1% nationally. Outside Weston-Super-Mare there are six LSOAs which are below the national average deprivation levels: Pill – West; Kewstoke – Coast; Banwell & Winscombe - Banwell Village; Clevedon Central - Oldville Avenue; Clevedon East - Teignmouth Road; and Portishead South & North Weston - Severn Road.

Overall 25% of children aged 0-15 years living in North Somerset live in the most deprived half of LSOAs nationally and 75% live in the least deprived half of LSOAs. North Somerset LSOAs falling in the most deprived decile contain 7% of all children in the area (2,604 children).

This is concerning as lower socio-economic groups are more likely to have a greater prevalence of severe and enduring mental and physical health problems.

4.2 Definitions and Prevalence data (National and local)

The term “mental health” is used to describe a spectrum, from mental health problems, conditions, illnesses and disorders through to mental wellbeing or positive mental health (*Mental Health Foundation 2015*).

Emotional wellbeing has no single agreed definition. This plan uses the Mental Health Foundation’s definition of emotional wellbeing: “A positive sense of wellbeing which enables an individual to be able to function in society and meet the demands of everyday life (*Mental Health Foundation 2015*)

In 2018, NHS Digital published statistics about the mental health of children and young people. It found that;

- In its last survey carried out in 2014, one in 10 children aged 5-15 had a mental health disorder (either emotional, behavioural, hyperactive or other). In 2017, this had risen to one in nine
- for children and young people aged 5-19, one in 8 (12.8%) have at least one mental disorder
- this change was largely driven by an increase in emotional disorders (including anxiety and depression), which for 5-15 year olds rose from 3.9% in 2004 to 5.8% in 2017
- across the group of 5-19 year olds, around one in 12 (8.1%) reported an emotional disorder

The report found that one in four children with mental ill health accessed specialist mental health services in the previous year. (*Mental health of Children and Young People in England, 2017, NHS Digital 2018*)

The percentage of North Somerset school pupils who have been **identified** as having social, emotional and mental health needs is 2.32% or approximately 701 pupils (*2018, source: Department for Education special educational needs statistics*). This is statistically similar to the South West regional (2.87%) and England (2.39%) averages for this indicator. These pupils have been identified as having special educational needs (SEN) where the primary need is social, emotional and mental health. However, considering 12.8% of children aged 5 to 19 are estimated to have a mental disorder nationally, there is likely to be a significant number of children in North Somerset whose needs have not been identified and therefore are not receiving support.

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

Estimated number of children and young people in North Somerset with a mental health issue			
	Aged 5-10	Aged 11-16	Aged 5-16
Total	1000	1445	2445
Boys	675	815	1490
Girls	325	635	960

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 & 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

In 2017/18 in North Somerset there were 37 hospital admissions of 10-14 year olds as a result of self-harm (rate 315.5 per 100,000, compared to the South West rate of 308.7), and 78 admissions of 15-19 year olds (rate 712.0 per 100,000, compared to the South West rate of 965.7) (*Source: PHE Local Authority Health Profile*).

5. What we have achieved since our last Transformation plan

5.1 Increased public awareness and understanding of emotional health & wellbeing for children & young people and less fear and stigma

5.1.1. Pupil engagement questionnaires

Health Watch North Somerset in June 2019 published a report that sought to explore the current situation for young people seeking early intervention mental health help through secondary schools and colleges. 89 young people participated. Key messages from the report were that children and young people wanted to have more lessons around emotional health and wellbeing in schools, wished to be listened to, respected and involved in decision making and lastly, the most important thing was to get the right help, quickly.

Recommendations for change from that report were:

- There should be delivery of planned investment into the early help and preventative emotional wellbeing and mental health provision either individually or in groups inside schools and colleges
- There should be scrutiny of Mental Health provision ensuring what is on offer in schools and colleges is evidence-based psychological therapies, that it is easily available and at times when they are needed most by young people
- There should be workforce development in CAMHS to provide early intervention workers which other areas call Education Mental Health Practitioners. These would help prevent the escalation of young people's needs and reduce waiting list pressure
- Schools should equip Mental Health Leads with time for training and the knowledge to signpost to pathways of care so that CYP no longer fear they won't be taken seriously when they ask for help and are given lessons that support their emotional wellbeing

5.1.2 School level engagement and activities

In January 2019 and May 2019 the North Somerset Area Team of the CCG ran focus groups with secondary school pupils to understand their views and needs for mental health services in the locality. The sessions took place in Clevedon School

and Backwell School and included male, female and transgender students aged between 11 –18.

Students were asked to feed back on the following:

- How supported they felt in managing their mental health.
- Any additional services they would like either inside or outside of school.
- What they would like these services to look like.
- Any other concerns, wishes and wants expressed by the students.

Students reported mixed views in the level of support they receive with their mental health. There was a shared desire for teachers and fellow students to be better educated in mental health: understanding of mental health, impacts of poor mental health, the symptoms of poor mental health and how to sensitively address this. Students felt that the process to support students with mental health problems was not robust enough and that confidentiality was not always protected.

All students voted for additional services outside of both their school and home so they could attend without fear of stigma from others. Students requested a calm and light space with the ability to undertake a range of activities such as games, sports and relaxation. Continuity of staff was regarded as a high priority and a mix of both medical and non-medical staff identified as important. Students stressed that the space should be ring-fenced to those who need support and not to be used as an alternate to a youth club. A key factor to the service would be location to ensure accessibility.

A number of students highlighted that family therapy early on in their journey was important but identified a lack of support available for divided families.

Other concerns raised by students included a lack of help when in crisis, long wait to see CAMHS and being bounced between services. Transgender students reported feeling supported with their journey but feeling isolated due to restrictions with school facilities. It was suggested that changes such as a gender neutral toilet would assist in better social integration and improved health and wellbeing.

North Somerset Local Authority offered CASCADE workshops during 2018 to all schools and 93 members of staff from schools attended, in addition to 41 professionals with an interest in Mental health. From this, the following feedback was obtained around priorities:

1. Need to access support from a directory of services on the internet with referral forms on site or links from the site;

2. All schools to have a school mental health contact to provide signposting and understanding of options for children, parents & schools and where appropriate to help create school based Mental Health Action groups;
3. Whole school approaches welcomed with standardised mental health policies and annual school check-ups sited as helpful;
4. School network meetings to be set up;
5. More training for teachers and schools welcomed;
6. More communication with secondary school young people and positive mental health days to help de-stigmatise mental health.

Additionally there have been sessions taking place in secondary schools to raise awareness of Mental Health and reduce the stigma surrounding it. For instance:

- secondary schools have recently held Mental Health focussed events for parents/carers, one being led by a parent
- Some schools have groups of students who are themselves leading efforts to support Mental health such as LGBTQ champion groups
- Schools are increasingly identifying members of staff with lanyards, who students can talk to about Mental Health issues
- Drop in sessions for students to talk about any concerns
- Psychological Education team in the Local Authority have worked with 3 primary and 4 secondary schools with Facebook campaigns
- Some schools are setting up parent groups themselves.

The North Somerset Healthy Schools Network is doing a lot of good work and has worked with 70% of primary schools in the area, many of them choosing a specific mental health focus. Some of the outcomes that the schools are seeking to deliver include:

- Increasing the number of children who use strategies to cope with anxiety and wellbeing;
- Decreasing the number of children involved in poor behaviour incidents
- Decreasing the wellbeing of children and increase participation in regular extra-curricular exercise, in and out of school;
- Increasing the support for vulnerable children.

The Local Authority is funding the training of 4 Youth Mental Health First Aid (MHFA) Instructors to enable internal delivery of the two day MHFA training to schools and multi-agency staff working in the same geographical area. There will also be a Train the Trainer 'Active Listening Skills' which will upskill and empower primary school staff.

'Healthy Schools Healthy Minds' is a specific secondary Healthy Schools Programme focussing on Mental Health and has been launched in March 2019.

Involved secondary schools will complete a Mental Health checklist enabling them to identify 2 Interventions, one of them universal and one targeted.

Wellspring Counselling is piloting Wellbeing Workshops in Primary Schools and during the summer holiday in community venues

Initial discussions have been held about introducing a Mental Health-promoting schools badge, which will recognise schools that attend a Mental Health network meeting and provide a good level of provision.

A significant number of schools have been visited by 'Revealed Projects' <https://www.revealedprojects.org.uk/> who support all children or vulnerable groups to build self-esteem and form healthy relationships.

Several schools are involved in the Anna Freud Centre Education for Wellbeing research programme <https://www.annafreud.org/insights/news/2018/02/schools-wanted-for-new-research-programme/>

Finally, schools are taking part in range of different activities to support more vulnerable children. Examples include dogs in school for calming, anxiety groups, buddying systems, peer mediators, parental workshops about anxiety, developing Forest Schools to increase confidence in vulnerable children, increasing pupil participation by introducing 'family groups,' Introducing mindfulness/yoga etc.

For college age young people, Weston college provide a range of support for their students and have just been awarded the AOC Beacon award for mental health & wellbeing.

Some of the initiatives and work underway in Weston College include:

- Being recognised as one of twelve Young Minds' Amplified trailblazers in 2018, receiving bespoke support re young people's participation which has led to the creation of an evaluation framework to evidence change & impact;
- Time to Talk Day 2019- where 150+ staff and learners engaged in discussing mental health;
- Big White Wall (BWW) has been renewed for another year - Jan 2019 saw 16 new registrations on BWW with over 2 hours spent on the site by some;
- Mental Health Hub webpage agreed and in progress which will allow publishing of training/conferences that are being provided within the community;
- Mental Health Hub Instagram page agreed
- Collaboration with the Department of Education on implementing senior mental health leads
- Connect 5 course run within the college
- MH Leads and practitioners attended trauma training

- Many wider college staff involved in ASIST suicide training and further development to implement the whole college approach

5.1.4 Survey of local General Practices

In September 2018 the CCG conducted a survey to GPs in the North Somerset area to better understand the issues with access to mental health services generically.

Findings showed:

- 100% of respondents marked the access to CAMHS as very poor to average, with no respondents reporting good or very good. This was due to waiting time and criteria.
- GPs reported over 50% of referrals to CAMHS were rejected.
- 78% of respondents feel they are unable to meet the Mental Health needs of the young people they see with the services available currently.

Suggestions to improve mental health services available locally included:

- Needing access to counselling/psychological therapies
- Parenting courses for challenging behaviour at home.
- Urgent assistance in managing suicidal teenagers or those with severe depression/anxiety requiring medication.
- More services in the community; Young people often don't want to access counselling in schools for fear of being seen.
- Rapid access to CAMHS service for brief assessment to triage referrals as well as signposting young people appropriately

5.1.5 Training in Adverse Childhood Experiences (ACE's)

ACEs have been defined by the Centre for Public Health as including;

1. Verbal abuse
2. Physical abuse
3. Sexual abuse
4. Parental separation
5. Domestic violence
6. Mental illness
7. Alcohol abuse
8. Drug use
9. Incarceration

A UK study suggests that children and young people who experience 4 or more of the above are deemed more likely to have disrupted nervous, hormonal and immune

development, social, emotional and learning problems and potentially more likelihood of chronic disease.

North Somerset has been undertaking training with professionals and ran a conference on Monday 24th June for professionals across the STP seeking to share best practice.

North Somerset is having regular meetings with Bristol and South Gloucestershire to share good practice around ACEs and to discuss the possibility of a joint research project.

An Adversities and Trauma conference in June 2019 was held and attended by 220 multi-agency staff and foster carers, including colleagues from Bristol and South Gloucestershire. The focus was on how different agencies are using ACEs and developmental & relational trauma in their work, depending on their respective responsibilities.

5.1.6 Directory of services

North Somerset now has an online directory of services for professionals and parents which seeks to cover all levels of need for children up to 25; This is part of the main council website. New in 2019 is a pdf online Emotional Health Directory of services for Children & Young People created by the Local Authority which can be found both on the council online directory:

https://search3.openobjects.com/mediamanager/northsomerset/fsd/files/ns_eh_directory_for_c_yp_final_april_2019.pdf

This details what to do in an emergency, a directory of local services and resources, as well as guidance documents and resources for schools and parents. Amongst these resources are national websites, guidance leaflets, charity advice and links to the Anna Freud centre.

There is also a teenage mental health directory created by the CCG which will be updated and shared with schools and professionals which includes wider services in and around North Somerset.

5.1.7 Perinatal and early years

In the perinatal sphere, Home-Start also offers perinatal parenting courses, funded in 2018-19 by the Local Transformation Plan and several churches offer universal groups.

All Health Visitors and Children Centre staff receive the Institute of Health Visitors perinatal Mental Health Training.



In early years, Children's Centres run a range of groups to support the emotional health of parents including:

- 'Rockabye' – an antenatal group to support pregnant women who have been referred, with attachment and building relationships
- Young Parents group
- 'Thrive' to support family emotional wellbeing
- Baby massage
- 'Keeping well' in conjunction with Positive Step
- Incredible Years
- Mellow Parenting

There are two members of staff jointly funded by The Health Visiting Team and Children's Centres to drop in to Children's Centres and support parental Mental Health.

5.2 Increased opportunity for self-care, both through digital and non-digital needs

The ability to better understand, react to and self-manage emotional health and wellbeing is critical for the future.

Nationally the number of self-care options and support, particularly in the form of apps and websites (run by charities and local authorities largely) has expanded in recent years such as; Young Minds, Place2be and Heads Together and more generic sites which have a focus on mental health for young people like Barnardo's, ChildLine, Rethink and Time to Change.

There is also a list of appropriate resources and apps available to North Somerset families, children and young people in the North Somerset directory detailed above.

5.2.1 Kooth

North Somerset has the interactive web service Kooth which is an online counselling and emotional wellbeing support service for children and young people aged 11 to 18, and available free at the point of use. Kooth has a dedicated worker who publicises the services available to schools and other community groups.

It has been recently extended, through Home Office Funding, to children aged 10 years old, and to 18-25 year old care leavers, and to young people with learning disabilities.

As an early intervention solution, Kooth helps to reduce waiting times for young people seeking help while removing the stigma associated with accessing mental health support. It is valued by GPs and schools particularly as a service to signpost young people to who require additional support.

Wellspring, as part of the CYP IAPT training, were trained to introduce children and young people to online software and Weston college signposts to a number of digital support platforms and initiatives.

Non-digital and more innovative provision is also being provided such as Avon Wildlife Trusts nature based intervention in Weston which many young people who cannot benefit from more traditional methods will enjoy. The Five Ways to Wellbeing model has been introduced to the schools mental health network and is used more widely as the foundation for emotional wellbeing.

5.3 Timely access to clinically effective mental health support & reduced waiting lists for specialist care

The Five Year Forward View for Mental Health (MH5YFV) highlights children and young people as a priority group. It highlights the importance of prevention at key moments in life, mental health promotion and commits to “by 2020/21, at least 70,000 more children and young people should have access to high-quality mental health care when they need it”.

The *2017-2019 NHS operating planning and contracting guidance* (NHSE, 2016) stipulates:

- More high quality mental health services for children and young people (30% by March 2018 and 32% of children with a diagnosable condition are able to access evidence-based services by April 2019).
- Commission community eating disorder teams (95% of children and young people to receive treatment within four weeks of referral for routine cases and one week for urgent).

5.3.1 North Somerset CAMHS (Weston Area Health Trust)

Until recently this service was unable to report on these access targets due to lack of electronic system, however this has been resolved with IAPTUS being implemented. It is likely that the % of children accessing will be substantially lower than 32% since service capacity is currently a limiting factor.

The CCG has agreed with Weston CAMHS some monitoring priorities around waiting times which will be reported and monitored over summer 2019 prior to the new electronic system being in place. These priority KPIs are:

- Number & % accessed of emergency referrals from the Emergency Department within 4 hours
- Number & % accessed of emergency referrals outside of the ED within 24 hours
- Number & % accessed of urgent referrals within 7 days
- Number & % accessed of routine referrals within 18 weeks
- Waiting list information – total number on treatment waiting list at month end

The performance against these targets will be interrogated on a monthly basis in the Weston Acute Contract monitoring meetings.

An annual average of 3.4 routine eating disorder patients received treatment within four weeks.

5.3.2 New CAMHS Crisis service

Waiting times for Weston CAMHS will improve with a new recurrent £500,000 investment into a crisis service called the Urgent Care and Assessment team (UCAT). The provider and commissioner are prioritising a reduction in current waiting times. The investment was agreed to enhance and strengthen a tier 3 service and provide the IT system necessary to report on the above targets. There are on-going plans to gradually align the NS Specialist CAMHS service with that provided by AWP across Bristol & South Gloucestershire as part of Children's Community Health Partnership (CCHP)

The remit and function of UCAT is as follows:

- Provide urgent CAMHS appointments for the assessment and treatment of children and young people who are referred and accepted into CAMHS and fit the criteria of urgent;
- Provide follow-up to these urgent referrals until a routine follow-up appointment with a CAMHS case holder is available;
- Provide intensive support to young people in CAMHS when there is acute escalation in risk or consideration of inpatient admission;
- Provide support to the liaison team in ED who assess children and young people presenting with self-harm, overdose, suicidal intent, mental state disturbance or significant distress;
- Enable extended hours working, according to capacity, to ensure a more flexible service to those clients in crisis or with a complex presentation;
- Seek to engage hard to reach clients who are at high risk and fail to attend appointments via home and school outreach;
- Attend CPA meetings in Tier 4 inpatient units to plan discharge for young people as soon as clinically safe with intensive support in the community;

- Work closely with CAMHS case holders to ensure crisis intervention is short term and young people are transferred back to the care of the CAMHS case holder when the level of risk reduces.
- Support the CEDS-CYP team to meet their national targets of assessment within 2 weeks of referral and supporting families within their homes in managing meal supervision.

A Health watch report in July 2019 also provided more views and patient feedback on the waiting list and challenges with access with the following comments noted:

‘Very little communication when I was on the waiting list for assessment, no signposting to any service afterwards’

‘60% of respondents stated that the waiting time for an initial assessment and then on to treatment was ‘slow’ or ‘too slow’.

Transition remains a challenge and the need to improve the process for both existing and new entrants to the mental health system is recognised and reinforced as a priority. Again the Health watch report noted;

“At 18, my son was dropped from paediatrician [services]... he wasn't transitioned into adult services, and he was basically sent back to his GP — the GPs had not known him as he has always been under consultants. I now have the problem where the GP will not talk to me because he is an adult...you don't have any say in their care. As an autistic youngster, they don't know what they want or what they need – it is down to the carer or whoever is with that person and you're not given that [input]. You don't get adult mental health services... a doctor... it just goes.”

“[Transition from] Bristol's children's hospital often there is no one comparable in adult services, so you don't have anyone to be transferred on to. There is no continuity. You literally get transferred to an adult by a [single] piece of paper [to hand over] if you even get that.”

5.4 Move away from a system defined by tiers and more focused on levels of need

This is an aspiration for North Somerset CAMHS and learning from the developments in Bristol and South Gloucestershire will help shape the future change necessary in North Somerset.

Throughout 2019-20 The CAMHS provider in South Gloucestershire & Bristol is implementing the iThrive model which moves away from traditional tiers of support to 5 quadrants of need;

- Thriving (universal),
- Getting advice (self-care),



- Getting Help (lower level support),
- Getting more help (CAMHS)
- Risk support (Multi agency support).

This model will virtually bring together all providers including specialist CAMHS, Off the Record, Kooth, Primary Mental health workers, Wellbeing practitioners and other partners and services to enable access via a common set of criterion.

This will be discussed further under Priorities.

5.5 Improved evidence based outcome based commissioning

Work is underway with Weston CAMHS to move to more outcome based commissioning through the delivery of reduced waiting times for assessment and treatment, improved outcomes for children and young people and reduced admittance and re-admittance into Tier 4 provision.

The introduction of a patient information system will increase the effectiveness of the performance meetings and adjustments will be made where necessary to service delivery to better meet required outcomes.

The voluntary sector in North Somerset has worked on delivering outcomes for a number of years and has good practice that could be shared between providers and with commissioners and this will be further explored in the multi-agency and North Somerset specific partnership meeting 'Future in Mind' during 2019.

5.6 One stop shop approach for accessing services, support and advice

This is a model of care that is being trialled in other areas of the CCG, specifically in Bristol & South Gloucestershire during 2019/20 to implement a single point of access into CAMHS and wider iThrive/lower level services. From this trial, the learning will be used to help in the further development of the North Somerset service. The need for a greater co-ordination between services is recognised as services taken together are fragmented with the potential that users will find self-navigating to the right service difficult.

The local authority and CAMHS along with other partners is looking at reinvigorating the 'MAVISbus' for use as a multi-agency advice, guidance and support service that proved successful in North Somerset previously. This toured the county, schools, universal services sites and city & town centres providing on the spot help and access to services and support and was widely celebrated as a positive offer and has been requested yet again from children in care and others with emotional difficulties.



The aspiration is to take this a step further and to have a single point of access for all Children and Young people with emotional health problems.

5.7 Improved care for children & young people in crisis so that they are treated in the right place at the right time and close to home as possible

Children and Young people in North Somerset currently attend Weston General Hospital. The new UCAT team is available from 9am -5pm Monday to Friday and will support the patient, family and emergency department to support that child or young person.

Out of hours and on weekends, a service is provided at the Bristol Children's hospital where a member of the Bristol and South Gloucestershire CAMHS team will carry out the initial assessment and treatment plan and then transfer to the North Somerset CAMHS for ongoing assessment and treatment.

When a child or young person is put on a S136 by the police and taken to a place of safety within North Somerset this usually means the safety suite on the Southmead Hospital site. Whilst the 24 hour time limit for assessment, care planning and onward transfer is at times breached for these children it is often due to 'duty of care' requirements and due to out of hours nature.

There is a continued need to monitor and improve this S136 process and practice for children and young people as close partnership working between social care and health is required to get the best outcome for the young person.

5.8 Improving services for parents & carers to strengthen attachment, avoid early trauma and build resilience

The creation of a BNSSG Perinatal and Infant Mental Health strategy group (PIMHs) with clinical, commissioning and provider management across statutory and voluntary sectors is intended to align and integrate service provision across the STP footprint. This will enable consistency of practice, service provision, measurement and reporting across the area. The current Specialist Community Perinatal Mental Health Team based in Bristol offer their services across BNSSG. Whilst the service has a parent/infant specialist in post, the team is commissioned to work with women with high risk/severe perinatal mental illness and their infants yet there is considerable evidence at a National level of the importance of early mental health support for parents and babies to avoid long term detrimental effects on babies' brain development and lifelong physical and mental health.

The work of this group is being strongly influenced by the Lived Experience events held in June and July 2019 at which parents and practitioners with lived experience are involved in collating current needs, issues and barriers to support and plan for future developments and new areas of commissioning. This involved 2 workshops and a series of interviews with current service users.

5.8.1 High Impact Families (this is North Somerset's version of Troubled Families)

In June 2013 North Somerset YOS and Community Safety Drug Action Team undertook the strategic lead and operational development of the High Impact Families Programme (HIFP) on behalf of the HIFP Board. This has involved significant YOS involvement in the development of a whole family approach across partner agencies, and in the delivery of engagement with families and Payment by Results targets set by the Department of Communities and Local Government.

The national targets e.g. in relation to education, training and employment, anti-social behaviour, and youth crime are pertinent to the YOS agenda of working with young people within a family context.

YOS Practitioners are significantly involved in delivering interventions and/or case holding cases which meet the HIFP criteria.

5.8.2 Parenting support

Since 2010, there has been no ring-fenced central funding for parenting groups however; North Somerset Council has continued to offer generic, evidence-based parenting courses, part-subsidised by the Local Transformation Plan in 2018-2019.

	Age: 0 – 4s	Age: 4-11s	Age: 11-16s
Tiers 3+	Mellow Bumps Mellow mums and Babies Mellow Dads Theraplay	IY 6-11 Domestic Abuse Recovering Together (DART) Theraplay	Non Violent Resistance (NVR) Moving Forward (drugs/alcohol)
Tier 2	Incredible Years (IY) 3-6	IY 6-11	NVR

North Somerset is committed to whole family working and to meeting the specific needs of parents and families, often through schools and children's centres. It is also

committed to 'signs of safety' and trauma informed approaches which the Youth Offending and prevention service has been trained in.

The voluntary sector is also providing parenting support, usually at lower levels of need. Wellspring for example, offer counselling and CBT to children and young people and parents, as part of the CYP IAPT programme.

'Bridging the Gap Together!' provide a wide range of workshops for parents/carers of children as well as young people with complex needs or disabilities, which could include mental health needs, learning difficulties, and/or on the Autistic Spectrum. They deliver day and evening courses and use techniques from the Ascend programme. Some events are theme based e.g. PDA (Pathological Demand Avoidance) and are strongly user and carer led.

Home-start North Somerset also offers a parenting support group, Mums in Mind, alongside individual parenting work and represents those parents within the Future in Mind group.

Schools and other external agencies are invited to refer parents to parenting groups as part of an Early Help Assessment Action Plan.

Two primary schools offer the Domestic Abuse Recovering Together (DART) group for mothers and children which is co-facilitated by the local authority, the school, police and volunteers.

5.8.3 Children's Centres

At a younger age range all children's centres have accessed professional development with 'Five to Thrive' which helps parents understand and learn how important positive emotional health and wellbeing is for them and their children.

They run numerous universal groups which promote maternal and infant mental health and wellbeing and attachment e.g. 'Brilliant Babies' postnatal group; breastfeeding support; singing groups, Stay and Play, Baby Smile and Rockabye. Baby massage is also offered, which is offered free from Children's Centres for some targeted families.

More targeted provision delivered in children's centres includes the 'Mellow Bumps' group which provides antenatal support (rolling programme, rotated across North Somerset). The 'Mellow Mums and Babies' group is offered twice per year for mothers throughout North Somerset and 'Mellow Dads' is offered once per year. 'Incredible Years' courses are offered to parents with children aged 3-6 years. Lastly, Time to Shine (Theraplay-informed groups) is offered in some centres.

'Keeping Well' 6 week groups are jointly run by children's centres and Positive Step (IAPT) as a rolling programme across North Somerset, this will likely change with the new IAPT provider and Bluebell will start to run groups and 1:1 buddying in North Somerset.

Weston Children's Centre runs 'Thrive' and in 4 centres fortnightly there are 1:1 brief mental health intervention clinics.

Dads and partners are welcome to attend universal Children's Centre services and receive Family Support. There are three universal Dad's groups run in Children's Centres monthly (Long Ashton, Portishead and Ascombe) and one Targeted 'Mellow Dads' group run in South Weston children's centre once a year.

In terms of training all Children's Centre Early Years Workers complete Mental Health First Aid, Connect 5 and Level 3 Safeguarding training and all Family Support Workers also receive Solution Focused Therapy and Trauma Informed Practice training.

A bespoke iHV Perinatal MH training course was delivered to children centre staff in 2018 and Asist (suicide intervention training) is available for children centre workers to attend.

5.9 Improved offer for the most vulnerable children & young people with specific tailored needs

Partners in North Somerset seek not only to offer services to all children and young people in need but also certain vulnerable groups who need specific interventions.

In the Bournville estate where there are a number of particular risk factors 'Wanted not Wasted' provides a service for 5-18 years of age young people with youth activities and more specialist provision such as counselling and mental health support.

The Trusted Relationships programme, funded by the Home Office, allows training in trauma-informed practice focusing on three cohorts: children looked after; those who go missing; and children and young people with learning disabilities.

5.9.1 SEND

Health Commissioners are working closely with North Somerset Council on the quality and timeliness of mental health input into Education, Health and Care Plans



and engaging strategically with community children's health SEND governance. They have developed a Standard Operating Procedure to improve the quality and timeliness of health reports.

Specialist CAMHS has been identified as a priority area to ensure children and young people get the best possible service on their journey to adulthood and the CCG has committed sustainable investment to support this through the additional £500k for a crisis intervention team. The funding will also target be used for waiting list initiatives and an investment in IT, required to improve compliance with Mental Health Access Data requirements and have an electronic patient record which will improve quality of care and support improved planning and information sharing where children have Education, Health and Care Plans in place.

For children presenting in crisis who have Autism/LD, the Crisis Triage Assessment & Outreach (CTAO) team will establish if there is a specialist team already involved with the young person and, if so, liaise with them on how best to provide support in the immediate term.

The options available would involve undertaking a joint assessment (utilising staff with LD/ASD expertise) or for the specialist team to lead. Decisions would be made based on what approach is in the best interest of the child or young person whilst liaising with the family in terms of previous input.

A redesigned Autistic Spectrum Disorder pathway aligned to a new service specification which is more efficient and timely & aims to reduce waiting times will be introduced in autumn 2019 together with an ASD Diagnosis pilot aimed at further reducing waiting lists. The potential for jointly commissioned support for children and their families while awaiting diagnosis is also being explored.

5.9.2 Children looked after and care leavers

A 'Bright Spots' survey in 2016 in North Somerset, which sought to understand how 97 children looked after and young people aged 4-18 years of age in North Somerset felt about their wellbeing and their emotional mental health.

It found the following:

- Most (87%) young people (11-18) reported medium or high levels of well-being and thought that their lives were improving (79%).
- Those with low levels of well-being were more likely to not feel safe at home, have no trusted adult and not like their appearance
- None of the younger children (4-11) were very sad and only four said they were quite sad.
- Over 40% of young people (11-18) wanted more contact with siblings
- Most children and young people said they had a trusted adult in their lives:

- 100% of children aged (8-11) and 83% of the young people (11-18).
- Nine young people had no such adult in their lives.
- Compared to 2015:
 - fewer young people (11-18) felt that adults made them feel embarrassed and drew attention to their care status,
 - more 8-11 year olds had a trusted adult in their lives and more children understood why they were in care.

In relation to what could be improved Children looked after and care leavers asked for:

- Fewer changes in social worker and to make social workers more accessible to them to develop trusting relationships
- Provide independent living skills to older young people as a quarter of young people (11-18) felt they were not taught independence skills, more than the average (16%) across all local authorities.
- Improve support for children to maintain contact with family members (if children want this), especially sibling contact for young people (11-18) and ensure all children who do not have contact with either parent have an independent visitor.

In June 2019 there was a 2 day multi-agency training in Sensory Based Therapeutic Approaches for Foster Carers and 2 days of multi-agency training in Relational and Developmental Trauma. There was also a Care leaver conference in June 2019 which has led to development of films around loss, abandonment and inconsistent support (key themes identified by children in care) which may go on to be shown in a November conference.

Funding from Health Education England and the Home Office has allowed a variety of therapeutic training for foster team staff and foster carers.

5.9.3 Young carers

There are estimated to be about 2,000 young people in North Somerset with caring responsibilities at home.

Alliance Homes are funded by 'Children in Need' and North Somerset Council for 3 years, to work in partnership with schools to raise awareness and support young carers. They intend to raise self-esteem and aspiration as well as improve mental wellbeing. Activity includes putting in place lunchtime groups and one to one support for young carers in primary and secondary schools across North Somerset.



They also offer welcome groups to get to know new carers, holiday workshops, day trips, advocacy and counselling.

5.9.4 Children with Eating Disorders

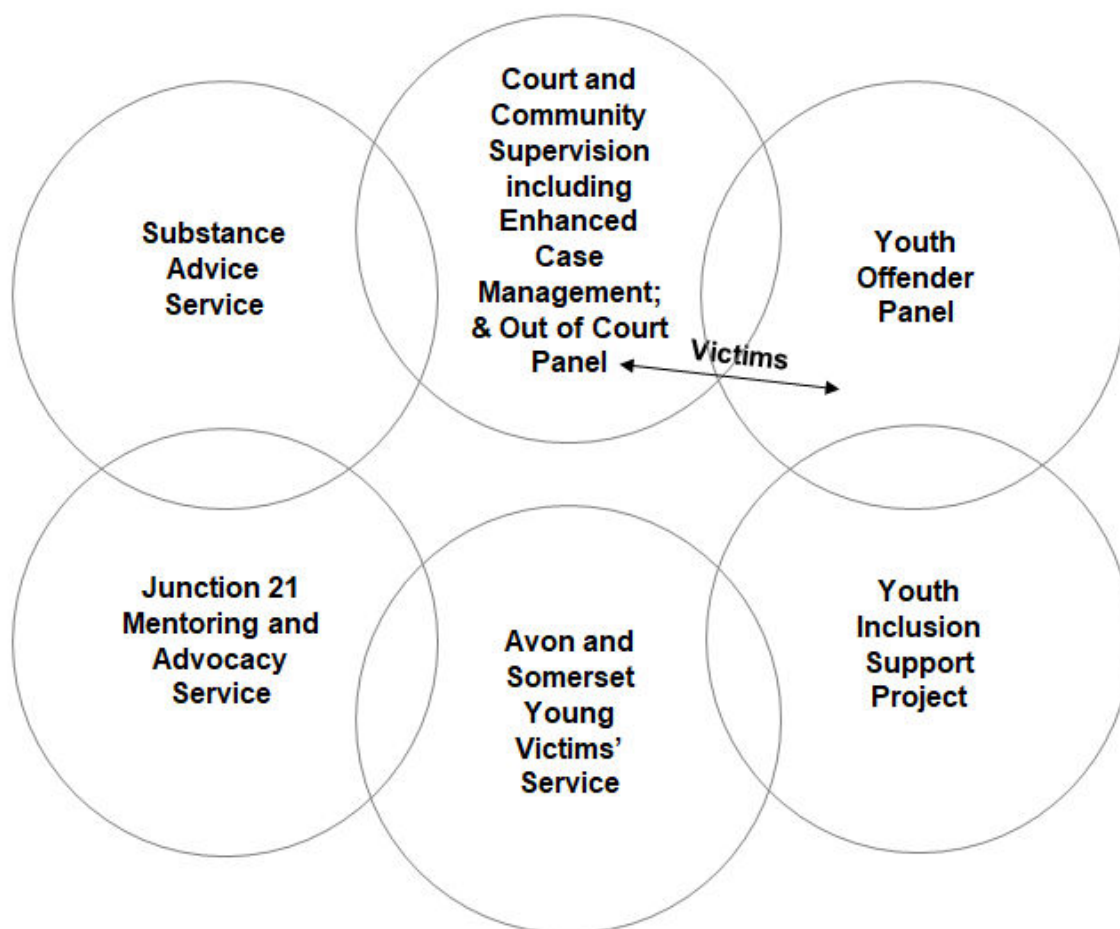
New NICE guidelines for the treatment of eating disorders were published in May 2017². We will ensure that eating disorders services in North Somerset reflect the recommendations and underpin the joint service across Bristol, North Somerset and South Gloucestershire, working towards being Maudsley Model compliant. Joint training has been delivered during 2019 on this across the STP.

The targets for eating disorders are that urgent referrals need to be seen within 1 week and routine referrals need to be seen within 4 weeks. North Somerset has regularly achieved 100% success in achieving these waiting times.

5.9.5 Youth Offending and Prevention Service (YOS)

The Youth Offending and Prevention service incorporates a number of discrete but inter-connected projects and services which collectively serve as a dedicated young people's service. These also manage the transition of young people to adult services. An illustration below shows the structure of the service.

² <https://www.nice.org.uk/guidance/ng69/chapter/Recommendations>



The service is accountable to a multi-agency YOS Management Board, addressing the agendas of public protection - risk of harm to others and preventing of offending, child/family welfare within a safeguarding context, and ensuring Court sentences are served. The YOS focus is required to deliver against the three-national youth crime and justice outcomes of reducing re-offending, reducing first time offending and reducing use of custody which are measured through the three national indicators:

NI 111	First time entrants in the criminal justice system
NI 19	Reducing re-offending
NI 43	Use of custody

The YOS provides generic health assessments to all young people on statutory orders and on other programmes as required. The YOS has revised the health assessment to all young people on statutory orders and other programmes as required. This has included reworking the emotional/mental health aspects of assessment and in turn the interventions delivered. Additional capacity has been provided via CCG funding to deliver to more young people across Children's Services enabling a whole system approach i.e. through a number of YOS workers.

The revised assessment tool and approach ensures an enhanced focus on mental health. Information on throughput and outputs is routinely reported to the CCG and NHS England and has delivered a greater number of assessments than expected.

Additionally, the YOS measures: education, training and employment engagement; suitable accommodation; mental health/substance misuse assessment and treatment timelines and outcomes. A Needs Assessment and Treatment Plan for 18/19 – 19/20 in relation to substance misuse has been submitted to Public Health England.

The Youth Inclusion Support Project (YISP) comprises 3 WTE staff who support emotional wellbeing and mental health groups for children and young people through tailored 3 month programmes of 1:1 or group work. This includes Cognitive Behavioural Therapy or mindfulness among other reliable evidence based interventions.

The Substance Advice Service (SAS) workers provide a range of interventions to reduce risk of further involvement in offending behaviour/antisocial behaviour, and to meet the emotional health needs of young people and to promote healthy living and general life prospects.

The work of Substance Advice Service is highlighted in the Young People's Substance Misuse Treatment Plan and Needs Assessment April 2017 – March 2020. SAS has over a number of years achieved a significant local profile in delivering effective interventions as recognised by Public Health England and Youth Justice Board.

In 2018-19 120 referrals were received, 59 requiring structured treatment. Waiting times to start treatment were short with 93% of young people commencing treatment within 15 working days of being referred (98% 16 working days). All young people accessing treatment had a specialist care plan within 2 weeks of starting their treatment.

Data from 18-19 tells us that 51% of our young people were affected by a family members substance use, a small increase on 2017/18 of 1%, but still much higher than the 19% nationally (most recent figure from 15-16). In addition, 70% of young people in structured treatment were identified as having mental health problem (48% 17/18), of which 98.5% had an identified treatment need (80% 17/18)

Of the 67 with an identified mental health treatment need, the following support was given:

Mental Health Treatment	Female	Male	Total
Already engaged with the community services	14	11	25
Client declined to commence treatment	5	6	11

Receiving treatment of a mental health problem in drug or alcohol services	2	2	4
Receiving mental health treatment from GP	2	2	4
Treatment need identified but no treatment being received	10	13	23
Total	33	34	67

From the 16 proposed partnership objectives, mental health featured in four, including increase awareness of the service through CAMHS, schools and academies and the YOT Mental Health specialist continues to act as a broker between the YOS and CAMHS and provides mental health assessments and treatment to young people with substance misuse needs; referring on where necessary.

Forensic CAMHS for BNSSG is provided by Oxford Health covering South West 'North'. Care pathways are outlined within the attached service specification at Annex 3

5.10 Improved metric covering access, waiting times and outcomes

A new IT system (IAPTUS) has been developed within the CAMHS service and is about to be implemented this year which will help to report against access and waiting times. However, as the service is potentially transitioning to CCHP, it has emerged that RiO may be the preferred system for the entire BNSSG service. Discussions are currently ongoing between the CCG, CCHP and Weston Area Health Trust to resolve this as a priority.

A new reporting structure and mechanism with projections and trajectories to reduced waiting times will be incorporated into a new specification in 2020.

Weston CAMHS service joined the Quality Network for Community CAMHS (QNCC) in October 2018 which seeks to share good practice across CAMHS providers.

5.11 Improved training for professionals who work with children & young people on mental health & child development.

Professionals in North Somerset continue to access training on emotional health & wellbeing, in regards understanding, identification and ongoing management and support for children, young people and families

Additional investment has been provided to build sustainability of IAPT and a new IAPT provider has been appointed to start delivering the service from October 2019. The new service includes the need to forge strong connections and referral

pathways to and from those organisations which have trained CYP Wellbeing Practitioners and work with 16 to 19 year olds. This is to ensure clear communication in relation to referrals and cross-service advice and support on young people's issues and treatments.

Health watch reports in 2018 outlined the need to improve staff understanding and attitude in order to ensure that patients feel listened to, treated with compassion, respect and kindness through an holistic approach. The CCG will continue to ensure these standards are met via workforce development opportunities that influence both individual approaches and organisational culture.

Multi agency training in North Somerset includes Connect 5, ASIST, Nurturing Attachments, Foundations for Attachment and Dyadic Developmental Practice (DDP).

An Adversities and Trauma Conference was held in June 2019 and 3 weeks of training for specific professionals.

Wellspring has 2 qualified CYP IAPT Wellbeing Practitioners and 3 trainees who will qualify in February 2020

One day Youth Mental Health First Aid is being rolled out by the government and the Local Authority is providing a 2 day offer to two Academy groups: ELAN and Lighthouse Partnership.

Schools are also upskilled, updated and informed by the school mental health contacts meeting 3 times a year and a newsletter with mental health news, advice and signposting goes into schools 4 times a year. There are also 4 professionals in North Somerset being trained to deliver Mental Health First Aid to all school staff, including primary.

Somerset County Council will be offering from October 2019 Emotional Literacy Support Assistant training across North Somerset primary and secondary schools and to build knowledge and capacity for key school individuals to support children with ongoing support and supervision from an educational psychologist.

Exeter University is training the Education Mental Health Workers (EMHWs) alongside the CWP's, with one additional unit for EMHW's. New Trailblazer areas were announced in July 2019. The next cohort of trainee EMHW's is starting in September

5.12 Co-production with people with lived experience of services, their families and carers



BNSSG CCG and partners seek to incorporate lived experience in relation to the perinatal events. Later in 2019 there will be children and young people events which will focus on children in care and care leavers at transition age. These events, Health watch provider and VCS engagement all helps inform strategy, commissioning and ongoing service development.

The Local Authority is working with the CCG and other partners to set up a North Somerset multi-agency Participation and Engagement Group, which will be shaped by the Future in Mind group. Members of this group from the council have created a 'Guide to participation' that will be shared within the council and wider to help inform all partners how to engage and encourage participation in both commissioning and service delivery.

Alongside this work there is much targeted engagement and participation with children looked after and care leavers through the Unite and Ambitious Voices groups who are recommending and suggesting improvements to their support and for children and young people who follow on behind them.

Suggestions such as the MAVIS bus reinvigoration, peer support, 24/7 guide to support to detail what is available for carers and a 'Time for Tea'

In May 2019 young people expressed wishes for the future including:

- More discussions about Mental Health in schools
- That people could talk and feel more comfortable with their worries
- A place where people can hand out and talk about their problems
- Somewhere out of school open every day with friendly people who offer good help and advice.
- In school people talking and sharing their feelings and helping other to overcome them.

In May 2020 there will be a SEND conference held with professionals, families and children and young people which will celebrate the work undertaken to improve services, chart progress in delivering commitments set out in the 'Written Statement of Action' and to begin considering collective priorities for future improvements, to be delivered via co-production.

As part of the Kooth service, the participation worker goes into schools (20 primary schools since September as the service now reaches down into year 6) and explains the service, takes feedback on its use and signposts to other services. They target wellbeing practitioners.

Kooth sees to increase awareness and participation work across BNSSG and consults directly with children and young people on what works and what more is needed. In May Kooth with Bridge the Gap held a conference that gleaned good feedback on the service and this helps inform online content directly. For example in Somerset, there was a strong message about needing more information and support on self-harm so that was added.

Future plans include potentially following Lincolnshire's experience by developing 'Kooth ambassadors' who champion mental health in schools, work with the national citizenship service which may allow for direct promotion and support work in Weston and an annual 'take over' challenge whereby Kooth spends time in chosen schools in North Somerset and works directly with young people on issues that are important to them.

5.13 Increase prevention & early intervention services to reduce need for higher level services and support children, young people and families sooner.

There are a number of services which focus on prevention and early intervention which collectively aim to spot problems early with children and Young people and prevent escalation longer term to specialist services.

These include the following;

5.13.1 School nursing services.

The most common issues which School nurses in North Somerset see in schools relate to general lower level mental health problems which have different presentations. Severe problems are referred to CAMHS but in most of the cases nurses can offer support with anxiety management, building resilience with pupils feeling bullied or sign posting on to other forms of support, for example if a pupil is stressed as they are a young carer. Sometimes mental health can have a physical presentation such obesity or by individuals engaging in high risk sexual behaviour.

The school nurses also support teenagers with contraception following a pregnancy (birth/ abortion miscarriage) which involves significant emotional support. In the past 12 months school nurses have worked with 25 young girls.

School health nurses are currently accessing four secondary schools in North Somerset; St Katherine's, Backwell, Gordano and Broadoak. A further clinic will be provided shortly in Hans Price and a further two schools are likely to be involved from January 2020 subject to new recruitment. School nurses accept referrals from

Pupils themselves, teachers, GP's and parents. In the last academic year (September 2018- August 2019) the school nursing team received 50 referrals for children with mental health related conditions.

5.13.2 Improving access to Psychological Therapies

From September 2019, Vita health will be providing a re-designed psychological therapy service for young people aged 16 + across BNSSG aimed at delivering an innovative service model alongside delivery partners Bluebell Care Trust and Windmill Hill City Farm. This followed an extensive procurement process involving service users and other providers. The focus of the service is holistic in that it considers the causes as well as the symptoms with prevention and self- help as key elements within the new service model. This service took over from Positive Steps in North Somerset. The service is also available to perinatal women with treatment starting within 4 weeks of referral.

5.13.3 Wellspring Counselling

Wellspring is local community charity based in Nailsea established 25 years ago to provide accessible, affordable and professional Counselling for Adults locally. A free Young People (YP) Counselling Service was established 10 years ago.

Wellspring became a member of the South West CYP-IAPT Collaborative (SWC) in 2017 (<https://swcypiapt.com>) which is one of five Learning collaboratives across England that are part of the Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) country-wide transformation programme. As such it receives funding from NHS England (NHSE) and Health Education England (HEE). Through its membership, Wellspring has become a key local partner in the delivery of the transformation programme.

Wellspring applied to the National Lottery for funding to provide 5 Children's Wellbeing practitioners (CWP's) to offer a Tier 2 early intervention service for CYP MH aged 11-18 in North Somerset schools largely through CBT.

The bid supplements the existing 2 qualified CWP's and 3 trainee CWP's already in post at Wellspring who work in 7 local schools.

Local Secondary Schools where existing CWP's have been on placement during their training have all been keen to continue the service next academic year, which indicates high levels of satisfaction with the service. Data recorded and collated via the IAPTus Database show good outcomes above nationally expected targets

A substantial portion of the costs (75%) – almost £290K was approved for the next 3 years by the National lottery. It is expected that around 1000 NS young people will be supported over the duration of the funding by helping them to manage a range of low-level difficulties such as low mood, worry, symptoms of mild depression, panic, mild anxiety, stress management and self –esteem by training them to understand their difficulties and adopt self-management strategies.

The longer term aim is to prevent escalation of Children and young people to other higher intensity services locally i.e. CAMHS. The service commenced in July 2019 and Wellspring is now seeking ways to secure a recurrent pipeline across the 3 years of the project to meet the full costs involved, a total sum of £94K.

6. Local priorities, aims and objectives

The future in Mind group has examined the portfolio of services and pathways within North Somerset and identified a number of key priorities to enable the area to meet National mental health ambitions through a comprehensive, integrated service being accessible for local Children and Young People. The priorities have been consulted upon through the future in Mind representatives, the local SEND Board, the Area leadership Group and latterly the Health and Wellbeing Board. The outcomes required from each objective is noted which link to the narrative throughout this document with an indicative timescale for delivery and lead responsibilities.

The local Priorities, aims and objectives are provided at Annex 2.

Key service developments will be taken forward on a locality basis through the Woodspring Integrated Group (WIG) and Weston Local Implementation group (LIG). Local service solutions and the design of these will be co-produced with Children and young people to ensure local needs are met in both Weston and Woodspring localities.

7. Conclusion

Mental health is an organisational priority for the CCG and its partners. The production of this refresh of the Local Transformation plan has benefitted not only from the collective experience of the North Somerset Future in Mind Partnership Group but also from the external scrutiny of local services by CQC and OFSTED enabling a clear focus on priorities and actions needed to improve service delivery going forward.

It is clear that many challenges remain in North Somerset with the current portfolio of services struggling to meet demands, inadequate pathways and a lack of co-

ordination between a multitude of small providers. However there are numerous opportunities to overcome these challenges. The priorities, aims and objectives set out in Annex 2 seek to make improvements to Children and Young people's emotional health and wellbeing across the board and as such provides an agenda for changes and service transformation over the next 5 years. There is much work to be done by agencies across BNSSG through the Healthier Together Partnership and via their sponsorship of the long term plan.

During 2018/19 a plethora of feedback was received from service users, GP's and other key stakeholders in North Somerset providing a sharp focus on the things that need to change. We know there is need to build capacity to meet increasingly demand in the area and it is important we do this with collaboratively with Public Health, Schools, commissioned providers, the local authority and the voluntary sector but most importantly with Children and Young people themselves. Their feedback to date has been useful in identifying significant blockages to accessing services locally and this has provided the impetus to examine how these services are performing.

We are confident that with investment in the right areas, an expansion of services, especially at Tier 2 and 3 both within and outside Schools will mean the specialist CAMHS services can rightly focus on more complex and specialist needs of local people. The recent commissioning of the Urgent Care and Assessment service within CAMHS at Weston will need to be developed to provide more rapid access as well as weekend access that will put the North Somerset service on a par with similar services in Bristol and South Gloucestershire. The workforce challenges to enable this to happen sit with the Healthier together Partnership at the system –wide level

Our priorities focus on firstly building capacity locally to improve prevention and early intervention for Children and Young people. This will prevent escalation to more specialist services in later life but will also ensure a wider range of services is available for young people to self -refer to or via their local GP.

Better Care co-ordination will ensure services work together more effectively and avoid any child or young person falling between services.

Latterly we want to improve local access to Perinatal Infant mental health services by broadening the remit of the Specialist provider and ensuring babies have the best start in life.

The opportunity to develop mental health support teams (MHST's) in schools is key to creating a more joined up delivery infrastructure in North Somerset. With CCG, Public health and School colleagues we hope to produce a BNSSG wide bid to be included in the planned roll out of this important development. This would provide

coverage of approximately 8000 Children and Young People per each mental health support team which would operate across approximately 10-20 educational settings.

We are confident in building an experienced bid team that would see BNSSG being included in the next wave during 2020. The core function of the MHST's is to;

- Deliver evidence based interventions for mild to moderate mental health issues through individual face to face work, group work for pupils and group work for parents.
- Support the senior mental health lead in each education setting to introduce or develop their 'whole school or college approach'
- Give timely advice to school and college staff and liaise with external specialist services to help children and young people to get the right support and stay in education.

Annex 1.

Membership of the North Somerset Future in Mind Partnership group as at October 2019.

Name	Job title	Organisation
Kate Wilcox	Strategy and Policy Development (Family Support & Mental Health)	North Somerset Council
Becca Young	Clevedon Manager	Springboard Opportunity Group
Rachel Browne		North Somerset Community Partnership (NSCP)
Claire Bowers	Restorative Justice and Supervision Manager	North Somerset Council
Craig Mawford	Assistant Head teacher	Nailsea School
David Jenkins	Educational Psychologist	North Somerset Council
Georgie Bigg	Chair	Healthwatch North Somerset
Jayne Archer	Integration and Participation worker	Xenzone/Kooth (BNSSG)
Jo Harris	Chief Executive	Springboard Opportunity Group
Julie Parsons	Senior Organiser	Home-start North Somerset
Kate Pugh	Parental adult Mental health nurse	NSCP
Kaytee Williams	Clinical Services Manager (CAMHS)	Weston Area Health Trust
Lisa Gardner	Learning mentor	Winford Church of England Primary school
Liz Kelly	Managing Director	Bridging the Gap Together
Lorna Kerins	Young Person's Mental Health Worker	North Somerset Council
Claire Mahon	Parental adult Mental health nurse	NSCP
Katherine Maleham	School Nurse	NSCP
Mary Adams	Partnerships and Engagement Manager	BNSSG CCG
Sarah Matthews	Specialist Perinatal Mental Health Practitioner	AWP
Maxine Houghton	Advisory Teacher for Social, Emotional and Mental Health, Inclusion Somerset	Somerset County Council
Rebecca Balakrishna	Nurse Consultant (CAMHS)	Weston Area Health Trust
Andrea Robertson	Locality Development Manager	BNSSG CCG

Sally Woodlock	Trusted Relationships Project Officer	North Somerset Council
Sarah Rees	Director	Wellspring Counselling
Shaun Cheesman	Health Improvement Specialist; Children and Young People	North Somerset Council
Carol Slater	Head of Transformation (Mental Health and LD)	BNSSG CCG
Neil Turney	Transformation Manager (Mental Health and LD)	BNSSG CCG
Vicky Marriott	Operations Manager	Healthwatch North Somerset
Amanda Yates	Health Visiting lead (Children's services)	NSCP

Priorities: Aims and objectives for Children & young people's Emotional health and Wellbeing LTP for North Somerset

Aim; To Provide Children and Young People (CYP) with an offer that minimises the escalation of their issues with a focus on practical solutions.				
	Objective	Outcomes	Timescales	Lead responsibility
1	Implement an effective Prevention and early intervention approach across North Somerset with planned service expansion and development at Tier 2 and Tier 3	1. Prevention of escalation to Specialist CAMHS 2. Enable access to specialist CAMHS to meet 34% of local need including vulnerable CYP 3. Provide rapid assessment of CYP with Autistic spectrum conditions 4. To create a comprehensive pathway to enable step up and step down 'patient flow' 5. Facilitate greater self-help and digital take up by CYP 6. Reduce waiting times for Specialist CAMHS by improved pathways which supports earlier intervention and step down from CAMHS 7. Differentiated solutions for Woodspring and Weston localities aimed at improving access through practical solutions	2019/21	CCG/Area Team
2	To collaborate across BNSSG to bid to NHS England for Mental health support teams (MHST) in Schools aiming for one team in North Somerset (January 2020)	1. Work actively with schools to identify the scale of the problem and develop a local infrastructure which creates additional capacity, skills and knowledge 2. Enables a whole school approach and coalesces a new approach with Co-production by CYP 3. Support the development and implementation of the new SEMH Free Special School in North Somerset	2020/21	CCG/Public health teams
3	Further develop the UCAT service ensuring that the service meets local need including weekend access	1. Define pathways across NS and pan BNSSG (where there is a cross-county dependency for service provision) 2. Clarify pathway for CYP in crisis in NS including those with suicidal ideation requiring medication	2020/21	CCG
4	Expand opportunities for parent/carer training to build and sustain positive relationships with CYP	1. Develop training and online resources to support parents/carers of children who are awaiting assessment or further treatment.	2020/21	SEND Board

	including those with challenging behaviour			
5	Develop an approach to care co-ordination so that CYP and parents/ carers are better supported at all stages in the care pathway	<ol style="list-style-type: none"> 1. One stop option is fully explored at an area and locality levels. 2. Enabling providers to collaborate by co-ordinating care at an individual patient level and reduce fragmentation. 3. Transition arrangements are improved from Children's services to adult services. 	2020/21	NS Area leadership Group
6	Ensure genuine co-production with key stakeholders is embedded in all work related to CYP	<ol style="list-style-type: none"> 1. To ensure Children and Young people and other stakeholders are fully engaged in designing workable solutions and in delivering the objectives within the SEND written statement of action 2. To involve representative groups of young people in emerging service design and review, including care leavers and children looked after 	2019 onwards	CCG/Area Team/NSC
7	Produce a comprehensive workforce plan and associated training plan for individuals, groups and multi-agency participation at local and BNSSG level	<ol style="list-style-type: none"> 1. Enables effective succession and service continuity 2. Stocktake of skills, experience and knowledge across all sectors within NS 3. Comprehensive access to best practice CPD for those involved in care delivery 3. Incorporate early intervention perinatal and infant mental health training 	2019/22	Healthier Together
8	Review iThrive approach and benefits arising from the pilot projects in Bristol and South Gloucestershire and plan for implementation across North Somerset	<ol style="list-style-type: none"> 1. Transparent benefits and decision making in regards a new model of care delivery to replace existing tiered approach 	2020/21	NS Future in Mind Group
9	Ensure a robust IT system is in place within CAMHS and more widely across the system which captures an improved range of data	<ol style="list-style-type: none"> 1. To inform new reporting structure and outcomes 2. Contribute to JSNA 3. Support the SEND Programme Board in monitoring services across the Local Area in regards; (specify) 	2019/20	CCG/Weston Area health Trust
10	Produce and roll out an annual bespoke training	<ol style="list-style-type: none"> 1. To work with schools and Public health to proactively co-ordinate a training plan with priority areas identified each year 	2020/21	Public Health teams

	programme within schools and associated training for mental health leads, teaching and support staff	2. Improve connections between Commissioners and the Healthy school network. 3. Provide clarity on comprehensive pathways to improve access for CYP within and outside school environments		
11	Further develop the Eating disorder Service to meet local need in North Somerset and complies with relevant NICE guidance	1.To ensure the national target of 95% of urgent referrals are seen within one week and 95% of routine referrals are seen within four weeks by 2021	2019/21	CCG/CAMHS
12	To ensure a locally accessible Perinatal and Infant Mental Health (PIMH)service is provided in North Somerset	1.To improve access to a local PIMH's service 2. Ensure a focus on early support for women with mild to moderate mental health issues and babies over 1 year of age.	2019/2023	Healthier Together
13	To work with North Somerset Council and other key stakeholders to consolidate the role of the YOS in regard supporting the emotional wellbeing of CYP	1.To ensure consistent funding of key posts 2.Further develop close links between YOS and other CYP services	2020/21	NSC/CCG

Children and Young People's Emotional Health – BNSSG and BANES CCG and NHS England collaborative commissioning plan for inpatient and daycase treatment

December 2016

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By 2020/21, in-patient stays for children and young people will only take place where clinically appropriate, will have the minimum possible length of stay, and will be as close to home as possible to avoid inappropriate out of area placements. Inappropriate use of beds in paediatric and adult wards will be eliminated. All general in-patient units for children and young people will move to be commissioned on a 'place-basis' by localities, so that they are integrated into local pathways. As a result, the use of in-patient beds should reduce overall, with more significant reductions possible in certain specialised beds.

By 2020/21, inappropriate placements to in-patient beds for children and young people will be eliminated: including both placements to inappropriate settings and to inappropriate locations far from the family home (out of area treatments).

A combination of the different activities to deliver transformation, such as increasing the number of children receiving evidence-based treatment in the community and the development of new models of care (see chapter 9), is expected to lead to reduced use of in-patient beds for children and young people across all settings, with savings to reinvest in local mental health services. Investment to pump-prime 24/7 crisis resolution and home treatment services should further release money currently within the specialist commissioning budget that can be redeployed to achieve further improvements in access and waiting times in mental health services.

In parallel, NHS England will transform the model of commissioning so that general in-patient units are commissioned by localities on a place basis (whether alone, as part of an STP or another group covering a defined geography), to align incentives and ensure that efficiencies delivered are reinvested in communities. As a first step, all CCGs are expected to develop collaborative commissioning plans with NHS England's specialised commissioning teams by December 2016. These plans will include locally agreed trajectories for aligning in-patient beds to meet local need, and where there are reductions releasing resources to be redeployed in community-based services.

1 INTRODUCTION

The aim of this work is to reduce the number and length of Tier 4 CAMHS inpatient stays for children and young people (CYP) and improve services for crisis resolution and home treatment.

This Tier 4 co-commissioning plan is a live document that reflects our high level priorities and actions across the spectrum of issues relating to inpatient and day case beds for CYP across BNSSG and BANES

This plan is a joint agency approach to the range of issues currently facing CYP, their families and staff who work with those CYP who need more intensive support than that provided by core CAMHS and other NHS funded services.

This plan also links closely with our local **Sustainability and Transformation Plan (STP)** and contributes to the Integrated Assessment Framework. Our STP covers Bristol, North Somerset and South Gloucestershire. The key elements in the plan relation to this area are:

- 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 children and young people in community settings
- Services are part of the children and young people's Improving Access to Psychological Therapies Collaborative, but this needs to be developed in both specialist and wider children and young people's 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 children and young people 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

2 CURRENT STATE

NHS England currently commissions 9 inpatient beds plus day case beds (number under review) at AWP's generic Tier 4 Riverside Unit in Bristol that generally serves BNSSG. In the context of the wider transformation of emotional health, we plan to change the way we support and care for more complex cases.

Bristol and South Gloucestershire CCG and NHS England have recently reprocured CAMHS community provision alongside CAMHS inpatient provision with the result of the same provider and specifications that includes joint out of hours psychiatric provision across the services.

The Departments of Health and Education published the 5 year 'Future in Mind' strategy in 2015. This requires us to:

- Ensure the support and intervention for young people being planned in the Mental Health Crisis Care Concordat are implemented
- Implement clear evidence-based pathways for community-based care, including intensive home treatment where appropriate, to avoid unnecessary admissions to inpatient care
- Include appropriate mental health and behavioural assessment in admission gateways for inpatient care for young people with learning disabilities and/or challenging behaviour

- By co-commissioning community mental health and inpatient care between local areas and NHS England to ensure smooth care pathways to prevent inappropriate admission and facilitate safe and timely discharge

The Five Year Forward View for Mental Health has set us the following ambitions:

- As a result of the investment in community based eating disorder teams, it is expected that use of specialist in-patient beds for children and young people with an eating disorder should reduce substantially
- By 2020/21, in-patient stays for children and young people will only take place where clinically appropriate, will have the minimum possible length of stay, and will be as close to home as possible to avoid inappropriate out of area placements
- Inappropriate use of beds in paediatric and adult wards will be eliminated
- All general in-patient units for children and young people will move to be commissioned on a 'place-basis' by localities, so that they are integrated into local pathways. As a result, the use of in-patient beds should reduce overall, with more significant reductions possible in certain specialised beds

3 OBJECTIVES

- Minimise Tier 4 admissions
- Eliminate OOA placements for non-clinical reasons
- Reduce clinical reasons for OOA placements
- Reduce length of stay in Tier 4
- Release savings which potentially can be invested in system wide work

Key themes in this work will be:

- Co-production of new models of care and pathways with CYP, their families and a range of stakeholders/professionals
- Consistency and transparency of pathways across BNSSG and BANES
- Principle of care as close to home as possible
- Delivery of Care and Treatment Review approach for children and young people with a learning disability and/or Autism.

Outcomes will include:

- Reduce the number of Tier 4 admissions for CYP across BNSSG and BANES CCGs

- Develop a crisis resolution and home treatment services to support CYP at home (in place in BANES)
- Minimise the disruption to education and family life by out of area placements
- Improve outcomes for CYP through staying in local area.

4 RISKS

- Rising demand for complex care, reviews and interventions
- Recruitment in the context of national shortages of skilled staff
- BANES has a different STP footprint to BNSSG
- Three different core CAMHS providers across patch
- Delay in national guidance release
- Capacity in stakeholders to fully engage

5 TIER 4 CAMHS WORKFORCE

In Bristol we have the Riverside Unit which provides **Tier 4 daycase and inpatient services**. The unit has 9 inpatient beds and day case beds and although a national provision generally covers the BNSSG and BANES footprint.

Bristol and South Gloucestershire CCG and NHS England have recently recommissioned community children's health services including CAMHS and Tier 4 through a joint procurement process. Out of hours on call psychiatry cover is jointly commissioned and jointly provided. Sirona has been awarded the contracts for both Tier 4 and CAMHS as prime provider with sub-contract with AWP.

Staff have told us that the issue of insufficient capacity in core CAMHS means the Bristol / South Gloucestershire Partnership Outreach Team pilot are unable to provide sufficient step down for children and young people with the community teams. It also means teams are more likely to refer into Tier 4.

In terms of workforce, we anticipate that this will require more capacity and capability to provide **crisis resolution and home treatment teams**. This will involve staff having the right skills and also have the right job plans, including working outside of the traditional working week.

6 NEXT STEPS

Development of this project in more detail is dependent on our local NHS England Specialised Commissioning colleagues receiving national guidance which is currently delayed.

The stages of this project will include:

- Audit and analysis of current Tier 4 admissions
- Identify themes, especially for OOA placements
- Identify vulnerable groups of CYP at risk of admission
- Develop a model of out of hours/ crisis resolution and home treatment service
- Agree joint commissioning approach
- Recruit staff and implement model
- Dovetail with adult mental health service developments to support delivery of out of hours intensive support

Currently there is a Partnership Outreach pilot with the voluntary sector in Bristol and South Gloucestershire that assesses and supports CYP who attend Emergency Departments following self-harm, they also undertake some intensive work for those who are at risk of Tier 4 admission and to allow early discharge. Learning from the Partnership Outreach Team pilot will support the future service model. This pilot model is currently being externally evaluated.

There appears to be three main broad groups of CYP who are being admitted to Tier 4:

1. CYP with eating disorders
2. CYP with challenging behaviour with autistic spectrum conditions
3. CYP who self-harm, can have challenging behaviour and can have attachment/trauma issues

We will do further work to understand the characteristics and needs of these three groups in more detail. This will inform the pathways we commission.

Bristol and South Gloucestershire have jointly commissioned intensive Positive Behaviour Support service with the local authorities so few children with Learning disabilities are admitted to Tier 4.

Work is underway to remodel and recruit to a new eating disorders service across BNSSG.

Bristol and South Gloucestershire CCG are bidding for funding to pilot an approach for children with autistic spectrum conditions without learning disabilities at risk of Tier 4 inpatient.

Bristol CCG are also bidding for funding to deliver personal health budgets for children in care /care leavers with mental health problems

Bristol, South Gloucestershire and North Somerset are moving towards one single commissioning voice with one senior management structure.

