



***Draft Children and young people's
emotional health and wellbeing
transformation plan refresh 2017/18
v.6***

October 2017

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DRAFT

1. Introduction

In summer 2015, the Departments of Health and Education published a joint five year strategy 'Future in Mind'¹ to transform services for children and young people's emotional health and wellbeing.

The vision for 2015 to 2020 is to ensure that every child, everywhere, receives the right support, as early as possible. It's much broader than just Children and Adolescent Mental Health Services (CAMHS) and includes working with schools, the local authority, universal and primary services such as GPs and school nurses, as well as the voluntary and community sector.

In July 2016, NHS England published 'Implementing of the Five Year Forward View for Mental Health'². This guidance identified new areas for us to focus on and this has again been included in our plans for 2017/18. This plan does not include our work on perinatal mental health, as that is covered elsewhere.

This plan also links closely with our local Sustainability and Transformation Plan and contributes to the Integrated Assessment Framework. The key headlines 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

¹https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Children_Mental_Health.pdf

²<https://www.england.nhs.uk/mentalhealth/taskforce/>

- 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

The Mayor of Bristol, Marvin Rees has continued to make the emotional wellbeing of children and young people a priority. It is also one of four priorities in Bristol's Strategy for Children, Young People and Families 2016³ – 2020. In addition, the Youth Mayors have included reducing stigma and focusing on male mental health as part of their manifesto⁴. This transformation plan has been developed with the involvement of the Health and Wellbeing Board and the Children and Families Board and has been informed by a recent JSNA chapter on children's mental health (add link when published - www.bristol.gov.uk/JSNA).

We are actively engaged with Public Health's development of an all-age mental health strategy. This is an opportunity to build on our work to date and ensure a wide range of stakeholders are also involved with the development of this programme of work.

We also work closely with colleagues across the region and play an active part in the Strategic Clinical Network. Nationally we learn from other areas with similar issues or that have implemented innovative ways of delivering services.

We will keep engaging with a variety of stakeholders to develop our plans over the course of the programme, which runs until 2020. If you would like to get involved or let us know your thoughts, please contact the team at bristolccg.cypehbristol@nhs.net or on 0117 900 2533.

2. What have we achieved since our last transformation plan in 2016/17?

We have continued to develop and implement our programme of transformation since we published our last transformation plan refresh in October 2016⁵.

This has built on our work since 2015 and builds on our vision of ensuring that every child, everywhere, receives the right support, as early as possible and taken steps to make this a reality.

³ www.bristol.gov.uk/cyf

⁴ https://www.bristol.gov.uk/en_US/youth-council-youth-mayors

⁵ <https://www.bristolccg.nhs.uk/library/emotional-health-and-wellbeing-news/>

Since our last plan was published, we have progressed on a number of fronts:

- **CASCADE training**

In association with the Anna Freud Centre, CASCADE training was undertaken and completed by 94% of schools in Bristol between January and May 2017. Bringing together mental health leads in schools and CAMHS to embed long term collaboration and integrated working, the Bristol training, run across six area-based cohorts, also incorporated key staff from Early Help, educational psychology, safeguarding in education, Public Health teams, commissioned providers and more.

CASCADE training was previously successfully delivered across 22 Clinical Commissioning Groups as part of the Joint Department of Education and NHS England schools link pilot, testing a single point of access in schools and mental health services⁶.

Bristol has led the way in becoming the first city in England to offer the training to all of its school settings; primary, secondary and special. 93% of delegates found the training helpful and, as a requirement of attendance, schools were asked to identify a mental health lead for their setting.

- **Training**

The following additional training has also been commissioned and delivered:

- Social care and Early Help staff; 402 Bristol City Council Social Care practitioners have undertaken training to support prevention and early intervention in relation to CYP emotional distress and trauma with a particular focus on self-harm and suicidal ideation.
- School nurses, sexual health nurses & Youth Offending Team practitioners; Up to 48 practitioners from across the three professions are undertaking two-day Mental Health First Aid training in autumn 2016.
- Parenting; 96 parents have completed Incredible Years training which has robust evidence of decreasing challenging behaviours in children under 10, as well as increasing parental confidence and use of evidence based parenting skills.
- Mental Health First Aid: 126 Youth Workers across the city have been trained in Youth Mental Health First Aid.

⁶ <https://www.gov.uk/government/publications/mental-health-services-and-schools-link-pilot-evaluation>

- **Youth Mental Health First Aid training**

Secondary school staff in Bristol have been some of the first to receive Youth Mental Health First Aid (YMHFA) Training as part of the YMHFA First Aid in Schools programme. This follows a commitment made by the Prime Minister in January 2017 to provide the training to at least one member of staff in every state secondary school in the country over the following three years.

Bristol Metropolitan Academy, Orchard School Bristol and Bridge Learning Campus each hosted a one day course between June and September 2017 for up to 16 staff per course. Training was organised on a locality basis and included input from CAMHS Primary Mental Health Professionals. The course focused on supporting delegates to provide mental health support to pupils on a first aid basis in order to facilitate early intervention and recovery. The training aimed to further enhance the skills and understanding of those who had already attended CASCADE training as mental health leads for their settings.

- **Online directory**

Following feedback from stakeholders, we launched an online directory⁷ of local and national services and resources in May 2017 on the NHS Bristol CCG website. This is for use by children and young people, their families as well as a wide range of professionals.

The aim is to have a single, searchable source of information of different services, as well as NHS commissioned providers such as CAMHS, Off The Record and www.kooth.com. It will be updated on a quarterly basis to ensure the information is kept up to date. It is also available on the GP referral support tool and can be printed as an A5 booklet.

- **Online counselling and support**

We have continued to commission our successful online counselling and support service for all 11-18 year olds at www.kooth.com. This service has been widely promoted across secondary schools and colleges by an Involvement and Participation Worker.

Uptake has been higher than originally anticipated and the service has been welcomed by schools and GPs. We are continuing to ensure the service is part of an integrated, system wide pathway.

⁷ <https://www.bristolccg.nhs.uk/your-health-local-services/help-and-support/young-peoples-emotional-health/>

We plan to extend the pilot until March 2018, with the potential to be included in the newly commissioned Community Children's Health Partnership from April 2018.

- **Working with GPs and primary care**

The information available on the GP referral support tool has been reviewed and updated. This provides GPs and other primary care staff with information on how to signpost and support children and young people and their families to a wider range of services and resources than just those commissioned by the NHS. It also includes a link to our newly developed online directory⁸.

It also includes a crisis risk screen tool which was developed by CAMHS and GPs. This supports GPs in assessing children and young people who present in mental health crisis and in providing an appropriate level of response.

- **NHS 111**

We have also improved the information available on NHS 111 so that when members of the public or professionals contact them, they can be made aware of additional local services such as www.kooth.com and Off The Record, as well as CAMHS and primary care.

- **Working with schools**

The extensive reach of the CASCADE Training enabled commissioners to liaise closely over a period of time with many Bristol schools. Emergent was the need for a Bristol Schools' Mental Health Network. Transformation commissioners along with other key local authority and health colleagues are now working collaboratively with schools to develop this work. A one day Supporting Mental Health & Wellbeing Conference for Schools was successfully delivered on 27th September incorporating:

- CASCADE Celebration Workshop; developed to showcase the emotional health and wellbeing work and approaches of a number of Bristol schools, led by the Anna Freud Centre.
- Launch of the Bristol Schools' Mental Health Network.
- Launch of the new Public Health Bristol Healthy Schools' Award Mental Wellbeing Badge. Schools are encouraged to sign up and work towards achieving the badge which is focussed around a 'whole school approach' to mental health. It is comprised of a set of standards, developed in partnership with Bristol schools and in line with NICE guidance. The award is part of a wider Bristol Healthy Schools award

⁸ <https://www.bristolcgg.nhs.uk/your-health-local-services/help-and-support/young-peoples-emotional-health/>

and is endorsed by Bristol's elected Mayor. Supporting this programme are 10 recently appointed pilot Heads of Mental Wellbeing from Bristol primary, secondary and special schools across the city.

Feedback from the conference was (*insert*). All Bristol primary, secondary and special school settings were encouraged to attend the day, with X number/percentage participating.

- **Self-harm**

This is a manifestation of emotional distress rather than a primary disorder, commonly this includes difficult personal circumstances, past trauma (including abuse, neglect or loss), or social or economic deprivation together with some level of mental disorder.

Self-harm is rising across the UK and has the highest rate in Europe, estimated at 400 per 100 000 people (JSNA *add footnote link when published*). Rates of self-harm are higher for young people who have a diagnosed mental health disorder but self-harm isn't restricted to people with mental health disorders. Risk factors for self-harm, aside from age and gender, are similar to the risk factors for all mental health problems. The risk of self-harm increases with the number of stressful life events a child is exposed to, the socio-economic position of the family and parenting factors such as high levels of punishment and high levels of family conflict (JSNA).

The Partnership Outreach Service (CAMHS/ Off the Record/ UHB/ Early Help Family Support) commenced Sept 2015 and an evaluation is in progress. This service and the Central Intake Team provided assessments for children who present with urgent mental health needs primarily to the Emergency Department and provides an outreach service for those not engaged in a service.

These two teams have recently merged to form the CAMHS Triage, Assessment and Outreach Team. GPs are now referring to this service rather than the child presenting to the Emergency Department.

The number of children accessing these services has increased across Bristol and South Gloucestershire from 315 in 2014 to 364 in 2015 and 391 in 2016.

The initiatives above all aim to contribute to reducing self-harm but nationally it is increasing due to a range of issues including the impact of social media.

In addition, suicidal ideation and self-harm training was run for social care and Early Help staff to support identification and to enhance the support of Practice Leaders within the teams. Practice Leaders are now developing an assessment tool and are clear about their roles:

- Leading on practice

- Equipped in completing initial assessments of a child or young person's health and social care needs
- Producing the assessment tool
- Developing and supporting safety plans and risk assessments with children, young people and their families.
- Mentoring staff
- Offering a network of support
- Sharing knowledge and skills within their service
- Linking with multi-agency partners when required

3. What are we planning in 2017/18?

In NHS England's 'Implementing the Five Year Forward View for Mental Health', there was a new objective that in 2017/18 at least 30% of CYP with a diagnosable mental health condition receive treatment from an NHS-funded community mental health service.

We have calculated these figures for our child and young people population in Bristol using the newly available data from the refreshed JSNA chapter on children and young people's emotional health and wellbeing.

Based on activity figures from our providers (CAMHS, Off The Record, www.kooth.com), 30.4% of Bristol children and young people with a diagnosable mental health condition received treatment from an NHS-funded community service in 2016/17.

- **SEND children's needs**

A multi-agency deep dive workshop included social care and education with health as part of a wider whole system review of services for children with autism and social communication and interaction needs. This workshop focussed on identifying the needs of those at risk of hospitalisation, home or out of area school or social care placements with a view to if and how these needs could be met locally.

Bristol and South Gloucestershire CCGs and Local Authorities submitted a bid to NHS England as part of the Bristol, North Somerset and South Gloucestershire (BNSSG) Transforming Care Partnership Plan. The pilot is to extend our Positive Behaviour Support Service to meet the needs of children and young people with ASD/ Asperger's without a moderate or severe learning disability in order to reduce out of area and costly social care and education placements, also hospital inpatients.

New training relating to autism should be available for CAMHS from Jan 2018 as part of the Increasing Access to Psychological Therapies (IAPT).

- **Data reporting**

We are continuing to work closely with our providers to ensure comprehensive and high-quality data is submitted to the Mental Health Minimum Data Set⁹. We are focusing on improving both the quality and quantity of the information available about service delivery and who is being seen. This intelligence will allow us to make more informed and transparent commissioning decisions in the future.

3.1 Eating disorders

By 2020/21, evidence-based community eating disorder services for children and young people will be in place across Bristol. We are working towards ensuring that 95% of children in need receive treatment within one week for urgent cases, and four weeks for routine cases.

New NICE guidelines for the treatment of eating disorders were published in May 2017¹⁰. We will ensure that eating disorders services in Bristol reflect the recommendations made.

Our CAMHS provider now has extra staff in post (WTE 1.8 including therapists and psychiatry input), which have been funded by transformation monies. They are continuing to develop a model of care that covers BNSSG and are a member of the Quality Network for Community CAMHS – Eating Disorders¹¹.

We have also funded a research project with stakeholders to get a better understanding of how we can improve primary care for children and young people with eating disorders via Bristol Health Partners¹². This involves exploring with patients, their families and GPs how children and young people with eating disorders can best be supported by primary care providers.

3.2 Crisis care and inpatient treatment

We are working with colleagues in NHS England and across our Sustainability and Transformation Plan footprint to develop a collaborative plan for commissioning pathways including inpatient beds. The intention is to develop appropriate community services and potentially home treatment to reduce the need for inpatient admissions, especially in out of area facilities.

We developed an initial BNSSG wide collaborative commissioning plan with our local NHS England's specialised commissioning team by December 2016.

⁹ <http://content.digital.nhs.uk/mhds>

¹⁰ <https://www.nice.org.uk/guidance/ng69/chapter/Recommendations>

¹¹ <http://www.rcpsych.ac.uk/workinpsychiatry/qualityimprovement/ccqiprojects/childandadolescent/communitycamhsqncq/qncc-ed.aspx>

¹² <http://www.bristolhealthpartners.org.uk/health-integration-teams/eating-disorders/projects-and-activities>

Since then, we have engaged with NHS England to explore how we can develop and improve services further.

We are also working in partnership with the Local Authority, the police and hospitals to get a better understanding of the needs of children and young people in crisis, and identify if there are gaps in the services provided.

3.3 Developing the workforce

In Bristol we are part of Wave 2 of the South West CYP Improving Access to Psychological Therapies (CYP IAPT) Collaborative Programme. This year we have supported staff from CAMHS, Off The Record and the Local Authority parenting team to take part in the clinical training programmes.

This has included NHS Bristol making a financial contribution to the salary support costs of CYP IAPT training from our transformation funding.

In December 2016 we also produced an initial BNSSG wide joint workforce plan in collaboration with our providers and other commissioners across BNSSG. This includes promoting and integrating the principles and values of CYP IAPT throughout the wider workforce, as well as other specialist training.

This includes trauma recovery model training for a range of practitioners in Bristol working with vulnerable and complex children and young people, which is taking place in autumn 2017. This training was funded by NHS England Health and Justice Collaborative Commissioning.

'Strengthening the Circle' training, funded by Health Education England is also being delivered in Bristol in autumn 2017. This training aims to strengthen the skills, confidence and competence of the joint agency non-specialist workforce – those who provide the circle of support around individual vulnerable children and young people.

We are also exploring options for delivering Mental Health First Aid training to primary schools.

4. Where are we now?

Please see the table below for how much we spent in 2016/17 and plans for 2017/18:

Description	Actuals			Planned
	2014-15 Bristol CCG	2015-16 Bristol CCG	2016-17 Bristol CCG	17-18 Bristol CCG
Main block CAMHS	4,467,377	4,557,362	4,334,741	4,450,300

Total Block	4,467,377	4,557,362	4,334,741	4,450,300
Other				
Off the record	50,895	60,215	62,360	91,215
Crisis Outreach	400,000	61,724	-	-
CHC Children's	311,365	421,225	291,422	292,168
ED and transformation	-	869,411	1,028,551	1,013,949
CYP IAPT	-	51,250	196,750	101,250
Total other CAMHS	762,260	1,463,825	1,579,082	1,498,582
Combined Total	5,229,637	6,021,187	5,913,823	5,948,882

Bristol City Council Spend and Budget

	14/15 - Actual Spend	15/16 - Actual Spend	16/17 - Actual Spend	17/18- Budget
CAMHS	864,595	878,516	992,854	907,780
Social Care - Positive Behaviour Support Service (PBSS)	30,000	30,000	30,000	30,000
MTFC	0	93,781	105,255	96,401
Troubled Families	49,534	72,836	148,000	162,689
Early Years - Emotional Needs	9,063	12,642	23,708	23,708
SEN - PBSS	30,000	30,000	30,000	30,000
Youth Services - Counselling			84,000	84,000
	983,192	1,117,775	1,402,751	1,323,512

There are other funding sources that include emotional health but these have not been possible to disaggregate such as Healthy Schools Programme or social care or educational support.

Please see the tables below for details of the workforce and activity of our specialist providers in 2016/17:

CAMHS Workforce 2016/17

Specialised CAMHS

Position	WTE	NHS Band
Admin & Clerical	1.4	3
Admin & Clerical	0.6	4
Assistant Psychologist	0.5	5
Nurse	3.8	7
Psychologist	2.4	7
Nurse Manager	0.4	8a
Psychologist	0.55	8a
Psychotherapist	0.8	8a
Psychotherapist	1.1	8b
Psychologist	0.6	8c

WTE total = 12.15

Bristol East and Central CAMHS

Position	WTE	NHS Band
Admin & Clerical	1.49	2
Admin & Clerical	2.25	3
Admin & Clerical	1.5 (0.5 = CIT)	4
Nurse band	1.00	6
Nurse band	1.8	7
PMHS/PIMHS	3	7
Clinical Psychologist	1.71	7
Family Therapist	1.35	8a
Psychotherapist	1.00	8a
Psychologist	0.6	8a
Psychologist	0.61	8c
Psychiatrist consultant	1.6	

WTE total = 17.91

Bristol North CAMHS

Position	WTE	NHS Band
Admin & Clerical	1.37	2
Admin & Clerical	2.24	3
Admin & Clerical	0.8	4
Psychologist	1.9	7
Nurse	1.3	7
PMHS/PIMHS	4	7
Psychologist	1.6	8a
Family Therapist (ED)	0.6	8a
Family base treatment	1	7

(ED)		
Consultant Psychiatrist (ED)	0.2	
Psychologist	0.7	8b
Psychotherapist	0.9	8a
Psychotherapist	1.0	8b
PMHS	1.0	8a
Psychiatrist Consultant	0.6	

WTE total = 19.21

Bristol South CAMHS

Position	WTE	NHS Band
Admin & Clerical	1.6	2
Admin & Clerical	2.6	3
Admin & Clerical	1.81	4
Occupational Therapist	0.6	7
Psychologist	3.25	7
Nurse	1.79	7
PMHS/PIMHS	4.4	7
Psychologist	0.63	8a
Family Therapist	0.7	8a
Psychotherapist	1.09	8b
Psychotherapist	1.0	8d
Nurse	1.0	8a
Psychiatrist consultant	2.4	

WTE total = 22.87

CAMHS activity 2016/17

Total number of referrals for year	1900
Total number accepted	1379
DNA rate	6%

Off The Record workforce 2016/17 (including NHS funded staff)

WTE	NHS Band Equivalent
19	-
4.2	4
27.6	5
2	5/6
7	6
4	7
1	8b

WTE total = 62

Off The Record activity 2016/17

Total number of referrals to OTR	1536
Total number seen in CCG services	815 (409 counselling + 246 pop-up + 160 groupwork)
DNA rate for CCG funded services	11.2%

Kooth – **workforce?** Xenzone to provide by 7th August to match approach in other CCG plans

Kooth activity 2016/17

Total number of referrals to Kooth (registrations)	1441
Total number seen in CCG services – review wording	364
DNA rate for CCG funded services	N/A