



Children and young people's emotional health and wellbeing transformation plan refresh 2016

October 2016

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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. This work runs alongside the re-commissioning of community children's health services across Bristol, North Somerset and South Gloucestershire, which includes CAMHS.

The Bristol Emotional Health & Wellbeing (EHWB) Transformation Plan 2015 – 2020² was based on this, NHS England allocated our first tranche of transformation funding in November 2015. Our first area of work has been to improve eating disorder services across Bristol, North Somerset and South Gloucestershire (BNSSG) – this was a national priority for all Clinical Commissioning Groups (CCGs) set out by the government.

In July 2016, NHS England published 'Implementing of the Five Year Forward View for Mental Health'³. This guidance identified new areas for us to focus on and this has been included in our plans for 2016/17. 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

¹ Future in Mind, 2015

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

² Emotional Health and Wellbeing Plan

https://www.bristolccg.nhs.uk/media/medialibrary/2015/12/emotional_health_welbeing_transformation_cyp.pdf

³ Implementing the Five Year Forward View for Mental Health

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

- 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

Bristol's new Mayor, Marvin Rees is making the emotional wellbeing of children and young people a priority. This is also a priority for the Health and Wellbeing Board and the new Bristol Strategy for Children, Young People and Families⁴. By working together across organisations and with different communities, we can improve the services and support available, as well as tackle the stigma around mental health issues.

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 cypemotionalhealth@bristolccg.nhs.uk or on 0117 984 1592

2. What have we achieved since our first transformation plan in 2015?

Since the Emotional Health Wellbeing Transformation Plan was published in November 2015, there have been significant developments within the programme. We have continued to develop our vision of ensuring that every child, everywhere, receives the right support, as early as possible and taken steps to make this a reality.

⁴ Bristol Strategy for Children, Young People and Families
<https://www.bristol.gov.uk/documents/20182/305531/CYF+Strategy+briefing/949110bf-f7e3-42b4-a355-15f3ebdb1d04>

What is meant by this is that we wanted to develop a city-wide system of early identification of and support for children and young people who have emotional health issues. This can be before they develop a diagnosable mental health disorder and is about helping children and young people, and their families to help themselves.

A wide range of professionals, not just mental health staff, need to understand the role they play in supporting emotional health and to help them feel confident in knowing how to help and what services are available.

To drive this, there was investment in **training a wide range of staff** in the areas of emotional health they wanted support with as follows:

- School staff & CAMHS Primary Mental Health Specialists (please see section below explaining the commissioning of Anna Freud CASCADE training).
- Social care and Early Help staff; 380 Bristol City Council Social Care practitioners are undertaking a one day workshop in relation to prevention and early intervention in relation to CYP emotional distress and trauma with a particular focus on self-harm and suicidal ideation. 60 of 380 practitioners will be identified to attend a further four-day workshop designed to support their ability to be 'Practice Leads'.
- 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 are completing 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.

Additional funding was provided to our counselling provider, [Off The Record](#) to reduce waiting lists including **developing and delivering group work** with young people aged 11 to 18 years. Following on from this successful pilot, we have provided funding for additional groups to run until the end of March 2017. In 2016/17, we also provided funding for Off The Record to **deliver extra capacity** in locations across the city.

From 1st September 2016, **online counselling, support and interventions** have been commissioned and will be available to all 11-18 year olds in Bristol from [Kooth](#). This is in response to specific feedback from young people who have identified online options as something they want. The service will be promoted across all Bristol schools and colleges by an Engagement Worker, as well as being promoted through other services such as GP practices. This service has been commissioned for a 12 month pilot and the intention is to

integrate it with other existing services, such as CAMHS and Off The Record as part of our early intervention and counselling services.

Young people can self-refer to this service and there are no criteria for accessing the service. In addition, we have commissioned 1200 hours of online counselling and intervention.

All Local Authority and school libraries are being provided with a full set of self-help books aimed at 13 to 18 year olds. This **social prescribing** scheme is part of the [Reading Well](#) scheme.

Additional posts within CAMHS have been funded to increase capacity in the **eating disorders** team and **primary mental health professionals to work in social care teams**.

Starting in 2015/16 and continuing in 2016/17, projects have been initiated that will improve working practice in our providers. Working with our providers, we were aware that limitations in their **IT and paper clinical notes systems** were hampering their ability to work efficiently and flexibly. To maximise the clinical resources already available in the system, significant funds have been invested into each providers' IT system.

For CAMHS, this has involved a transformational change away from paper records and then manual data inputting to an online records system. This will also allow them to record **clinical outcome data** (ROMs/CORC) directly from children and young people in the session.

The project will also enable CAMHS to use mobile devices, such as laptops and smartphones. This will lead to more flexible working, including working in other locations and with other teams.

Off The Record have utilised the funding to improve the functionality of their existing clinical records system. This has led to improvements in the patient pathway and useful features such as sending text messages to young people reminding them of their appointments.

This investment will allow both CAMHS and Off The Record to deliver the required data for the [Mental Health Minimum Data Set](#). This will improve 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.

Once the projects have been completed and become part of business as usual, CAMHS and Off The Record will provide us with benefits realisation reports so that we can understand the impact and how it can support future transformation.

A [handout for GPs and other primary care staff](#) has also been developed and distributed to give to children and young people, or their family and

friends. This lists local and national services that are available and will be updated as new services come online.

In addition, the information available on the GP referral support tool has been reviewed and updated. This included information on our transformation programme and how staff could get involved.

A triage / single point of access process for GP referrals to CAMHS with Early Help to enable the right help first time is being piloted.

3. What are we planning in 2016/17?

Following our first plan in 2015, Future in Mind recommendations and our engagement work we have continued to plan and deliver significant changes to how children and young people's emotional health is supported.

In NHS England's 'Implementing the Five Year Forward View for Mental Health', there was a new objective that at least 35% 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 data from our children and young people emotional health and wellbeing needs assessment⁵.

Based on activity figures from CAMHS and Off The Record, **47% of Bristol children and young people with a diagnosable mental health condition received treatment** from an NHS-funded community service in 2015/16.

We are planning to increase these numbers and to offer a wider variety of services, including online and group support, as well as one to one interventions.

3.1 Working with others

a. Children and young people and their families and friends

In Bristol, we are currently in the process of re-commissioning our community children's health services, including CAMHS from April 2017. As part of this, we have carried out extensive consultation and engagement with children and young people, and their families about CAMHS.

This gave us lots of useful information about what the people who use our services think, including what other services outside CAMHS they would like to see. They also told us how they would like being in CAMHS to feel and where services should be, both physically and virtually.

⁵ Children and Young People Emotional Health and Wellbeing Needs Assessment
<https://www.bristol.gov.uk/policies-plans-strategies/joint-strategic-needs-assessment-jsna>

We are building this information into our transformation planning and will continue to consult and engage with children and young people, and their families at a later stage. In the meantime, we are continuing to work with Young Healthwatch and the Youth Council and supporting the **youth-led [‘Freedom of Mind’](#) conference** in October 2016.

We will work with the structures created by the Children and Families Partnership Board to join up consultation and engagement with children and young people across all strategies, plans and pieces of commissioning with a focus on early intervention. The CYP Voice Network, facilitated by Bristol City Council and the Health and Wellbeing Board, will be able to support us with wider engagement activities. We also recognise the importance of children and young people in leading the priorities and not just being asked the questions that commissioners want to know.

We intend to work with other commissioners via the Children and Families Board and sub-groups regarding developments in 2016/17 and work with children and young people regarding their priorities.

b. Professionals across the system

Over the summer, two surveys of various stakeholders were carried out. One was with school staff and the second was of professionals from a variety of different settings. Many respondents said they wanted to become more involved in our plans and we have been developing ways in which they can become more involved.

Our **survey of teachers and other school staff** found that:

- The top emotional wellbeing issues identified in schools were sexuality, eating disorders/body image, mental illness within the family.
- Only 6 - 7% of respondents felt well equipped to support these priority issues (sexuality 6%, eating disorders/body image 6%, mental illness within the family 7%)
- Between 41% and 50% of respondents felt they knew where to get external support for these priority emotional wellbeing issues (an average of 45%)
- 58% used the SEAL (Social and Emotional Aspects of Learning) approach to emotional health and wellbeing
- 91% felt well equipped to deal with issues about being in care/fostered and 100% of schools felt equipped to deal with bullying
- However, 59% of respondents didn't know where to go for help with mental illness in the family, 55% sexuality and 53% depression and 50% eating disorders/body image

- The amount schools spend on emotional health and wellbeing varied depending on the number of pupils, available budget and pupil needs.

Our second survey which asked similar questions of other professionals, such as **clinical staff and other professionals working with children and young people** found that:

- 79% of respondents reported being only slightly, or not at all familiar, with the Government's Future in Mind Strategy
- Priorities for action were identified as crisis and self-harm, depression and anxiety
- 89% felt the support children wanted most is one to one therapy, which included drop-in sessions
- Respondents also identified music and art therapy 69% and sport and exercise 65% as services that children want.
- Only 18% of respondents felt GP surgeries worked well to support children and young people's emotional health and wellbeing
- Services that are not easy to access, support not being provided quickly enough and the lack of joined up working between agencies were recurring themes throughout the feedback.
- CAMHS was well regarded by respondents (62%), although described as a sometimes inconsistent service. Off the Record was overwhelmingly supported.

We then held a **successful workshop with over 40 professionals** on 22nd September 2016 to build on the findings of our questionnaires. The aims of the workshop were:

- To agree local priorities and approaches
- To establish leads / working group to support and deliver priorities

The two top priorities had been identified as:

- Settings feel more confident about managing emotional health and wellbeing for children, young people and families
- Services work well together and information, where appropriate, is shared

The workshop explored what delivering these two priorities would look like. One of the most supported options was for there to be an improved online, searchable directory for professionals to find support and signpost children and young people. This would work best if it also allowed children and young people, and their families to use it as well to find ways to help themselves.

The other most supported option was that all settings have a clear understanding of and culture of positive mental and emotional wellbeing.

c. Working with GPs and primary care

We have **continued working with GPs and primary care staff** to build on the engagement and work undertaken in 2015/16. This has included attending GP forums, practice nurse and practice managers meetings. This has helped us raise the profile of the transformation work and allowed us to understand where the emotional health of children and young people sits amongst the priorities for wider primary care.

One of the things GPs told us was that they didn't see emotional health issues in children and young people as often as other conditions. That means when it does happen it is often in a crisis situation, so they want to be able to provide timely support and signposting in an easily accessible way.

In addition to the handout we produced and continue to update, a GP crisis risk screen tool is being developed with CAMHS, so that GPs can risk screen and know what services are available when they see a child or young person in crisis. GPs have asked for training from mental health professionals to support their use of this and also in managing self-harm. We are working with CAMHS to arrange for GP training sessions to deliver this support.

d. Working with schools

Results of the school survey undertaken in May 2016 highlighted the concern schools have in relation to the emotional health and wellbeing needs of their pupils. We are working closely with Bristol City Council's Directors of Education and Early Intervention, Targeted Support and Public Health to ensure that tailored package of training and resource support is created for schools.

In association with the Anna Freud Centre, **CASCADE training** will be rolled out to key CAMHS and Bristol school staff by April 2017. CASCADE training involves bringing together Mental Health leads in schools and CAMHS to embed long term collaboration and integrated working. This has already been 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 services.

We are working with colleagues in Public Health and Bristol City Council's Educational Psychologists to further deliver the emotional health and wellbeing strand of the **Healthy Schools award**. We want to ensure a whole school approach to improving mental health and wellbeing and will be supporting schools to use recently published national frameworks alongside the standards within our Healthy Schools programme.

e. Vulnerable Groups

We plan on exploring potential gaps in provision for vulnerable groups such as children in care, young people leaving care, children with autism and young people in the youth justice system.

We have also commissioned a gap analysis for 16-25 year olds with emotional and mental health needs to understand their needs and how we can best provide services to meet them.

South Gloucestershire CCG is also bidding on behalf of Bristol and North Somerset to enable us to work in partnership to commission additional speech and language therapy, mental health support and training for our local Youth Offending Teams. We also recognise the need for targeted support in relation to Health and Justice services, such as liaison and diversion teams and paediatric sexual assault referral centres.

3.2 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.

We are working with our CAMHS colleagues to report and baseline current wait times. This will then help us identify the steps we need to take in order to deliver an evidence-based service that **meets the waiting time standards**. This work is being led by South Gloucestershire CCG, as our service will cover Bristol, North Somerset and South Gloucestershire. This will also help us to understand what needs to happen to deliver a consequent reduction in in-patient beds.

We have funded a **school-based body image research project** focusing on reducing cognitive dissonance in 'at risk' Year 8 and 9 girls via [Bristol Health Partners](#). The initial results are encouraging and we want to build on this to find ways to provide early support and intervention before disordered eating and more serious body image issues become established.

We also want to explore if we can deliver better support for children and young people with eating disorders in primary care and schools. In Bristol, we already have a successful **primary care eating disorders** service for adults, [First Step](#) and we now want to explore if we can set up a similar service for under 18s.

3.3 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.

A multi-agency workshop including social care and education with health is planned as part of a wider whole system review of services for children with autism. This workshop will focus 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.

The aim is to have developed a collaborative commissioning plan with our local NHS England's specialised commissioning team by December 2016.

We are planning to commission a new CAMH service that will provide a 24 hour flexible crisis service including eating disorders and provide out of hours psychiatric assessment. The service will build on the Partnership Outreach Pilot which includes the voluntary sector alongside our statutory health providers. It provides intensive support including evenings and weekends for those presenting to hospital following self-harm. It also provides support for those at risk of being admitted to hospital with a mental health need and provides intensive support to facilitate earlier discharge.

An independent review of the Partnership Outreach Pilot has been commissioned and will make recommendations to the new provider regarding the future model.

3.4 Developing the workforce

In Bristol we are part of Wave 2 of the South West CYP Improving Access to Psychological Therapies (IAPT) Collaborative Programme. We are working with a range of providers (CAMHS, Off The Record and Local Authority parenting practitioners) to ensure targeted staff are training in CYP IAPT.

In the 2016/17 academic year, 16 Bristol professionals working with children and young people are scheduled to complete CYP IAPT training.

Where required, Bristol CCG will support this investment in the wider workforce by making the necessary contribution to the salary support costs of CYP IAPT training from our transformation funding.

We are also working with our providers to develop joint agency plans by December 2016 to ensure continuing professional development of existing staff for the next five years. This includes promoting and integrating the principles and values of CYP IAPT throughout the wider workforce.

4. Where are we now?

Please see the table below for how much we spent in 2014/16 and plans for 2016/17:

NHS Bristol CCG spending

Description	Actuals		Planned
	2014-15 Bristol CCG	2015-16 Bristol CCG	2016-17 Bristol CCG
Main block CAMHS	4,467,377	4,557,362	4,534,903
Total Block	4,467,377	4,557,362	4,534,903
Other			
Off the record	50,895	60,215	61,827
Crisis Outreach	400,000	61,724	-
CHC Children's ED and transformation	311,365	421,225	430,000
	-	869,411	1,023,680
CYP IAPT	-	51,250	133,750
Total other CAMHS	762,260	1,463,825	1,649,257
Combined Total	5,229,637	6,021,187	6,184,160

Bristol City Council spending

	15/16 - Actual Spend	14/15 - Actual Spend
CAMHS	988,516	974,595
Positive Behaviour Support	30,000	30,000
MTFC	93,781	0
Troubled Families	72,836	49,534
Early Years - Emotional Needs	12,642	9,063
SEN - PBSS	30,000	30,000
	1,227,775	1,093,192
less - BCCG CAMHS 'BE SAFE' CONTRIBUTION	-110,000	-110,000
	1,117,775	983,192

Please see the tables below for details of the workforce and activity of our specialist providers in 2015/16:

CAMHS Workforce 2015/16

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	2.8	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 = 17.71

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	3.6	7
Psychologist	1.6	8a
Psychologist	0.7	8b
Psychotherapist	0.9	8a
Psychotherapist	1.0	8b
PMHS	1.0	8a
Psychiatrist Consultant	0.6	

WTE total = 17.01

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	3.42	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 = 21.89

CAMHS activity 2015/16

Total number of referrals for year	1514
Total number accepted	938
DNA rate	10%

Off The Record workforce 2015/16 (including NHS funded staff)

WTE	NHS Band Equivalent
19	-
4.2	4
27.6	5
2	5/6
5.2	6
3	7
1	8b

WTE total = 62

Off The Record activity 2015/16 for period 1st April to 30th September 2016

Total number of referrals to OTR	782
Total number seen in CCG services	352

DNA rate for CCG funded services	11.2%
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