Bath & North East Somerset Council

NHS
Bath and North East Somerset
Clinical Commissioning Group

Children & Adolescent Mental Health Services (CAMHS) Transformation Plan 2015-2020

Version 9
Updated November 2019

Healthier. Stronger. Together.

Table of Contents

A	Improving CYP's emotional and mental health	
	A.1 National context	3
	A.2 Local context	6
	A.3 Commissioning EHWB support	7
B	Estimating prevalence of emotional and mental ill-health	
	B.1 Local profile of CYP	10
	B.2 Local intelligence	11
C	Promoting and protecting good mental health	
	C.1 Universal services	18
	C.2 Targeted services/early help	20
	C.3 Mental health training	22
	C.4 Schools co-commissioning	22
	C.5 Community Counselling	23
	C.6 B&NES Early Help Services app	23
D	Specialist mental health provision	
	D.1 CAMHS	24
	D.2 Eating disorders	28
	D.3 Acute hospital mental health liaison	29
	D.4 Health-based places of safety	29
	D.5 Inpatient specialist psychiatric care	31
	D.6 Early intervention in psychosis	33
	D.7 Crisis Care	34
	D.8 Community CAMHS re-procurement	35
	D.9 STP MH Delivery Plan	36
E	Vulnerable CYP at particular risk of mental ill health	
	E.1 Looked after children	38
	E.2 Victims of sexual abuse or exploitation	38
	E.3 CYP in contact with the justice system	40
	E.4 CYP transitioning to adult mental health services	41
F	Engaging with stakeholders, including CYP	
	F.1 Children and Young People	43
	F.2 General practice	45
	F.3 Schools and colleges	45
G	Review of previous years' CAMHS Transformation plans	46
H	19/20 CAMHS Transformation plan	51
I	Conclusion	55
	Appendices 1-5	56

A. Improving children and young people's emotional and mental health

This Transformation Plan aims to improve the emotional wellbeing and mental health of children and young people (CYP) under the age of 18 living in Bath and North East Somerset (B&NES).

The plan evidences the strong partnership approach and commitment to emotional health and wellbeing that is well established in B&NES. With greater co-production with schools, colleges and CYP, this plan aims to further transform local provision with the intended outcome of B&NES CYP having improved resilience and positive emotional wellbeing.

The plan co-ordinates the planning and commissioning of services to ensure that resources in all partner agencies are used in the most effective way to improve CYP's emotional health.

A.1 National context

A.1.1 Future in Mind

Department of Health evidence[1] has confirmed that:

- The cost of mental health problems to the economy in England is estimated at £105bn, with treatment costs expecting to double in the next 20 years.
- 50% of lifetime diagnosed cases of mental illness start by the age of 14.
- Poor mental health in childhood is associated with poor childhood and poor adult outcomes.
- In 2017 national prevalence study found 12.8% of 5-19 year olds have a diagnosable mental health problem.[2]

The 2010 national public health strategy[3] gave equal weight to both mental and physical health and focused on tackling the underlying causes of mental ill-health. The strategy noted:

- Intervening early for children with mental health problems has been shown not only to reduce health costs but also realise larger savings such as improved educational outcomes, reduced unemployment and less crime.
- 25-50% of mental health problems are preventable through interventions in the early years.

National government expects early intervention and preventative services to be commissioned and provided by the NHS, local government and the third sector working in partnership with each other.

A national mental health strategy specifically for children and young people, *Future in Mind,* was published in 2015. In February 2016, the government's continuing

[1] *Healthy Lives, Healthy People (Nov 2010) and No Health Without Mental Health (Feb 2011)*
[2] *https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017#resources*
[3] *Healthy Lives, Healthy People (Nov 2010),*

commitment to improving mental health for all age groups culminated in the publication of the *Five Year Forward View for Mental Health.*

The Government's aspirations for CYP, outlined in *Future in Mind,* are that by 2020 there will be:

- Improved access for parents to evidence-based programmes of intervention and support
- Improved crisis care: right place, right time, close to home
- Professionals who work with children and young people trained in child development and mental health
- Timely access to clinically effective support
- A better offer for the most vulnerable children and young people
- Treatment models built around the needs of children and young people, and a move away from the 'tiers' model
- More evidence-based, outcomes focussed treatments
- More visible and accessible support
- Improved transparency and accountability across whole system
- Improved public awareness and less fear, stigma & discrimination

Future in Mind has the following key themes:

- Promoting resilience, prevention and early intervention
- Improving access to effective support
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

In the March 2015 Budget, the Chancellor of the Exchequer announced £1.25 billion of additional investment in children's mental health over the next five years (with the addition of previous announcements of £150 million for eating disorders, this has been presented as a total of £1.4 billion over the five years from 2015-16).

A.1.2 Time to Deliver

In November 2016, the Education Policy Institute Mental Health Commission published its third and final report, *Time to Deliver*, exploring the progress and barriers relating to the transformation of children and young people's mental health in England, since the publication of *Future in Mind*.

Time to Deliver identified ten national themes including delivery problems with published local CAMHS Transformation Plans. Many of the themes resonated within B&NES e.g. the length of time it takes to achieve change and to embed new systems and working practices. Specific *Time to Deliver* themes reflected in the local CAMHS Transformation plan include:

1. Prevention
    - A sustained focus on raising awareness and reducing stigma.

2. Early Intervention
    - Easy to access (by drop-in, or self-referral, with no thresholds) services in every area.
    - A programme to ensure a stronger focus on mental health and wellbeing within schools. This should include:

- ✓ Evidence-based training for teachers
- ✓ Trained lead for mental health and wellbeing in every school, college and university.
- ✓ Schools, colleges and universities adopting the WHO recommended Whole School Approach model.
- ✓ Mandatory, updated, high quality, statutory PSHE in all schools and colleges, with dedicated time for mental health.

3. Delivering better treatment

- The practice of making a young person leave their support service on their 18th birthday must end. Young people should be able to choose when to transition up to the age of 25 with support from their therapists and parents or carers.

A.1.3. Green Paper

A significant further development in December 2017 was the publication of a government Green Paper entitled *Transforming children and young people's mental health provision*. Confirming the vital role schools/colleges have in building resilience and identifying mental health needs at an early stage, the paper proposed three key elements:

1. Every school and college will be incentivised to identify a Designated Senior Lead for Mental Health to oversee the approach to mental health and wellbeing. All NHS children and young people's mental health services should identify a link for schools and colleges. This link will provide rapid advice, consultation and signposting.
2. Mental Health Support Teams, supervised by NHS children and young people's mental health staff, will be funded to provide specific extra capacity for early intervention and ongoing help. Their work will be managed jointly by schools, colleges and the NHS. These teams will be linked to groups of primary and secondary schools and to colleges, providing interventions to support those with mild to moderate needs and supporting the promotion of good mental health and wellbeing.
3. A four week waiting time for access to specialist NHS children and young people's mental health services will be piloted in some areas.

In July 2018 the government responded to its Green Paper consultation: *Transforming Children and Young People's Mental Health Provision: a Green Paper and Next Steps.*

As a result of additional national funding to implement the Green Paper, B&NES CCG has secured additional funding to pilot one Mental Health Support Team (MHST) in targeted schools. The team will be formed in January 2020 when 4 trainee Emotional and Wellbeing Practitioners will commence their university studies in conjunction with their practical work within the schools. The team, which includes clinical supervisors and line managers, as well as administrators and support staff, should be operational by January 2021. Hopefully additional funding will become available for more MHSTs to become established in the future.

A.1.4. NHS Long Term Plan[4]

[4] NHS England, *The NHS Long Term Plan,*2019**.** *https://www.longtermplan.nhs.uk/publication/nhs-long-term-plan/*

The *NHS Long Term Plan* published in January 2019, restated the Government's commitment to deliver the recommendations in *The Five Year Forward View for Mental Health* and set out further measures to improve the provision of, and access to, mental health services for children and young people.

Further measures on children and young people's mental health set out in the *Long Term Plan* include:

A commitment that funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending.

Continued investment in expanding access to community-based mental health services to meet the needs of more children and young people.

Extra investment over the next 5 years in children and young people's eating disorder services.

Children and young people experiencing a mental health crisis to be able to access the support they need with a single point of access through NHS 111, providing accessible crisis care 24 hours a day, seven days a week.

The NHS to work with schools, parents and local councils to embed school and college-based mental health support for children and young people

Extending the current 0-18 years service models to create a comprehensive offer for 0-25 year olds that reaches across mental health services for children, young people and adults.

These commitments will be funded through a mix of Clinical Commissioning Group baseline allocations and transformation funding available over the five-year period.

Since 2015/16, each Clinical Commissioning Group is required to publish a Local Transformation Plan, updated each October, detailing how the national funding will be invested to improve local services.

This local CAMHS Transformation Plan sets out how these commitments are being implemented within B&NES.

A.2 Local context

The *Children and Young People's Plan (CYPP) 2018-2021* is the commissioning and delivery plan to improve the general health and wellbeing of CYP and is closely aligned to the Health and Wellbeing Strategy in B&NES. It outlines both the local vision and priorities for the period 2018-2021 and has recently been approved by B&NES Health and Wellbeing Board.

The four key outcomes of the CYPP are:

Children and young people are safe
Children and young people are healthy
Children and young people have equal life chances
All children and young people are active citizens within their own communities

One of the Plan's eleven priorities is to:

"Increase the number of children and young people experiencing good emotional health, wellbeing and resilience"

CYPP outcomes indicating increased numbers of CYP experiencing good emotional health, wellbeing and resilience include:

- % decrease in number of CYP aged 10-24 admitted to hospital as a result of self-harm
- % increase in number of CYP who have direct access to interventions e.g. Nurture Outreach, School Nurse, Counselling, online counselling and specialist CAMHS
- increase of CYP known to CAMHS, who are supported to transfer to adult services

A.3 Commissioning EHWB support

B&NES commissioners aim to commission and develop services which:

- Help children & young people learn the skills they need to stay emotionally healthy
- Identify children & young people who need extra support and provide it as early as possible for as long as it is needed
- Ensure the delivery of a comprehensive range of services to tackle mental health problems before they become entrenched
- Work with adult mental health services to minimise the impact of parental mental ill-health on children and young people
- Meet children & young people in the most accessible place possible
- Periodically review services to ensure resources are being used in the best possible way

The following commissioning principles are promoted:

Multi-agency working: a key principle of the strategy is that mental health is the 'business' of all agencies, and a joint approach is required to improve children & young people's mental health. There is a commitment to an integrated care pathway for children & young people with emotional and behavioural difficulties which addresses how universal, targeted and specialist services work together to best meet the needs of children, young people and their families. Children & young people may have a 'lead professional' to help coordinate services.

Early Intervention: There is a focus on early intervention; in terms of early in the life cycle, early identification of difficulties and early intervention. Hence multi-agency services that promote the mental health of all children & young people (including building resilience) and provide early identification and preventative interventions are commissioned alongside services to meet the needs of children & young people with established or complex problems. Interventions are best provided 'nearest' the child or young person i.e. provided by practitioners with the 'lowest level of specialism' (but nevertheless with the necessary skills and competencies).

Evidence-based practice: Services should provide mental health care which is based upon the best available evidence, including relevant NICE guidelines.

Addressing inequalities: Services must be provided to children & young people regardless of their ethnicity, gender, sexual orientation and/or religion. All services should pro-actively consider the specific needs of children and young people:

- from black and minority ethnic groups (including migrant families)
- with physical and learning disabilities
- who are, or are at risk of becoming, young offenders
- who are in, or are at risk of entering, the care system
- who are experiencing, or are at risk of, child sexual exploitation
- who are lesbian, gay, bisexual, transgender or questioning their sexuality
- who are being bullied or discriminated against for other reasons e.g. the way they look or their economic circumstances.

Children and young people's participation: All services should have a commitment to increasing the participation of service users, parents and carers in the planning and evaluation of services to ensure that services are designed around the needs of children, young people and their carers - as opposed to the needs of individual agencies.

Clear service expectations and outcomes: Services will be commissioned against clear expectations, outputs & outcomes, detailed in service specifications and monitored to ensure compliance and quality.

Links with other strategic work:

- The Emotional Health and Wellbeing (EHWB) Strategy Group is a sub-group that leads on the development and delivery of the CYPP. This group reports to the CYPP sub-group of the *Health and Wellbeing Board*.

- There are links to the Suicide Prevention Strategy Group and the Self-Harm Steering Group via the mental health representative from Public Health being a member of the both the EHWB Strategy Group and Suicide Prevention Group. Some actions from the *Suicide Prevention Strategy and Action Plan* form part of the Action Plan for the EHWB strategy.

- There are links to the Local Safeguarding Children's Board (LSCB) *Early Help Strategy* which focuses on preventative services. An early help services commissioner also sits on the EHWB strategic group.

- B&NES is working towards creating a perinatal mental health strategy. During July 2018 B&NES health commissioners submitted an application to NHS England, jointly with Wiltshire and Swindon CCGs, for funds to establish a specialist community perinatal mental health service operating across the three areas. The application was approved and the new service began implementation in early 2019 and will be fully functional by November 2019.

The CCG and the Council in B&NES have had integrated commissioning for a number of years, across a range of children and young people services. This has been further enhanced with public health becoming part of the Council's commissioning arrangements in 2014. More recently, the CCG and the Council are working with other partners, including schools, to maximize the use of resources.

Responsibility for commissioning local EHWB services lies with a number of agencies; CCG, early years (Council), youth service (Council), schools and colleges (Academies and Council), specialist commissioning (NHS England), public health (Council) and voluntary sector organisations. A model of comprehensive emotional and mental health service provision is reproduced in Appendix 1.

B&NES is served by all elements of the model outlined in Appendix 1. Relevant children's services currently commissioned to support the emotional health of children and young people are detailed in Appendix 2 and are provided by a range of organisations including the LA, VirginCare, Oxford Health NHS Foundation Trust and smaller voluntary organisations.

The EHWB Strategy Group now reports to a sub-group of the Health and Wellbeing Board - the CYPP subgroup. The CYPP sub-group is chaired by a member of the Health and Wellbeing Board ensuring that all priorities for children and young people are closely aligned with the Health and Wellbeing Strategy. The EHWB Strategy Group is required to produce bi-annual update to the CYPP sub-group and LSCB as well as an annual review of performance.

Although the EHWB Strategy Group does not include a CYP representative, the CYP Equalities Group also receives the same bi-annual report for scrutiny and comment. This group includes representatives from the various children and young people participation groups and school equalities teams across B&NES including CAMHS service users, Children in Care, Youth Forum and the Member of Youth Parliament.

Formal monitoring of the CAMHS Transformation Plan is via the EHWB Strategy Group. There are strong links to the LSCB with the Childrens' Social Care manager also being a member of the LSCB.

The CCG CAMHS Commissioning Project Manager attends mental health events and virtual meetings facilitated by the SW Strategic Clinical Network. The network supports commissioners and providers by highlighting national guidance and facilitating the sharing of ideas, experiences and good practice. The network also facilitates contact and discussion between national (specialist) and local CAMHS commissioners.

B Prevalence of emotional and mental ill-health in Bath & North East Somerset

Children and young people's good mental health includes:

- The ability to develop psychologically, emotionally, creatively, intellectually and spiritually;
- The capacity to initiate, develop and sustain mutually satisfying personal relationships;
- The ability to be aware of others and empathise with them;
- The ability to play and learn, with attainments that are appropriate to age and intellectual ability;
- A developing moral sense of right and wrong;
- the degree of any psychological distress and maladaptive behaviour being within the normal limits for the child's age and context;
- The ability to be able to face and resolve problems and setbacks, and learn from them. [5]

Symptoms of poor emotional health may differ according to a child's personality, personal history, community and environmental factors. Symptoms include behavioural problems, substance misuse, self-harm, suicide attempts, eating disorders, depression, anxiety, obsessions and episodes of psychosis.

B.1 Local profile of CYP

- Mid-2018 **resident population** estimates suggest there were 38,528 **0-18 year olds** resident in B&NES as at 30th June 2018, 20.1% of the local resident population (22.5% in England).

- As of January 2019 B&NES had 90 state-funded schools, comprising 63 primary schools, 15 secondary schools (including three studio schools) and 3 special schools. B&NES also has 9 independent schools. [Source: January 2019 School Census]

- As of January 2019 there are 31,676 state funded school pupils in B&NES – 13,515 in primary schools, 13,134 in secondary schools, 476 in special schools - and 4,551 in independent schools. [Source: January 2019 School Census]

- 1,221 (9.3%) of secondary and 1,811 (13.5%) of primary pupils in B&NES are eligible and claim free school meals. [Source: January 2019 School Census]

- The number of pupils eligible for the Pupil Premium in the 2019/20 academic year in B&NES's state-funded schools is 4,723. [Source: PP Grant 2019/20]

- As of January 2019 there were 3,581 pupils classified as BME (i.e. not White British), representing 13.8% of the Reception to Year 14 primary, secondary and special state-funded cohort. [Source: January 2019 School Census]

[5] *Mental Health Foundation (1996), Health Advisory Service (1995) as referenced in Children' Voices:*
A review of evidence on the subjective wellbeing of children with mental health needs in England, Children's Commissioner, Oct 2017.

- As at January 2019 there were 1,277 children and young people aged 0-25 in B&NES with an LA maintained Statement or EHC plan. This represents the highest number since at least 2006. [Source: http://www.bathnes.gov.uk/services/your-council-and-democracy/local-research-and-statistics/wiki/special-educational-needs]

B.2 Local intelligence regarding emotional health and wellbeing

Intelligence regarding the emotional health and wellbeing of B&NES CYP, alongside mental health problems, comes from a number of sources. The following data is predominately drawn from *Bath and North East Somerset's Joint Strategic Needs Assessment*, National Child and Maternal Health Intelligence Network, *Public Health Mental Health and Wellbeing JSNA* and the LA's Schools Health Related Behaviour Survey.

B.2.1. Self-reported difficulties

Since 2011 B&NES Public Health has commissioned the Schools Health Education Unit (SHEU) to complete a health-related behaviour survey in both primary and secondary schools on a biennial basis. The most recent survey was completed in 2019. The survey has been developed by health and education professionals and covers a wide range of topics. Under emotional health and wellbeing questions are around satisfaction with life, worries, coping strategies, self-esteem and bullying. Secondary school data for 2019 is available from year 8 (1,758) and year 10 students (1,619) and primary school data for year 4 (1,036) and year 6 (973). It should be noted, however, that those completing the survey do not represent a random sample of children and young people in the authority as it excludes those attending non-participating schools, young people absent on the day due to illness or exclusion, those with limited access to computers, those attending schools elsewhere and those who opted out.
In the figures below the number shown in brackets indicates the comparative result in 2017 indicating an improved or worse result than previously. Where differences between specific groups is referenced these are statistically significant.

B.2.1.1. Satisfaction with life

Secondary school responses:
When rating how satisfied they felt with their life using a scale of 1 to 10, of the pupils surveyed the majority had a medium or high level of life satisfaction. 20% (16%), however, responded in the lower half of the scale with 3% (2%) giving the lowest response 'not satisfied at all'.
Certain groups of pupils reported lower levels of satisfaction with life than their peers. A life satisfaction score in the lower half of the scale was true for secondary pupils who said they lived with one parent compared with both (60%), SEND pupils (37%) those identifying as lesbian, gay or bisexual (LGB) (52%)
Primary school responses:
74% (73%) of pupils reported that they were at least 'quite happy with life at the moment. 1 out of 10 said they were unhappy with their lives at the moment, 2 said it was OK but 7 out of 10 said they were happy.

B.2.1.2. Self-esteem

The survey generated self-esteem scores based on the pupils' responses to a set of ten statements taken from a standard self-esteem enquiry method. The scale is based on social confidence and relationships with friends. The scores range from 0-18.

Secondary school responses:

20% (20%) had a medium to low self-esteem score with significant differences between groups.

Low to medium self-esteem scores secondary pupils	
All pupils	20 %
Males	15%
Females	24%
Pupils who been eligible for free school meals in the last six years	26%
SEND pupils	39%
Pupils identifying as lesbian, gay or bisexual	54%

Primary school responses:

The composite self-esteem scores indicated that 80% (80%) of all primary aged respondents had a medium – high or high level score. Variations though existed between genders with less girls (80%) than boys (95%) having a high score.

B.2.1.3. Worries

A high number of pupils across all ages reported that they experience worry at lot about certain things.

Secondary responses

For secondary aged pupils 87% (85%) of males and 94% (91%) of females reported that they worry about at least one problem 'quite a lot' or 'a lot'.

Top issues that worry year 8 and 10 males and females quite a lot or a lot	
Males	Females
Exams and tests 55%	Exams and tests 74%
The future 47%	The way you look 60%
Getting a job 43%	The future 60%
Family 41%	School-work 53%
Health 37%	Family 49%

Primary school responses:

82% (82%) of boys and 87% (84%) of girls reported that they worry about at least one problem 'quite a lot' or 'a lot'.

Top issues that worry year 4 boys and girls females quite a lot or a lot	
Boys	Girls
Global issues 52%	SATs/tests 52%
Family 41%	Global issues 52%
SATs/tests 38%	Being bullied 46%
Friends 35%	Family 42%
Being bullied 35%	Friends 40%
Global issues 52%	SATs/tests 52%

Top issues that worry year 6 boys and girls females quite a lot or a lot	
Boys	Girls
Global issues 44%	Global issues 54%
Family 31%	Family 35%

Friends 24%	Friends 34%
SATs/tests 22%	SATs/tests 33%
Being bullied 22%	Being bullied 30%

B.2.1.4. Bullying

Secondary school responses:
39% (32%) of young people surveyed said they felt afraid to go to school sometimes because of bullying. This was significantly higher for females than males. It was also higher for pupils who have been eligible for free school meals in the last six years (46%) and pupils identifying as LGB (54%)
22% (20%) had been bullied in the last 12 months. This figure was higher for young carers (38%) and those identifying as LGB (41%).
Just under half of secondary pupils (48%) felt their school take bullying seriously and this figure reduced for certain groups.

% who think their school takes bullying seriously	
All pupils	48%
Pupils who been eligible for free school meals in the last six years	45%
SEND pupils	43%
Pupils identifying as lesbian, gay or bisexual	39%

By far the biggest reasons given for being bullied or bullying others was appearance (including looks and size), followed by interests / hobbies and academic achievements.
Primary school responses:
38% (32%) of pupils reported that they have felt afraid to go to school because of bullying at least sometimes. 25% (27%) reported being bullied at school in the previous 12 months. 9% (8%) said they had been bullied online or by mobile phone. The top reasons given for being bullied were similar across both year 4 and 6 pupils and for both boys and girls. These were appearance (including size and weight), interest and hobbies and academic ability (including doing well in tests or having a learning difficulty), and family and for year 6 boys people thinking you are gay.

B.2.1.5. Coping with low self-esteem and worries

Secondary responses:-
Surveyed pupils were asked who they talk to when they are experiencing difficulties. For each there was little difference in use between males and females or between year 8 and 10 pupils with the exception of the school nursing service where the figure for all pupils drops from 19% in year 8 to 13% in year 10. LGB young people (80%) were less likely than young people as a whole (88%) to at least sometimes talk to a trust adult.

% of pupils responding that at 'least sometimes' they get help from sources of support when they are struggling/ feel bad or stressed/ have a problem that worries them	
	All pupils
Trusted adult (parents/ carers/ relative/school staff	88%
Friends	89%
School Nurse	17%
Outside agency (Off the Record/ Project 28)	15%
Online service	12%

Surveyed pupils were also asked what strategies they use to cope.

% of pupils responding that at 'least sometimes' they deal with feeling they are struggling/ feel bad or stressed/ have a problem that worries them by…	
	All pupils
Relaxing (e.g. listening to music, being active etc.)	91%
Spending time on the computer/gaming etc	72%
Crying	71%
Lashing out in anger (verbally or physically)	59%
Speaking to/confronting the person causing you to worry	57%
Eating more	49%
Eating less	36%
Hurting yourself in some way	25%
Drinking alcohol	14%
Smoking	9%
Taking drugs	6%

There were some differences by gender. Males were much more likely to spend time on the computer/ gaming than females. Females in comparisons to males were more likely to cry or hurt themselves in some way or for their concern to affect diet either by eating more or less.
There are differences by gender and age in the number of pupils drinking alcohol or taking drugs when they are upset are. Whilst rates for both in year 8 are low (alcohol 6%, taking drugs 3%) and much the same for males and females, by year 10 the percentages have risen considerably and show more females drinking than males and more males than females taking drugs.

% of pupils responding that at 'least sometimes' they deal with feeling they are struggling/ feel bad or stressed/ have a problem that worries them by using substance					
	All pupils	Year 8 Males	Year 8 Females	Year 10 Males	Year 10 Females
Alcohol	14%	6	5	19	24
Smoking	9%	4%	3%	8%	8%
Drugs	6%	3%	2%	12%	9%

Pupils were also asked if as a result of feeling they are struggling they get into trouble at home or school. Males in both years were more likely to do this than females (overall 53% male vs 45% female.)
When asked if they keep things to themselves females were more likely to do this at least sometimes than males. Over all the difference were 91% female vs 81% male.
<u>Primary school responses:</u>
97% of pupils responded that they do have at least one adult they can trust. Only year 6 pupils were asked about who they talk to when they are experiencing difficulties and what they do when they are struggling.

% of year 6 responding that at 'least sometimes' they get help from ….when they are struggling/ feel bad or stressed/ have a problem that worries them	
	All pupils
Trusted adult (parents/ carers/ relative/school staff	97%
Friends	91%
School Nurse	25%
Outside agency (Off the Record/ Project 28)	19%
Online service	15%

There was little difference between boys and girls with the exception of outside agencies which 25% of boys vs 13% of girls said they had used. Also online services where use was higher in boys, 17% vs 12%
Year 6 were also asked what strategies they use to cope.

% of year 6 pupils responding that at 'least sometimes' they deal with feeling they are struggling/ feel bad or stressed/ have a problem that worries them by…	
	All pupils
Relaxing (e.g. listening to music, being active etc.)	88%
Spending time on the computer/gaming etc	75%
Crying	75%
Speaking to/confronting the person causing you to worry	60%
Lashing out in anger (verbally or physically)	54%
Eating more	35%
Eating less	33%
Hurting yourself in some way	28%
None of the above	1%

There were some differences by gender. Year 6 boys were much more likely to spend time on the computer/ gaming than girls. Girls in comparisons to boys were more likely to cry. Unlike their secondary peers more boys (31%) than girls (24%) reported hurting themselves when upset.

B.2.2. School Nurse support at school

During 2018/19 B&NES School Nurses (including 2 FE College nurses) in B&NES provided at total of 12,313 contacts by email, letter, telephone, text and face-to-face activity. Of these, 2,064 were about mental health, the majority concerning high levels of anxiety.

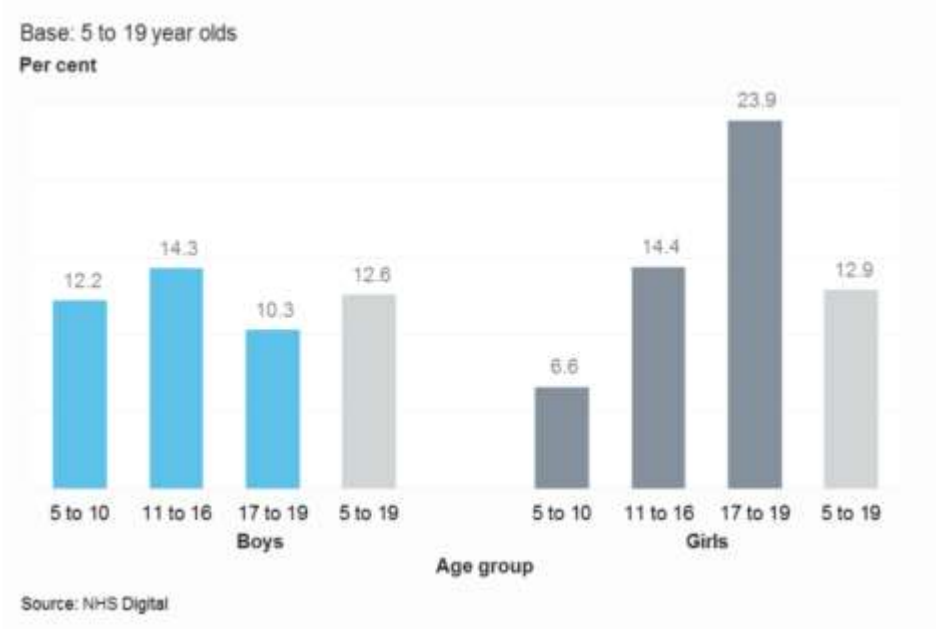
To address health inequalities, the school nursing service allocates its capacity by reference to a matrix which reflects local inequalities e.g. indices of multiple deprivation, percentage of pupils with Education Health and Care plans etc.

B.2.3. Estimates of the prevalence of mental ill health

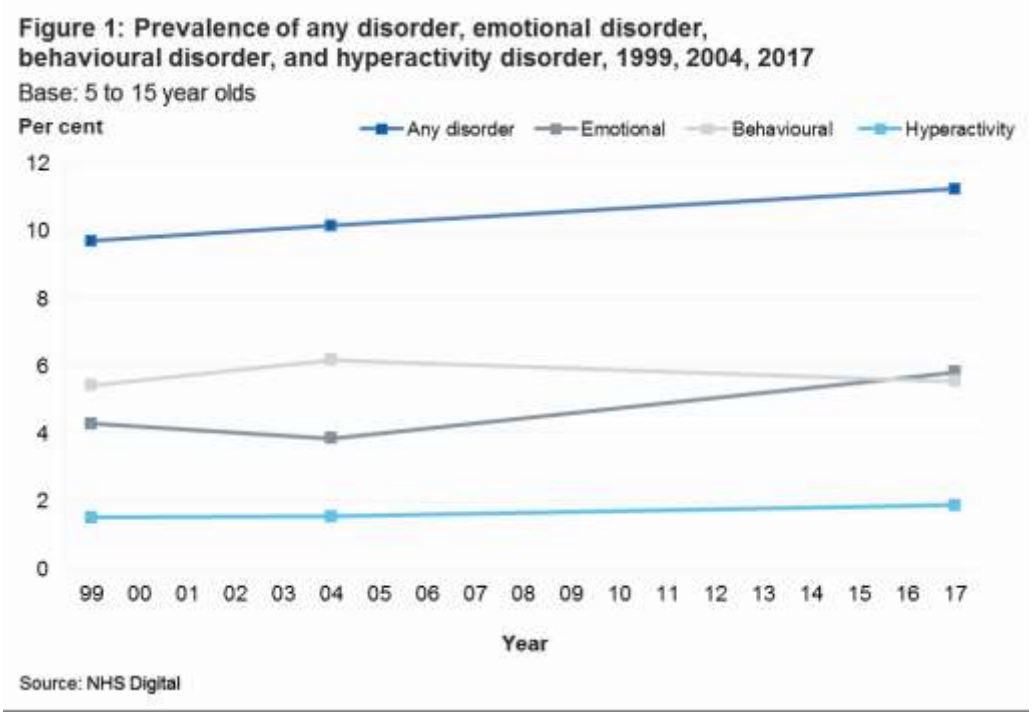
The latest research[6] regarding the national prevalence of mental health problems in children and adolescents (aged 5-19 year olds) estimated that, at any one time, almost 1 in 8 (12.8%) children aged 5-19 years old had a clinically diagnosable mental disorder, causing distress to the child and/or having a considerable impact on their daily life. The disorders (from the ICD-10 classification) included emotional disorder, behavioural disorder, hyperactivity disorder and other less common disorders.

Overall the rates were similar for boys (12.6%) and girls (12.9%) with the highest rate being in girls aged 17 – 19 (23.9%):

[6] *https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2017/2017#resources*



Overall emotional disorders had increased since the previous survey in 1999 and 2004:



The survey collected the social context of the CYP surveyed: In addition to demographic data - i.e. age, ethnicity, general health, SEN, parental mental health, household income, household benefits and indices of neighbourhood deprivation – the researchers noted CYP's

- Use of social media
- Bullying / Cyberbullying
- Participation in clubs / organisations
- Caring responsibilities
- Self harm – suicide attempts
- Stressful life events

- Smoking/ drinking/ drug use
- Sexual identity

Headline results of this survey include;

- Over a third (34.9%) of respondents aged 14 – 19 who identified as LGBT or other had a mental disorder compared to 13.2% of those identifying as heterosexual.
- White British 5-19 yr olds (14.9%) 3 times more likely than Black/Black British (5.6%) or Asian/ Asian British (5.2%) to have a disorder
- Living in low income household or with parent in receipt of income related benefit is associated with higher rates
- There is no association with neighbourhood deprivation
- There are higher rates for children with poor general health, SEN, a parent with poor mental health, a parent in receipt of disability related benefit
- CYP with mental health disorder were more likely than those without to have spent longer on social media, compared themselves to others online and/or feel the number of 'likes' affects their mood
- CYP with mental health disorder were more likely than those without to have:-
    - Been bullied and bullied others, on/ offline
    - Experienced adverse life events
    - Have low levels of social support
    - Self-harmed at some point in their life
    - Not participated in clubs and organisations
    - Tried alcohol, illicit drugs and tobacco / e-cigarettes

The results of the survey mirror the understanding of the EHWB strategy group which are always mindful of the 'protective' and 'risk' factors associated with good emotional health reproduced in Appendix 3.

Before the publication of the 2017 survey, NHS England estimated the total number of CYP with a diagnosable mental health condition resident within B&NES as 2,925. The new survey suggests a higher number: As of January 2019 there are 31,676 state funded school pupils in B&NES and 4,551 in independent schools. [Source: January 2019 School Census]. Not all these CYP will be registered with a B&NES GP or resident in B&NES, but if the average rate is 12.8%, a more realistic prevalence may be in the region of 4,637.

Referrals to CAMHS services have increased in recent years and although they are not all accepted as appropriate referrals, they are indicative of distress.

	Referrals received
2014/15	844
2015/16	1054
2016/17	1266
2017/18	1105
2018/19	1355

The rising number of referrals to CAMHS is a national as well as local trend.

(Since April 2019, the specialist CAMHS provider, Oxford Health NHS Foundation Trust, has begun implementing a new service delivery model based on the 'tier-less' THRIVE model. See section D.8 for more detail).

C. Promoting and protecting good mental health

The Mental Health Foundation believes that good mental health is characterised by a child's ability to fulfil a number of key functions and activities including:

- The ability to learn
- The ability to feel, express and manage a range of positive and negative emotions
- The ability to form and maintain good relationships with others
- The ability to cope with, and manage, change and uncertainty

There are a number of 'protective' and 'risk' factors known to be associated with good emotional health. These are reproduced in Appendix 3.

C.1 Universal services

B&NES has a comprehensive range of good quality universal health and education provision, including maternity, health visitor and school nurse service, early years and school settings as well as a wide variety of provision delivered by the community and voluntary sector.

Universal services providing social, emotional and developmental support are usually sufficient to meet the needs of children and young people. They have a strong role in preventing problems occurring and providing support when they do. Universal services also play a critical role in supporting children, young people and families to access additional targeted support to meet additional or more complex needs.

C.1.1. An example of a universal service offering preventative emotional health support is the school nursing service. An example of a non-targeted and non-stigmatizing approach to prevent emotional issues is a whole class Cognitive Behaviour Therapy (CBT) based intervention (FRIENDS) which is delivered by school nurses to Year 5 pupils. For the last 4 years the CAMHS Transformation Plan funding has enabled all year 5 pupils in 10 or 11 selected primary schools to receive this evidence based intervention which teaches children to distinguish between their thoughts and feelings and to learn how to prevent their anxieties escalating.

C.1.2. Young people have told us that they need access to high quality support and treatment, which is simple and easy to access. As a fully commissioned service from B&NES Clinical Commissioning Group, Kooth.com is a free, safe, confidential and non-stigmatised way for young people to receive counselling, advice and support on-line. Staffed by fully trained and qualified counsellors and available until 10pm each night, 365 days per year, it provides a much needed out of hours service for advice and support.

The online service is designed to increase and enhance existing school provision, providing more flexible access to support. The service uses digital delivery which feels familiar to young people who find it easy to use. In addition, the anonymity may appeals to certain CYP. More information concerning Kooth's online service is available here and electronic publicity material here.

Due to the success of the first year (16/17) of Kooth's service in B&NES, a decision has been made to continue to commission Kooth using CAMHS Transformation funding. The summary statistics are as follows:

	Apr 16-Mar 17	Apr 17-Mar 18	Apr 18-Mar 19
Number of Kooth logins	3798	6181	6853
Unique CYP logins	693	1079	1047
Number accessing online real time counselling	231	305	252
Average number of real time counselling sessions	2	2	2

C.1.3. Public Health supports early years settings, schools and colleges to promote emotional health:

- Mindfulness in schools and college - Four staff from three secondary schools were funded to complete a four day training course in January 2016. This qualified them to deliver mindfulness in school sessions/resources to young people in schools. 16 staff from 14 primary schools were then funded to complete an eight week mindfulness course followed by two sessions using 'Relax Kids' resources. All teachers then practiced mindfulness activities with pupils. The independent evaluation of the pilot in 2016 was positive and during 2016/17, another 24 teachers from 15 schools were subsidised to complete the Mindfulness training. Since then no further Mindfulness training has been commissioned.
- The Director of Public Health Award (DPHA) for schools and colleges ended in September 2018. From 1st October 2018 it was replaced by a new Public Health Programme for Schools. This is a 'light touch' programme: Schools can access 2 audits – one on Healthy Weight and one on Mental Health and Wellbeing – against which they can audit their own provision and RAG rate it against best practice. The audit provides sources of support and guidance that schools can access online. Where B&NES can also offer support and training, this will also be signposted. There will be no requirement for schools to apply for their audit to be approved or accredited. As a part of the programme schools were invited to attend a full day course ' *A whole school approach to mental health and wellbeing: including support for anxious learners'* which ran in January 19 and was repeated in March 19. Both courses were full and well received.
- The Early Years DPHA Programme remains, although it has been redeveloped to align with the Early Years Team focus of 'narrowing the gap'. It is called the Public Health Programme for Early Years, and focuses on Healthy Weight as a priority rather than Mental Health (although mental health is recognised as part of supporting healthy weight issues).
- A suicide prevention programme at Bath College was funded by Public Health for students who are taking construction industry related courses in academic year 2017/18. A resource called 'Seeking Help in Time of Trouble' was developed by Public Health following a focus group session with students on level 2 construction related course at Bath College. The resource consists of a lesson plan and accompanying materials encouraging help seeking behaviours and making links to sources of support. The branding and content is construction related specific. The resource was funded by the Charlie Waller Memorial Trust and now sits on their website and is being used nationally.
- Public Health also funded the training of one person to deliver Mental Health First Aid 2 day courses for other local professionals working with children and

young people – mainly Youth workers and Primary school staff. Three courses have been delivered (Jan / Jun and Oct 18) All have been full - 16 attendees at each and well received.

C.1.4. Mental Health resource packs for schools – both Public Health and CAMHS TP funding was used to develop and print mental health resource packs for KS3, KS4 and 6th Form pupils. The resources were developed by the previous School Improvement team and the CAMHS participation team of young people. Following training in their use, hard copies of the resources were distributed to all secondary schools and settings such as Project 28 (substance misuse service), Off The Record (Participation, Advocacy, Youth Forum provider), Connecting Families (Complex families service) etc. Mental health resource packs for KS1 and KS2 pupils were updated and re-launched during January 2017. Every Primary school has received a pack. The packs are now available on the Oxford Health NHS Foundation Trust (CAMHS) website and schools continue to be signposted to them via the Public Health Programme for schools and relevant training courses.

C.1.5. Boys in Mind Project – funded by Public Health, CAMHS TP funds and Charlie Waller Memorial Trust (CWMT). Staff from schools, college and other organisations have collaborated to explore issues and positive approaches to boys' mental health. This resulted in the development of a movement called Boys in Mind which now operates independently across B&NES. A key development has been the establishment of the Boys in Mind website www.boysinmind.co.uk The focus is to work with schools to promote messages about the mental health and wellbeing needs of boys and young men. A series of locally produced films created by boys and young men from B&NES secondary and primary schools are available and regular seminars and promotions are held to promote this work.

C.1.6. In response to joint concerns about staff mental health and workload, two members of B&NES School Improvement team joined with representatives from a number of teaching Unions (NAHT, NEU, NASUWT) and the Diocese of Bath & Wells to develop a staff wellbeing toolkit. The development of the toolkit took many months and was trialled in a number of B&NES schools and with input from Head teachers and senior managers. It was launched on April 12th 2018 to approximately 40 schools and has been well received. The toolkit consists of a staff wellbeing survey and a guidance document. It can be accessed here

C.2 Targeted services / Early Help

B&NES preventative Early Help services provide a variety of targeted support for vulnerable and/or complex families and include Children Centre Services and Connecting Families (B&NES).

(See Appendix 2 for the full range of commissioned services supporting CYP's emotional health)

Two services supported by CAMHS TP funding specifically target very young children with emotional difficulties which persist despite support from universal services:

- Bright Start Children's Centres have a service level agreement which includes delivery of Theraplay - a child and family therapy for building and enhancing attachment, self-esteem, trust. 18/19 CAMHS Transformation funding has enabled four Foundation level practitioners to be trained to deliver this

therapeutic support in early years with a Practicum of staff able to use Theraplay informed techniques in support of parents and young children.

- Nurture Outreach Service in primary schools - a team of seven qualified specialists (in nurture, attachment and trauma) model practical strategies in schools to effect change at whole school level as well as providing 1:1 work with children and school staff. Each academic year the service supports 26 children entering reception year. On average 85% of these children improve their learning and 88% increase their emotional wellbeing rating.

Other targeted Early Help Services provide support to children aged 5-13 with emotional and social issues (social isolation, behavioural issues, lack of engagement at school, bullying, health issues, parental mental health, domestic violence, drug and alcohol issues):

- The Family Support and Play Service is a commission managed by Southside Family Project in partnership with Bath Area Play Project. The target group is families of children and young people aged 5-19 years and the service offers whole family specialist support including coaching, counselling, play therapy and group interventions. From April 2018 – March 2019 Southside worked with 425 families. Following the intervention;

  - 61% of adult family members were reported to have increased capacity to keep their children safe, including e safety, families affected by domestic violence, MARAC and lower risk cases (where this outcome was a presenting need).
  - 76% of victims of domestic abuse were better able to keep themselves safe (where this outcome was a presenting need).
  - 71% of children and young people improved their emotional resilience (where this outcome was a presenting need).

- Preventative Youth Support Services include Youth Connect, Mentoring Plus and Compass who all provide support to young people who are at risk of suffering poor outcomes due to social and emotional needs which increase their risk of becoming NEET (not in education, employment or training) and/or entering the youth justice system.
  - Mentoring Plus volunteers supported 61 young people during 18/19.
  - Youth Connect supported 346 young people through a variety of approaches including 1:1 work, group work trips and residentials. Youth Connect takes an holistic approach to supporting young people through transitions to be more emotionally resilient so they are able to confidently take their next steps, either at school/college or employment.
  - During 18/19 Compass assessed the needs of 39 young people in relation to their wider family's needs and jointly created support plans that built on the families' strengths as well as their needs. Practical examples of work includes: supporting young people to manage their feelings through the medium of Art or Physical Exercise, working alongside a family by modelling healthy meal preparation and working with parents to improve their understanding of their child's behaviour.

C.3 Mental health training

Staff in health, social and education services have access to a variety of training opportunities. As well as any 'in-house' agency specific training, there are a number of opportunities to access multi-agency training.

The LSCB training sub-group administers Mental Health Awareness training which is delivered by local CAMHS practitioners. The content of the /training is reviewed annually. For example, during 18/19 the following courses have been/will be delivered:

- Attachment introduction and Awareness (1 day)
- Eating Disorders (1/2 day)
- Emerging Borderline Personality Disorders and DBT (1/2 day)
- DSH & Suicidal Behaviour (1/2 day)
- Loss & Bereavement (1/2 day)
- ASD & co-existing MH difficulties (1/2 day)
- Depression and Anxiety first response (2 day)

Multi-agency Applied Suicide Intervention Skills Training, ASSIST – funded by Public Health – is also delivered.

During 18/19 CAMHS Transformation Fund was used to subsidise highly valued training and development for staff to support children with emotional wellbeing issues. This included Early Years Theraplay training (see C.2. above), a course for 30 staff on how to use Theraplay with teenagers and Thrive training for 14 secondary school staff.

C.4 Schools co-commissioning

Since 2015/16 B&NES schools have collectively co-commissioned services with the LA/CCG to support pupils' emotional health. Two significant commissions are the Nuture Outreach Service (see above) in primary schools and the Emotional Health and Wellbeing (EHWB) Resilience Hubs in secondary schools. The latest summary of the level of engagement with the EHWB Resilience Hubs 18/19 academic year is available in Appendix 4.

As the report shows, the engagement with the Hubs varies between schools and the named CAMHS workers are considering options to improve the offer to secondary schools. Future funding is committed for the 19/20 academic year.

During the 18/19 academic year secondary school and college based counsellors were being provided in 13 secondary schools, 2 Alternative Education Providers and Bath College. In 18/19 (Sep18 – Jul19) 382 students accessed NHS funded school/AP based drop in or counselling sessions with Off the Record and a further 157 with Relate. Previous LA funding for the counselling element of the School Hubs has been withdrawn and 75% subsidy for the school based counsellors is now met solely by NHS CAMHS Transformation Funding (individual schools contribute 25%).

C.5 Community based counselling

As a result of increasing waiting lists for school counsellors in the Radstock schools in 17/18 Off the Record (OTR) was commissioned to increase their offer of counselling to CYP in locations outside Bath city (where OTR is based and from where it offers listening support and counselling services) OTR created a community based counselling service for 1 evening per week based in Midsomer Norton. Due to the success of this pilot, 18/19 CAMHS Transformation funding was allocated to continue this service for 1 evening per week at both Midsomer Norton and Keynsham. From 1st July 18- 31 Mar 19, 113 CYP accessed the extra community counselling offer.

C.6 B&NES Early Help Services App

The B&NES Early Help Services app is for use by professionals working with children, young people and families in the local area, bringing details of Early Help Services to mobile smartphones and tablets.

Created by the Early Help Board at B&NES Council, the App provides details of local organisations, service providers and voluntary groups that support families. Links to partner organisations are provided for different issues that families may encounter as well as screening tools, thresholds documents and quick access to other useful local directories like 1 Big Database, all helping practitioner to refer or signpost families to the most appropriate service for support.

One of the best features of the App is that it can be used without an internet connection. This convenience means the App is ideal for use when 'out and about' and away from an office base.

All the information on the App either syncs with the 1 Big Database web site or is maintained by the Preventative Services Commissioning team at B&NES Council, so it remains up to date and relevant. The B&NES Early Help Services App is free to download and use and is available of via PlayStore or Android App stores.

D. Specialist mental health provision

D.1 Local specialist Child and Adolescent Mental Health Service

Specialist CAMHS services in B&NES have been provided by Oxford Health NHS Foundation Trust (OHFT) since 2010. Additional targeted services (Primary CAMHS), delivering 'lower level' interventions, were commissioned from the same Trust in 2011.

Referrals/Caseloads

There is a single point of access to CAMHS.

	Referrals received	Number of CYP assessed	% of inappropriate referrals	Average caseload (PCAMHS, CAMHS and OSCA only)
2014/15	844	640	24%	510
2015/16	1054	856	19%	514
2016/17	1266	1123	10%	497
2017/18	1105	992	10%	547
2018/19	1355	812	n/a	569

Historically the largest proportion of referrals has come from GPs. It is encouraging to see the percentage of inappropriate referrals decreased in 16/17 and this lower level was maintained during 17/18. Since the introduction of the new THRIVE service model from April19, there are no longer any 'inappropriate' referrals. Each referral/request for service to Oxford Health CAMHS is considered and if another service would be more appropriate, CYP and their families are signposted to these together with the offer of a telephone consultation or appointment.

Waiting times

The funding, and hence the caseloads, for CAMHS have remained fairly static since 2011 but are on a upward trajectory.

There is an ambition for 90% of accepted routine referrals to be assessed within 4 weeks. Due to a combination of staff vacancies, sickness, increasing numbers of referrals and the complexity of those accepted (and hence requiring more support), waiting times have deteriorated significantly since 2014/15.

The waiting time for assessment indicators are as follows:

	PCAMHS referrals assessed within 4 weeks	PCAMHS referrals assessed within 8 weeks	Tier 3 urgent referrals assessed within 4 weeks	Tier 3 routine referrals assessed within 4 weeks	Tier 3 routine referrals assessed within 8 weeks
2014/15	73%	97%	95%	72%	94%
2015/16	54%	91%	98%	52%	80%
2016/17	58%	93%	97%	43%	70%

2017/18	58%	81%	86% (patient cancelled twice)	47%	75%
				routine referrals assessed within 4 weeks	routine referrals assessed within 8 weeks
2018/19				59%	87%

Approximately 25% of CYP who are assessed by CAMHS only require advice, support and/or signposting before being discharged from the service.

There can be another wait for some treatments to begin and waiting times for *treatment* (2 face to face contacts – as opposed to first assessment appointment) are also monitored. 18/19 figures indicate the average wait for treatment is 10 weeks from referral and that 49% of CYP start treatment within 8 weeks (target is 70%). N.B. National referral to treatment times are defined differently - the second contact does not have to be face-to-face.

The Government has an ambition that 70,000 more CYP per year will access CAMH services by 2020. Contributing to this target was part of the agreement that CCGs made with NHS England before it distributed the additional £1.4bn *Future in Mind* funding in 2015/16.

To measure progress towards this target, there is a new national access indicator designed to measure increases in access to CYP mental health services. It has 3 elements:

1. The number of *new* children and young people aged under 18 receiving treatment from NHS funded community services in the reporting period. (This is an experimental measure, intended to improve our understanding of how quickly CYP enter treatment).
2. Total number of individual children and young people aged under 18 receiving treatment by NHS funded community services in the reporting period.
3. Estimated total number of individual children and young people aged under 18 with a *diagnosable* mental health condition.

Ultimate success will be measured by comparing 2 and 3. The government ambition is for all areas to be hitting 30% target by March 2018, 32% by March 2019, 34% by March 2020 and 35% by March 2020.

In 16/17, indicator 3 - the total number of CYP in B&NES with a diagnosable MH condition - was estimated by NHS England as 2,925. Data for these access indicators is calculated by the flow (started in January 2016) of Mental Health Service Data Set (MHSDS) data from community mental health services providers. During 18/19, in B&NES only OHFT CAMHS provided data to the MHSDS for CYP.

Due to continuing and significant national MHSDS data quality issues, NHSE undertook a manual data collection to ascertain how many CYP had accessed mental health support in 2017/18 (the national ambition being 30%). This manual data collection included interventions provided by OHFT, specialist inpatient providers and also other locally commissioned services e.g. on-line and community providers i.e. Kooth and school/college and community counsellors (Relate and OTR).

The resulting 54% for B&NES was the highest in the region and compared very favourably with national CCG results. During 18/19, B&NES increased the access rate to 58%.

Costs and staffing

During 17/18 the PCAMHS service was commissioned by NHS B&NES CCG at a cost of £245,712 per year. The specialist CAMHS service, commissioned by NHS B&NES CCG for £1,924,680, included a £317,000 contribution from the local authority (reduced from £392,000 in 14/15). Since then contract variations implementing some aspects of the CAMHS Transformation Plan and a new contract reflecting the new Thrive service delivery model have resulted in OHFT employing additional staff:

At the start of the local CAMHS Transformation Plan funding in March 2015, OHFT employed 32.8 WTE practitioners in PCAMHS, specialist CAMHS and the Outreach team. As at 31st March 2019, 40.22 WTEs (31st March 2018, 39.3 WTEs) were employed in those teams by OHFT.

The Children and Young People's Improving Access to Psychological Therapies programme (CYP IAPT) is a service transformation programme delivered by NHS England that aims to improve existing CAMHS working in the community. The OHFT CAMHS service forms part of the Oxford and Reading CYP IAPT collaboration which formed in 2012.

More detail is presented here:

Part of the CYP IAPT programme was subsidised training for CAMHS practitioners. To date, in B&NES the following numbers of staff have been trained: 9 therapists trained in CBT, 2 in parenting, 4 therapists trained in SFP and 1 in IPT-A.

From April 2018, IAPT training and backfill NHS England subsidies ceased. OHFT have to bear the full training costs or be subsidised by future CAMHS TP uplifts.

During 2015/16 other agencies in B&NES were introduced to the principles and practices of CYP IAPT with the hope of more organisations adopting the IAPT framework. To date, apart from the OHFT, no voluntary or statutory agencies in B&NES, have joined the CYP IAPT collaborative.

A key part of IAPT has been the introduction of goal based measures to all patients in CAMHS and the introduction of session by session Reported Outcomes Measures by all clinicians. Various clinical Outcome Measures and experience indicators are used within CAMHS and a number of 'before' and 'after' intervention measures are beginning to be counted and analysed by OHFT. Routine reporting of 'distance travelled' is not yet available from CAMHS.

To increase effectiveness and resource efficiency OHFT has started developing and using more digital resources e.g an App used by self-harming CYP, on-line CBT and a self-harm website – HarmLess - which helps professionals assess the level of risk of CYP who are self-harming.

D.2 Eating disorders

At least 1.1 million people in the UK are affected by an eating disorder (ED), with young people in the age-group 14-25 being most at risk of developing this type of illness. Nationally the highest prevalence is in 16-24 year old girls. In B&NES the majority are aged 15 and 16 but it is important to note that there are children as young as 10 years old presenting with eating disorders and that the illness affects boys as well as girls.

The local ED service has been established since 2010/11 and was recognised as an example of good practice by NHS England and the National Collaborating Centre for Mental Health.

Future in Mind indicated that by 2020/21, evidence-based community eating disorder services for children and young people need to be in place in all areas, ensuring that 95% of children and young people receive treatment within four weeks of referral for routine cases; and one week for urgent cases. Since 2015/16 CAMHS Transformation Plan funding had included 'ring-fenced' funding for improved ED services.

The CAMHS provider, OHFT developed a specialist Eating Disorder Service, TEDS, across the wider geography of B&NES, Wiltshire and Swindon (STP footprint) which was formally launched in March 2017. TEDS is a highly specialized multi-disciplinary team providing evidence based interventions to CYP with an ED. This includes an outreach service for home treatment which operates 7 days per week assisting with home feeding. The aim of the provision of community eating disorder services is to ensure evidence-based treatment at the earliest stage of the illness, therefore helping to reduce demand for specialist services and admissions. The service incorporates Multi-family therapy as an evidenced based intervention.

The local specialist ED service meets latest NICE Guidance and new access and waiting time standards. TEDS are now in their third year of membership with the Quality Network for Community Eating Disorders for Children and Young People(QNCC-ED). This is a network that works to improve services for children and young people through a supportive, standards-based review process. The service was peer reviewed during 2019.

Recent data indicates that CYP with a suspected Eating Disorder are being seen fairly promptly. Over the 12 months period (April 17 – March 18) there were 40 routine ED referrals, 39 (97.5%) of which were seen within 4 weeks and 5 urgent cases, 4 (80%) of whom were seen within 5 working days. (1 urgent case twice postponed their appointment). Over the 12 months period (April 18 – March 19) there were 36 routine ED referrals, 32 (89%) of which were seen within 4 weeks and 18 urgent cases, 14 (78%) of whom were seen within 5 working days.

D.3 Acute hospital mental health liaison

Regarding urgent and emergency access to crisis care, all young people up to the age of 16 who present at the local acute hospital (Royal United Hospital Bath) following an act of deliberate self-harm – physical and/or substance misuse - are admitted to the Children's ward. 16-17 y/o should be admitted to the Observation Ward and assessed the same day or, if more appropriate the following day, by a clinician from the CAMHS Team.

The local CAMHS team supports any CYP presenting via the RUH Emergency Department including many from Wiltshire. A full assessment of their mental health needs and mental state is undertaken and follow up assessment / intervention offered as appropriate to their needs.

The number of mental health assessments required at the Royal United Hospital (RUH) in Bath has increased in recent years. Although they are not high numbers in comparison to the number of adults seen by the adult acute mental health liaison team which is co-located at the RUH, the average length of assessment is probably far longer due to the liaison required with parents, carers, schools, and social care to ensure it is safe for the CYP to be discharged home.

In addition, staff on the paediatric ward can sometimes feel unable to meet the mental health needs of children in their care and have difficulty accessing bank nurses with the appropriate mental health skills when these are required. The RUH are keen to train and 'upskill' their permanent staff (including bank staff who frequently work on the children's ward). Nevertheless training RUH staff to the level at which the training makes a significant difference may be a difficult and lengthy process

As a result, some 16/17 CAMHS transformation funding was allocated for a CYP mental health liaison officer who would also support the children's ward.

The practitioner is employed and managed by Oxford Health NHS Foundation Trust and is co-located at the RUH. Another supporting practitioner – funded by Wiltshire CAMHS Transformation Funding - has also been recruited. The service operates from 9am to 8pm, 7 days a week.

From Mar18 – Apr19 238 referrals to the liaison team were for CYP with a GP in B&NES. A significant number of these CYP are already accessing community CAMHS services and many have complex social support requirements.

D.4 Health-based places of safety

The all-age four-bed Place of Safety (PoS) suite at Southmead Hospital, Bristol, has been jointly commissioned by Bristol, South Gloucestershire, North Somerset and Bath & North East Somerset CCGs. (B&NES proportion is 0.6 beds).

In the unusual event of child < 16 y/o being admitted to the unit, a door must be closed which results in the child 'occupying' two of the four bedrooms.

If the PoS is full, the police have historically taken detained people to police custody. Police commissioners now expect use of custody for S136 admissions to be rare for any age group, and are not permitted for under 18's unless they are particularly violent.

Alternative health based Places of Safety, when the Southmead Unit is full, have not yet been identified for B&NES CYP although the RUH and Bristol Children's Hospital are often willing to accept CYP who are detained.

The following actions have been undertaken to mitigate the risk that there is no available Place of Safety

Diversion from S136 Suite;

- Police officers are undertaking additional mental health training from local specialist mental health services and national organisations to give them a better understanding of mental health, challenge common misconceptions, and to provide better ways of working between the police and partner agencies – including Julian House, NHS Intensive Teams.
- A Control Room Triage operates across the Avon and Somerset Police force – this is a joint project to provide an MH practitioner in the control room, train officers and encourage tactical discussions between police and MH services
- A Memorandum of Understanding has been agreed between the police and mental health services (children's and adults) to liaise before detaining under the Mental Health Act. Protocols are being developed to help Police Officers tackle people in mental health crisis in the most appropriate manner, ensuring the service user receives the best possible service and minimising the use of legal powers.
- A Mental Health Supervisory Group has been established whereby a number of mental health professionals meet on a monthly basis at Redbridge House Police Station and provide a one-stop shop, giving advice to officers working with anyone who has mental health concerns – victims, witnesses, offenders, or residents.
- Bristol CCG has commissioned The Sanctuary - a 'Crisis House' to provide an alternative place for Bristol people experiencing a MH crisis.
- B&NES CCG has commissioned Breathing Space - a 'Crisis Café' which will provide support every evening between 6pm and midnight and will be opening early in 2020. This will support YP over the age of 16.
- The Bristol Street Triage programme is in its early days but has had some success in finding alternative options for persons who would previously have been admitted under S136. Due to economies of scale, this model was not considered viable in B&NES.

In 16/17 the Department of Health invited bids for capital funding for additional Places of Safety. The local adult MH provider, AWP, was successful in attracting some capital funding for provision across the Avon and Wiltshire area and added an additional bed in the POS in Devizes as well as making the environment more young

person friendly. In extremely infrequently a B&NES young people has been taken to Devizes if no other S136 bed is available.

There is constant scrutiny of the length of time CYP are detained on the Unit: There are frequent delays in

- *Assessment* – transportation delays, lack of availability of AMHPs, s12 doctors and CAMHS professionals as well as service user intoxication.
- *Discharge* – lack of safe discharge arrangements, particularly for complex CYP who cannot be safely returned home.
- *Transfer* to inpatient beds – there is a national shortage of inpatient beds and an appropriate placement must be identified and suitable transport arranged.

Between 2010/11 and 2016/17 attendances at the s136 suite by CYP from Bristol, North Somerset, South Gloucestershire and B&NES have fluctuated between 18 & 40 a year. During 2017/18 this increased to 56 attendances by 28 CYP, only 3 of whom were from B&NES (of these 1 was under 16 y/o). During 2018/19 (to be inserted)…..

It is very rare for CYP to be sectioned under the Mental Health Act. Children are often extremely distressed but not mentally ill. Most CYP will be discharged and receive support from CAMHS.

D.5 Inpatient specialist psychiatric care

Between 2009 and 2012 OHFT were jointly commissioned by Wiltshire CCG and B&NES CCG to provide generic CAMHS beds and specialist community CAMHS (Tier 3). Since 2012 NHS England specialists have commissioned all CAMHS inpatient beds on behalf of CCGs.

For many years there has been a national shortage of CAMHS beds and NHSE initiated a programme of redistributing and increasing the resources by recommissioning new beds as well as closing under-utilised beds. The following table indicates when and where the additional resources will be available in the South of England:

For many years there has been a national shortage of CAMHS beds and NHSE initiated a programme of redistributing and increasing the resources by recommissioning new beds as well as closing under-utilised beds. The following table indicates when and where the additional resources will be available in the South of England:

Specialised Commissioning CAMHS T4 Accelerated Bed Plan 2017 /18					
Time Period	**Bed Type**	**Bed No**	**Delivered**	**Region / Location / Provider**	**Complete**
June	General Adolescent	10	10	South (Exeter) / Huntercombe	Delivered
September	Low Secure	6	6	South (Southampton) / SHFT	Delivered
	PICU	12	12	South (Bristol) Priory	Delivered
	Low Secure LD	12	12	South (High Wycombe) Priory	Delivered

	General Adolescent	10	10	South (Bristol) Priory	Apr-18
	General Adolescent LD	12	12	South (Wessex) Priory	May-18
		62	**62**		

Specialised Commissioning CAMHS T4 Accelerated Bed Plan 2018/19 and 2019/20					
Time Period	**Bed Type**	**Bed No**	**Delivered**	**Region / Location / Provider**	**Complete**
Jul-18	Eating Disorder	10	Q2 18/19	South East Brighton	Delivered
Dec-18	PICU	8	Q4 18/19	South, DHUFT	On target
Mar-19	PICU	11	Q4 18/19	South, Ticehurst, Priory	On target
Q4 118/19	Eating Disorder/ASD	12	Q4 18/19	South (Godden Green)	On target
		41			
2019/20					
Apr-19	General Adolescent	5	Q1 19/20	South, AWP	
Apr-19	General Adolescent	12	Q1 19/20	South. Cornwall	
Jan-20	Low Secure	14	Q4 19/20	South, SHFT	
Apr-20	PICU	8	Q4 19/20	Oxford Health Foundation Trust	
		39			

During 2015-16 there were 8 admissions to mental health beds for B&NES CYP, 5 of these to the 'local' beds at Marlborough House, Swindon, 3 to more specialist provision out of area. The average length of stay as an inpatient was 81 days.

During 2016-17 there were 15 admissions to mental health beds for B&NES CYP, 8 of these to the 'local' beds at Marlborough House, Swindon, 7 to more specialist provision out of area.

During 2017-18 there were 10 admissions to mental health beds for B&NES CYP, 6 of these to the 'local' beds at Marlborough House, Swindon, 4 to more specialist provision out of area.

During 2018-19 there were 18 admissions to mental health beds for B&NES CYP, 9 of these to the 'local' beds at Marlborough House, Swindon, 9 to more specialist provision out of area.

The community Outreach Service for Children and Adolescents (OSCA) works particularly closely with inpatient facilities at Marlborough House, Swindon and the Highfield Unit, Oxford to ensure that admissions are appropriate and timely, and that CYP are discharged as soon they can be appropriately supported back in their home and community.

The new Transformation Plan investment in specialist Eating Disorder Services may reduce both the need for some inpatient admissions associated with EDs and the

length of stay required for those who are admitted. In addition, by 'in reaching' into acute hospitals, the ED Service should also be able to reduce the length of stay in acute hospitals of those CYP with EDs who present with advanced physical deterioration.

Local CCG commissioners are committed to working closely with NHS England to ensure that appropriate provision is secured for CYP from B&NES.
Close scrutiny of any B&NES CYP in inpatient settings has been impossible for local commissioners who no longer receiving monthly, anonymised, inpatient statistics from NHS England which previously enabled them to monitor a CYP's progress and to escalate any concerns. Regular telephone calls with regional NHS England case load managers mitigate this pressing concern.

The New Care Models programme in Tertiary Mental Health was developed following the publication of *Delivering the Forward View: NHS Planning Guidance 2016/17 to 2020/21* in which NHS England set out its intention to trial secondary mental health providers managing care budgets for tertiary mental health services. The aim is that local providers will manage the pathway – through planning and developing the appropriate services for the local population to ensure patients are treated in the most appropriate setting as close to home as possible.

OHFT has been selected as the lead provider in one of four CAMHS Tier4 New Care Models in the NHSE South Region and this is expected to go live in February 2019. The Network is a collaboration of OHFT, Berkshire Healthcare NHSFT, 2Gether NHSFT, The Huntercombe Group and The Priory Group and will cover a geographical area of Eight CCG's and three STP's.

The units involved will work together to join up the pathways between NHSE Specialist commissioned inpatient units and the local community pathways and will have a mixed bed provision designed to better meet the needs of those CYP who require access to General adolescent units , Psychiatric Intensive Care units and Specialist CAMHS eating disorder beds.

Key Aims of the Network are to:

- Manage beds across the NCM,
- Keep care closer to home by reducing out of area placements
- Reducing Length of stay for CYP
- Improve Clinical Outcomes
- Create system accountability
- Improve connections between community and inpatient care
- Strengthen entire clinical pathway
- Work together to address current gaps in service provision

In the meantime, the SW Strategic Clinical Network (SWSCN) sometimes facilitates discussions between NHS England, CCG commissioners and local CAMHS providers. Local children's health commissioners attend meetings regularly and contribute to SWSCN's work.

D.6 Early intervention in psychosis

B&NES Early Intervention in Psychosis team, provided by Avon and Wiltshire Partnership, provides a comprehensive multidisciplinary service to help people and

their families as early as possible, giving them the best chance of preventing long term problems.
The service is for anyone from the age of 14 experiencing the following:

• Hearing voices or changes in their thoughts
• Alterations in how events, people and thoughts are perceived
• Feeling suspicious at times about other people
• Experiencing beliefs and thoughts that cause the person distress
• Changes in behaviour and performance, such as becoming more isolated or reduced motivation.

Following an initial assessment, the teams provide rapid, intensive support for up to three years for individuals experiencing psychosis symptoms and their families. They also work alongside CAMHS, Oxford Health NHS Foundation Trust with 14-16 year olds. The team also works with other youth services and any agency working with young people or people at risk of developing psychosis.

There is a new NHS England target re EIP; that more than 50% of people experiencing a first episode of psychosis will be treated with a NICE approved care package within two weeks of referral. Recent monitoring data (YTD Jan 18) indicates 88% of new referrals (all-age) to the service started treatment within 2 weeks.

D.7 Crisis Care

Partners considering how best to support for people (of all ages) who are experiencing a mental health crisis need to consider: Access to support before crisis point, urgent and emergency access to crisis care, quality of treatment and care when in crisis, recovery and staying well.

To be updated

Regarding urgent and emergency access to crisis care refer to sections D.3 and D.4 above.

D.8 Community CAMHS re-procurement

In 2016 B&NES CCG re-commissioned CAMHS and PCAMHS jointly with Wiltshire CCG, Wiltshire Council and Swindon CCG. Oxford Health NHS Foundation Trust (the historic CAMHS provider) was awarded the 10 year contract and the contract, with a newly agreed service specification, began being implemented from 1st April 2018.

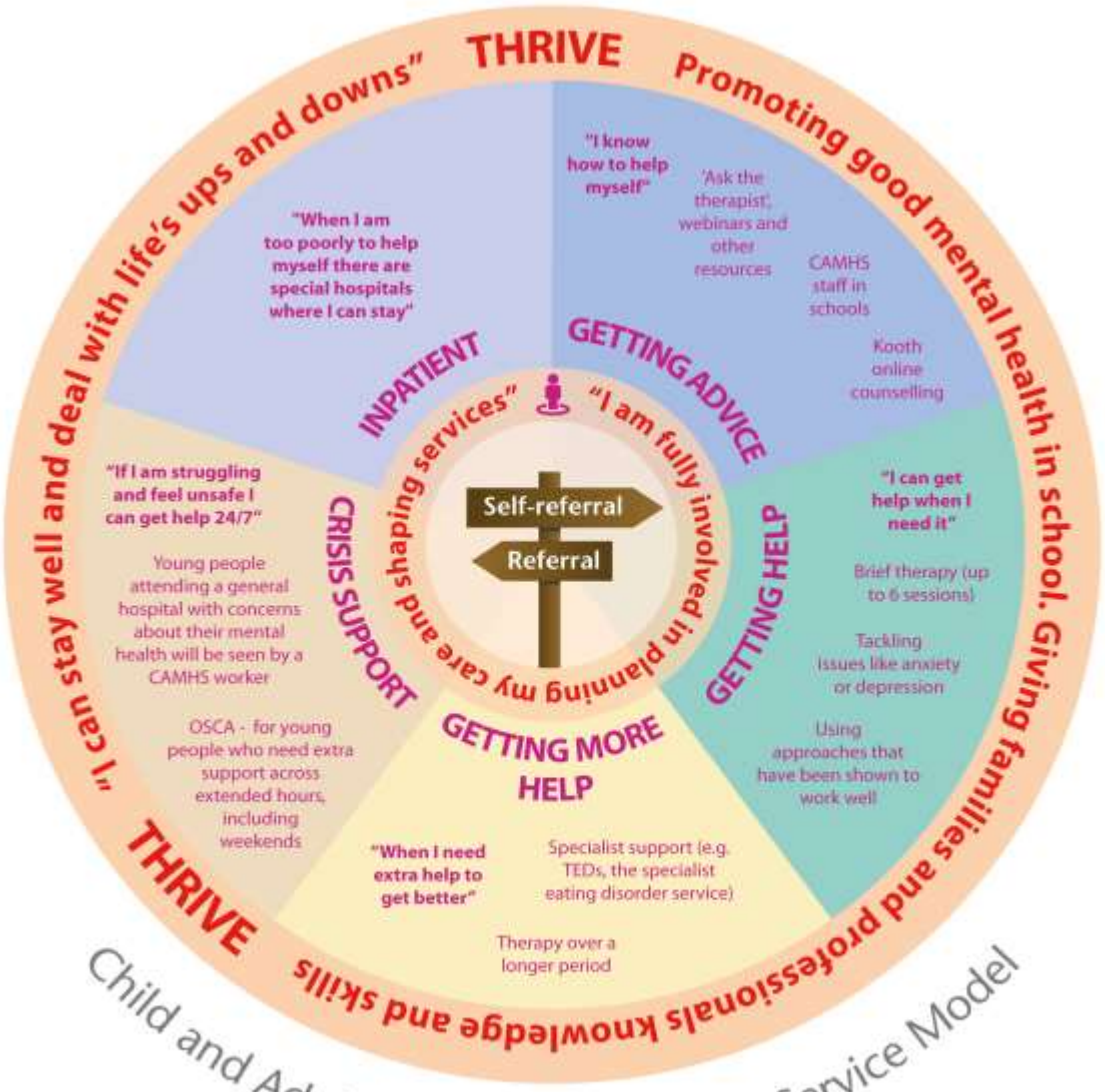
The new CAMHS service delivery model is a departure from the traditional tiered service and has one single point of contact (SPoC) for all the CAMH Services including early mental health support.

The new model is based on the Thrive model[7] as described in 'Future in Mind'. CAMHS is no longer be commissioned to provide Primary Mental Health (tier 2) and CAMHS (tier 3) as separate services, but has one integrated service which will deliver both early mental health support and more specialist intervention.

The service provides appropriate help for all categories of CYP which are described as 'Getting Advice', 'Getting Help', 'Getting More Help' and 'Getting Crisis Support'.

The model provides a 'whole system' approach to CAMHS and recognises the important role that many agencies and organisations have in the supporting CYP's mental health and wellbeing needs. This includes parents and carers. As the local expert on child and adolescent mental health, the service will have a vital role in supporting commissioners to ensure that all services spanning health, education and social care (including the voluntary and community sector) are working effectively together to provide the right help at the right time in the right place for children and young people. This requires effective partnership working across the whole system.

[7] **http://www.annafreud.org/media/2552/thrive-booklet_march-15.pdf**



No family or young person is turned away and, as a minimum, is able to access information and advice. For those who do not require a CAMHS intervention there is sign posting to other universal and targeted services for support. CAMHS assists families to access other services where this is required. CAMHS is developing active partnerships with universal and voluntary services to ensure that individuals can access the right services at the right time.

Although the new contract commenced on 1st April 2018, the service transformation will take time to embed not only within OHFT's organisation, but also with the wider system.

D.9 STP Mental Health Delivery Plan

Leaders of health and care organisations from B&NES, Swindon and Wiltshire (BSW) and have come together to develop a Sustainability and Transformation Plan (STP). The overall aim of the plan is to improve the health and wellbeing of the total

population, improve service quality and deliver financial stability. The plan sets out a joint approach that will help to deliver the aims of the NHS Five Year Forward View and is in line with other important national guidance such as the GP Forward View, Mental Health Taskforce Report and National Maternity Review.

Within the context of the BSW STP, since August 2017 agencies and stakeholders have worked together to develop an all age Mental Health Delivery Plan which sets out the vision and priorities for achieving the *Mental Health Five Year Forward View*.

For children and young people, joint priorities include:

- Improving transition from CAMHS to adult mental health services by providing a more flexible transition offer to children and young people aged 16+ through an STP wide review of the transitions pathway and associated protocol;
- Full implementation of an enhanced mental health liaison model across the STP in all acute hospitals;
- Development of an STP wide Tier 4 commissioning plan with NHSE Specialised Commissioning with the aim of reducing hospital admissions and out of area placements;
- Improved information sharing between community CAMHS and emotional wellbeing and mental health services;
- Inclusion of requirements to flow data to the MHSDS is included within service contracts wherever possible;
- Establishment of an effective digital treatment offer to provide quicker access to evidence based interventions.

The BSW STP Mental Health Delivery Plan will use further opportunities to commission at scale where appropriate and maximize the use of resources across a greater footprint.

A key priority within the Plan is to improve transition from CAMHS to adult mental health services by providing a more flexible transition offer to CYP aged 16+ through an STP wide review of the transitions pathway and associated protocol.

E. Vulnerable CYP at particular risk of mental ill health

E.1 Looked After Children

"Looked after" CYP continue to be a key priority for the Council, and the duty as a corporate parent is clearly understood and acted upon by all staff and members. The numbers of young people "looked after" continues to remain steady, and is indicative of consistency of thresholds and decision making between agencies.

Many children and young people who are fostered and adopted have been the victims of abuse and neglect and or may have experienced multiple placement moves.

Caring for children who display high levels of risk taking and challenging behaviour can have a major impact on their care givers. The emotional impact for all members of a family when disruption is occurring is considerable.

From August 2016, CAMHS Transformation money has been used to fund a clinical psychologist, seconded to and co-located with the LA Children's Placements team. The psychologist has started providing therapeutic support to foster carers, special guardians and adopters (including pre- and post-adoption support) with the specific responsibility of developing programmes of intervention that prevent placement breakdown and promote placement stability. Indications are that this support helps to prevent placement breakdown.

Since 16/17 The Virtual School for LAC has used 16/17 Pupil Premium Plus funding to pay for an educational psychologist for one day per week to carry out assessments and provide advice and guidance to schools and carers.

Oxford Health (CAMHS) are working of being able to supply performance data specifically for LAC, CPP and CIN from their electronic patient records.

E.2 Victims of sexual abuse or exploitation

B&NES Local Safeguarding Childrens Board (LSCB) recognises that emotional distress and mental ill-health increase the vulnerability and risk factors for child sexual exploitation (CSE) and child sexual abuse (CSA):

The following are typical **vulnerabilities in children prior to abuse**:

• Living in a chaotic or dysfunctional household (including parental substance use, domestic violence, parental mental health issues, parental criminality)
• History of abuse (including familial child sexual abuse, risk of forced marriage, risk of honour-based violence, physical and emotional abuse and neglect)
• Recent bereavement or loss.
• Gang-association either through relatives, peers or intimate relationships (in cases of gang-associated CSE only).
• Attending school with children and young people who are already sexually exploited.
• Learning disabilities.
• Unsure about their sexual orientation or unable to disclose sexual orientation to their families.
• Friends with young people who are sexually exploited.
• Homeless.
• Lacking friends from the same age group.
• Living in a gang neighbourhood.
• Living in residential care.
• Living in hostel, bed and breakfast accommodation or a foyer.
• Low self-esteem or self-confidence.
• Young carer.

The following signs and behaviour are generally seen in children who are **already being sexually exploited**.
• Missing from home or care.
• Physical injuries.
• Drug or alcohol misuse.
• Involvement in offending.
• Repeat sexually-transmitted infections, pregnancy and terminations.
• Absent from school.
• Change in physical appearance.
• Evidence of sexual bullying and/or vulnerability through the internet and/or social networking sites.
• Estranged from their family.
• Receipt of gifts from unknown sources.
• Recruiting others into exploitative situations.
• Poor mental health.
• Self-harm.
• Thoughts of or attempts at suicide.

Evidence highlighted in the interim report showed that any child displaying several vulnerabilities from the above lists should be considered to be at high risk of sexual exploitation. Professionals should immediately start an investigation to determine the risk, along with preventative and protective action as required. However, it is important to note that children and young people without pre-existing vulnerabilities can still be sexually exploited. Therefore, any child or young person showing risk indicators in the second list, but none of the vulnerabilities in the first, should also be considered as a potential victim, with appropriate assessment and action put in place as required.

In addition, the exploitation and/or abuse may itself cause new psychological trauma and mental health problems, as well as exacerbate existing concerns. Timely interventions at this stage can significantly reduce subsequent post-traumatic stress disorder (PTSD), mental health problems, relationship problems and suicide risk, as well as enhance criminal justice outcomes.

B&NES LSCB has developed a frontline response to at risk and victims of CSE. Through the development of the Willow Project and the links with BASE (Bristol Against Sexual Exploitation) CSE victims are offered support dependent on their level of need.

The Willow Project is a multi-agency/multi-disciplinary team made up of 15 professionals who have been trained to work with CYP at risk of, or involved in, CSE. All of the team have substantive roles in other services within B&NES and work at least half a day a week in the Willow Project to support CYP. The current resource amounts to 2 WTE posts.

BASE is an intensive Bristol based service which takes referrals from B&NES; http://www.barnardos.org.uk/basebristol/base_what_we_do.htm

Both of these services are well utilised in B&NES.

In 2016 the CCG (in conjunction with Wiltshire CCG) was successful at attracting Health and Justice funding to support CYP displaying Harmful Sexual Behaviour. In

May 2017 a WTE therapist was recruited to provide specialist support across a larger geographical area (addressing economies of scale).

The 17/18 Q1 report from the post holder is reproduced in Appendix 5.

Unfortunately the HSB practitioner left the post and recruitment difficulties have resulted in a gap in the support available. It has been decided to recruit one WTE practitioner in both B&NES and Wiltshire (rather than 1 WTE between the 2 geographic areas) with 50% of their time spent on specialising in HSB support. The HSB coordinator for B&NES is due to start in November 19.

In the meantime, since September 19, support for social care and educational colleagues has been provided by consultation sessions with an experienced practitioner from Bristol based AWP's Be Safe service.

E.3 CYP in contact with the justice system

The numbers of B&NES CYP involved in the health and justice commissioned services is relatively small. There is no secure children's estate in the area and no local CYP have been placed in a secure placement (for welfare) in the last 9 years.

Regarding support for CYP at risk of offending, the Youth Offending Team has direct input from a co-located, experienced sessional school nurse as well as a speech & language therapist. Both these roles have been commissioned by the CCG in recognition of the fact the many CYP accessing the service have speech, language and communication difficulties as well as low levels of mental ill-health. A YOT inspection found that CYP known to YOT had "good access to substance misuse, education, speech and language and mental health" and "case managers were skilled at recognising vulnerabilities of CYP".

Some CYP from B&NES may have accessed the nationally specified and commissioned all-age Liaison and Diversion (L&D) service also known as Court Assessment and Referral Service (CARS). L&D practitioners are based at the local custody suite (Keynsham) and aim to improve early identification of a range of vulnerabilities, (including but not limited to mental health, substance misuse, personality disorder and learning disabilities), in people coming into contact with the youth or criminal justice systems.

After identification and assessment, individuals can be referred to appropriate treatment services aiming to improve health and social care outcomes, which may in turn positively impact on offending and re-offending rates. At the same time, the information gained from the intervention can improve fairness of the justice process to the individual, improve the efficiency of the criminal justice system, and ensure that charging, prosecuting and disposal decisions are fully informed. If offenders receive non-custodial sentences then this may be on condition that they agree to engage with relevant support services. The L&D service may offer CYP support to their first appointment and the capturing of outcomes.

Due to the possibility of some young offenders already 'being known' to CAMHS, the local CAMHS provider, OHFT has created a Memorandum of Understanding with AWP, regarding the local L&D service. This clarifies working arrangements when the L&D service has concerns about a young person in custody or at the court or when

CAMHS are contacted about someone who they think would benefit from an L&D assessment.

E.4 Young people transitioning to adult mental health services

It is well recognised that the transition from CAMHS to adult mental health services is a critical point for young people with complex needs. But young people aged under 25s are underrepresented in adult services, indicating that services are failing to engage young people at the time that they could be most effectively treated.

The issues can be summarised as follows[8]:
• *Different thresholds:* To get any service from AMHS the threshold in terms of severity of illness is higher than CAMHS so many young people are locked out from receiving a service. For some, their illness has to reach crisis point before they receive a service from AMHS with the effect that their entry to services is more traumatic and more costly to the young person, family and to services than it would have been had their needs been met earlier.
• *Gaps in care:* When young people are no longer eligible for CAMHS there is often a period of no support as they wait to access AMHS services and are put back on waiting lists. For some young people this can result in never making the transition.
• *Postcode lottery:* The transition from CAMHS to AMHS is subject to extreme local variation, with some young people making the transfer to adult services at 16, some at 16 if not in school or 18 if in school, and some at 18, and many not transferring at all but disappearing into a void with long term consequences for their mental health and well-being. A recent study of transitions in London found only 4% of young people reported a good transition, with many disappearing from services.
• *Communication:* Poor communication between CAMHS and AMHS often leads to repeated assessments, new staff to deal with and new psychiatrists/psychologists to build relationships with. This means young people are often not getting the right help when they need it.
• *Negative perceptions:* Differences between the service location and style of the two services alienates many young people who end up slipping off the radar of services. CAMHS and AMHS still report that they do not understand each other, with both perceiving the other in a negative light which affects the service's abilities to work together to meet the needs of young people and families

As a result of national concerns regarding transitions, both CAMHS and AMHS is now subject to a national CQUIN for both 2017/18 and 2018/19. This CQUIN aims to improve the experience and outcomes for young people as they transition out of Children and Young People's Mental Health Services (CAMHS) into Adult Mental Health Services (AMHS) or other CCG commissioned services. It also has a focus on those discharged from CAMHS back into primary care as a consequence of their age.

The transition CQUIN was welcomed by both CAMHS and AMHS as a way to enhance best practice and offer best care to young people experiencing mental health problems that require transition as they turn 18. Their local CQUIN 11 point action plan identified a common need that AMHS and CAMHS must continue to develop a better understanding of each other's services and be able to demonstrate

[8] **Singh et al., Transitions of Care from CAMHS to AMHS (TRACK Study), BMS Health Services Research, 2008, vol 8 p135**

how they are working together to break down cultural barriers that exist between services.

One of the CQUIN requirements was to review, agree and implement a protocol applying to all professionals employed by Oxford Health NHS Foundation Trust (CAMHS) and those employed by Avon and Wiltshire Mental Health Partnership NHS Trust (AMHS) providing guidance for practitioners responsible for managing the transfer of care of a service user in receipt of Child and Adolescent Mental Health/Learning Disability Services to the Adult Mental Health Services.

CYP potentially requiring adult MH services are now discussed at a joint CAMHS/AMHs transition panel meeting. Although the number of young people who will meet the threshold for transition into AMHS is quite low, specialist input into the transition process from AMHS is felt to be of overall benefit in informing young people and supporting CAMHS clinicians, regardless of whether a referral to AMHS is then required.

Both OHFT and AWP met the requirements for the 17/18 and 18/19 CQUIN payments.

'Flexible' transitions

Some young people (>17y/o) known to CAMHS do not have a recognisable mental health problem which meets the criteria for receiving adult mental health services, but do require ongoing and, at times, intensive emotional support. Historically there has been no access to services for this vulnerable group and, following discharge from CAMHS, they sometimes deteriorated quickly and presented in crisis to adult mental health services.

The 2015/16 CAMHS Transformation monies funded a pilot service to address this gap, to provide a continuation of ongoing support, primarily delivered by the Outreach Service for Children and Adolescents (OSCA) with interventions tailored around a young person's emotional development (rather than chronological age). This 'outreach' based model of support is most suitable for very vulnerable young people entering adulthood and facing concurrent transitions in their social, educational, employment and family situations.

This support enhanced the young adults' experience and provided a more gradual transition to adult services. Packages of care were developed in partnership with the young adult and other partners in their care e.g. foster carers/parents, social care, Youth Offending Services, substance misuse services, Colleges, employers, etc. It was hoped that the service provided to these vulnerable young people would improve their emotional resilience and decrease longer term dependency on statutory services, including adult mental health services.

The evaluation of the pilot was mixed: The numbers were small and some of those in receipt of the service were also being supported well by other agencies. The number of young people reaching 18 are relatively small in the B&NES CAMHS caseload – averaging seven 17.5 y/os. Those that qualify for transition to an Adult Mental Health Service would do so through the Transition Panel and there may be others who would be appropriately discharged before they reach 18. Nevertheless, young people have told us of the importance of having this service available to them and although the decision was made not to continue to fund this pilot, CAMHS have agreed to support a limited number of CYP post 18 as part of the core contract.

F. Engaging with stakeholders, including CYP participation

F.1 Children and young people

In B&NES, there is a long and established principle of ensuring that the views of children and young people are central to service development and monitoring. Their views are used effectively and consistently to influence change, shape services, and improve practice & service delivery. The greatest challenge is to engage young people who are not existing or potential users of a new or existing service.

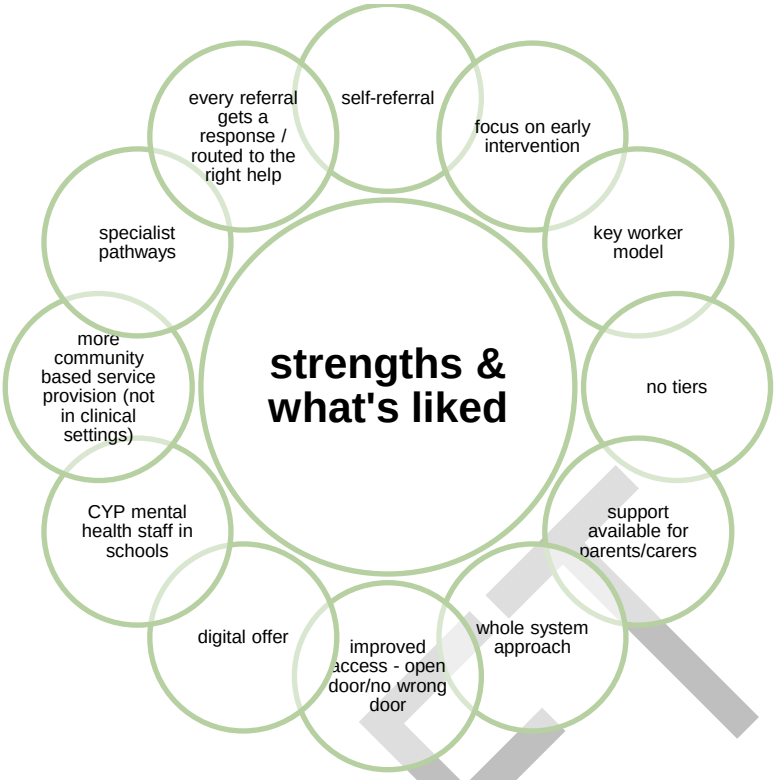
The *B&NES 2016-20 Participation Strategy* sets out the locally agreed definition of participation and identifies the benefits of participation not only to children and young people but also to the adults who work with them, the organisation and services that are provided, as well as society as a whole.

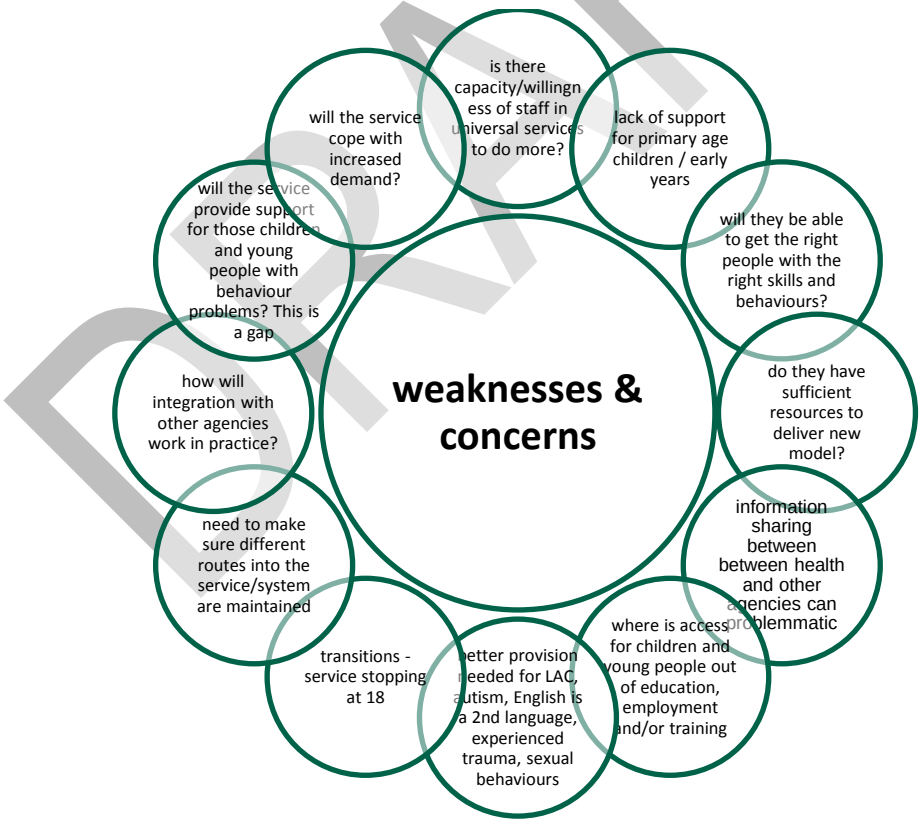
Children and young people contribute through models of co-production as set out in the Service User Engagement/Commissioning Framework, Children In Care Councils, democratic processes, strategic development of the Children and Young People's Plan, the Early Help Strategy and through the groups that have been set up to hear the voices of seldom heard minorities.

The Commissioning Framework, which provides guidance to help involve children and young people in the commissioning of services, can be found here: *Framework for Engagement*.

OHFT CAMHS service, having been the lead provider in the regional CYIAPT collaborative for the last five years, has developed effective CYP participation in line with the principles outlined in *Delivering With, Delivering Well*. The CAMHS participation group is usually consulted about pilot developments and is particularly crucial in suggesting and approving written and digital resources. The CAMHS participation group and other CYP were actively involved in creating and developing the schools Mental Health Resource packs and in piloting their use in B&NES schools. (see Section C.1)

During 17/18 CYP were very involved in re-tendering the community CAMHS service across the STP. Some feedback from all stakeholders, including CYP, on the planned new CAMHS service delivery model was as follows:


strengths & what's liked
every referral gets a response / routed to the right help
self-referral
focus on early intervention
key worker model
no tiers
support available for parents/carers
whole system approach
improved access - open door/no wrong door
digital offer
CYP mental health staff in schools
more community based service provision (not in clinical settings)
specialist pathways


weaknesses & concerns
will the service cope with increased demand?
is there capacity/willingness of staff in universal services to do more?
lack of support for primary age children / early years
will they be able to get the right people with the right skills and behaviours?
do they have sufficient resources to deliver new model?
information sharing between between health and other agencies can problemmatic
where is access for children and young people out of education, employment and/or training
better provision needed for LAC, autism, English is a 2nd language, experienced trauma, sexual behaviours
transitions - service stopping at 18
need to make sure different routes into the service/system are maintained
how will integration with other agencies work in practice?
will the service provide support for those children and young people with behaviour problems? This is a gap

F.2 General practice

Presentations and discussions about the CAMHS re-procurement were undertaken via the B&NES GP Forum. The CAMHS Transformation plan and other developments in CYP MH issues are overseen by GP CCG Board member.

F.3 School and colleges

In 15/16 B&NES School Forum agreed to fund a pilot service for secondary schools. This was the provision of school-based, independent counsellors and training and support from a named CAMHS link-worker (see section C.4 above)

16/17 CAMHS transformation funding was used to continue this pilot and additional Schools Forum funding was used to provide independent counsellors in those secondary schools, for whatever reason, did not benefit from the pilot in 15/16.

A combination of funding from the individual schools, Schools Forum, CAMHS Transformation Funding and the South West clinical network (SWSCN) has enabled 13 secondary schools to continue to benefit from school based counsellors during the 17/18 academic year.

During the 18/19 academic year, Schools Forum money became unavailable, but the shortfall has been met from the CAMHS TP funding.

G. Review of 15/16, 16/17 and 17/18 CAMHS Transformation Plans

Some of the proposals for driving improvement within the Transformation Plan are cost-neutral, requiring a different way of helping C&YP within existing resources. But the Government has committed additional monies to local areas based on the standard CCG allocation formula. Each year £95,191 of this funding has been assigned to develop the specialist C&YP Eating Disorders Service.

During the 2015/16, the first year of the CAMHS Transformation Plan, the following developments were prioritised:

1. The consideration and development of a single point of access or 'single front door' to enable practitioners, parents/carers and CYP to contact and thereafter receive, at the earliest opportunity, the most appropriate help.
2. To improve school/college/CAMHS liaison by introducing 'Resilience Hubs' at each school and college. These Hubs will provide opportunities for monthly face-to-face meetings where CAMHS link workers, selected school/college staff, school/college nurses and independent counsellors can meet for consultation, training and mutual support.
3. To increase the level of therapeutic support offered to statutory social workers and parents/carers who are struggling to prevent the breakdown of fostering and adoptive placements. This will take the form of a CAMHS psychologist being seconded to the LA placements team. This additional service is being introduced as an attempt to readdress the inequality of Looked after Children who frequently suffer a higher incidence of mental ill-health.
4. To further increase the skills of a number of practitioners who work directly with families and schools whose younger children/pupils display behaviours which present barriers to learning
5. To improve the digital guidance for national and local EHWB services. This will include the published Transformation Plan, suggestions for CYP self-care, guidance for referrers etc. all presented in an informative and accessible manner.
6. To pilot a children and young people's on-line counselling service.
7. Ensure that transitions to adults services for all CYP, including those with EHCP plans, are well managed.

The final spend for 15/16 was;

Improve CYP Specialist Eating Disorder Service including training. (OHFT receives all this allocated funding)	95,191
Funding for independent school based counselling (Relate) to complete one year pilot	27,626
Contribution to Bath College for independent counsellors	7,100
Set up costs for online EHWB support and counselling for CYP	12,400
Nuture outreach service (Brighter Futures) - support for children who may be/are struggling with starting primary school	40,000
Commissioning support - (CCG)	11,157
Flexible transition support for CAMHS 18-25 y/o 12 month pilot	42,025
Therapeutic support for social care - CAMHS secondment to LA	6,064

Contribution to EHWB resources and launches e.g leaflet for CYP attending RUH for self-harm, LGBT video, secondary MH PHSE resources	7,478
School nurse delivery of FRIENDS CBT programme to Year 5 - 15 classes, including Support for pupils affected by Trinity School	19,710
Workforce development	54,645
Contribution to Infant Mental Health LA/CCG Cost pressure	9,604
Total	**£333,000**

During 2016/17, the 15/16 pilots, training and commissioned services were reviewed alongside national guidance regarding cost effective, evidenced based interventions;

After discussions with GPs, the Director of People & Communities, Behaviour & Attendance Panels, School Nurses, Specialist CAMHS (OHFT), CCG and EHWB Strategy group members and consideration of feedback from Your Care Your Voice (young people), Primary and Pupil Parliaments and the local Youth Forum the following commissioning priorities were agreed:

1. The provision of more direct interventions for CYP who do not meet the referral criteria for CAMHS but who do require additional support from trained staff who can provide evidenced based interventions and who have access to consultation and supervision themselves.

   As a consequence some of the 16/17 funding was used to provide independent counselling services. These have proved to be popular and effective interventions both within the school setting and the wider community. (There had been a lack of equity around access to these services, some of which have received funding from Schools Forum and 15/16 CAMHS TP funding.)

2. The implementation of the secondary school Emotional Resilience Hubs has been variable and reflects challenges identified in a similar national pilot. There is a debate about how closely the vision should be interpreted and whether or not they should continue at all schools, or just those that have 'engaged' (or indeed be targeted at those that have not). Due to practical complexities and the cultural shifts required for successful implementation, it was decided to continue funding the pilot for another academic year and to review the service again before committing any more local future funding. Increased resources were agreed for another academic year.

3. The flexible transition service, a small but important service for very vulnerable young people approaching their 18th birthday, continued for another year, albeit at a reduced cost.

4. Perinatal services for mothers with moderate mental health difficulties e.g. anxiety and depression and their infants will be reviewed to ensure that health visitors are able to signpost new mothers requiring additional support.

5. The individuals and institutions that support CYP – health visitors, primary and secondary school teachers, pastoral support staff, social workers, voluntary agency staff etc – often require training in attachment, behaviour, developing CYP's resilience and supporting and signposting vulnerable CYP.

Multi-agency training needs to be more co-ordinated and should adopt the principles and practices used by the national CYP IAPT collaborative. Digital training resources should be widely promoted. A small working group (with a recurring CAMHS TP budget) is progressing this priority.

6. In 16/17 there was a £75,000 'cost pressure' associated with the Oxford Health CAMHS contract precipitated by the LA 'withdrawing' funding from the current contract (due to end March 2017). Given the national focus on CAMHS and the increasing demands for supports, it would be inappropriate for the core contractual value of the new contract to be smaller than that allocated for the last seven years. To prevent this occurring, £75,000 of the CAMHS Transformation Plan Funding will be used recurrently (from 16/17) to 'bolster' the current core CAMHS contract value. This was considered a local priority.

The final spend for 16/17 was;

Improve CYP Specialist Eating Disorder Service including training. (OHFT receives all this allocated funding)	95,191
Funding for independent school based counselling (Relate)	26,772
Contribution to college for independent counsellors	10,714
On-line counselling and EHWB support for CYP	37,200
Commissioning support - project management (MF) (CCG)	10,193
CAMHS Band 6 Flexible transition support for 18-25 y/o 0.5 WTE (non-recurring) includes CQUIN	15,546
Therapeutic support for social care - 3 days per week CAMHS secondment to LA (recurring)	28,400
CAMHS school resilience hub link workers 2 WTE to include colleges	60,334
Infant Mental Health (cost pressure from LA funding withdrawn)	75,000
Workforce development: (recurring)	20,000
School nurse delivery of FRIENDS CBT programme to Year 5 - 11 classes	30,429
Attachment aware conference (4 places for VCS)	480
Perinatal MH training for Midwives	6,000
Workforce development: (non recurring)	5,968
Research project for boys and young men	3,500
OTR school based counselling	38,671
Participation costs for re-procurement - stakeholders GPs, schools, CYP	1,696
iPad for therapeutic social care	485
Special CAMHS support for individual CYP	9,612

Total	**£476,191**

During 2017/18 NHS England included £543,191 for CAMHS Transformation in the baseline allocation for Bath & North East Somerset CCG. The CCG agreed that CAMHS was a priority and allocated this entire amount to the CAMHS Transformation Plan.

To continue the priorities and progress of previous CAMHS Transformation Plans, after discussions at the EHWB strategic group, a CAMHS TP work plan was created and the final spend for 17/18 was:

Improved Specialist Eating Disorder Service (TEDS)	95,191
contribution to school based counsellors (this was also supported by an additional grant from NHS England of £25,797)	23,927
contribution to college counsellors	16,786
On-line counselling and EHWB support for CYP	53,900
nuture outreach service support for children who may be/are struggling with starting primary school	40,000
Commissioning support - project management	10,592
therapeutic support for social care - 3 days per week CAMHS secondment to LA (vacancy for 3 months)	31,950
CAMHS Acute Mental Health liaison at RUH	56,170
CAMHS school/college resilience hub link workers 2 WTE	104,000
Infant Mental Health (cost pressure from LA funding withdrawn)	75,000
Workforce training and development	20,000
Self harm 'Harmless' promotional materials	1,250
Primary school CBT based project - FRIENDS	15,939
2016-17 balances	-4,121
Total actual spend	**£540,584**

During 2018/19 the CCG allocated £669,247 for CAMHS (This includes additional Mental Health Investment Standards funding)

To continue the priorities and progress of previous CAMHS Transformation Plans, after discussions at the EHWB strategic group, a CAMHS TP work plan was created and the final spend for 18/19 was:

	£
Improve Oxford Health NHS Foundation Trust children and young people's Specialist Eating Disorder Service including training	97,570
Funding for independent school based counselling (Relate - 5 schools)	13,053
Contribution to Bath college for independent counsellors	11,250
Kooth on-line counselling and emotional health and wellbeing support for children and young people	66,700

Nurture outreach service (Brighter Futures) - support for children who may be/are struggling with starting primary school	40,000
Therapeutic support for social care - 3 days per week CAMHS secondment to Local Authority (LA) (recurring)	39,050
Therapeutic support for looked after children	1000
CAMHS Band 7 Acute mental health liaison RUH 1 whole time equivalent (WTE) - no travel (another 1 WTE commissioned by Wiltshire) (recurring)	56,170
CAMHS school resilience hub link workers 2 WTE to include colleges (recurring,)	104,000
Infant mental health (cost pressure from LA funding withdrawn)	75,000
School nurse delivery of FRIENDS Cognitive Behavioural Therapy (CBT) programme to Year 5 - 11 classes	15,939
Bath Community Academy counselling (Off The Record)	1500
Off The Record school based counselling - 7 schools	43,817
Off The Record community based counselling at Keynsham and Midsomer Norton	31,680
Perinatal mental health pilot, Bluebell Care and Arts Therapy	46,720
Workforce development (recurring):	
Theraplay for work with teenagers	1,650
Theraplay for early years/reception	1,744
THRIVE training - contract with Brighter Futures	13,200
Mentoring training cancellation fee	500
Launch event: Directory of mental health support for children and young people in Bath and North East Somerset and sharing good practice – reducing exclusions	500
Joint inset day for Alternative Education Provision and Early Help	150
Interventions Not Normally Funding spending - interventions out of area	8,054
Total:	**£669,247**

H. 2019/20 CAMHS Transformation Plan

In 2019/20 the CCG has allocated **£ 699,806** for CAMHS Transformation.

The proposed 2019/20 budget is as follows:

CAMHS Transformation Plan Funding Proposal	**£**
2019/20 budget	***699,806***
Improve Oxford Health NHS Foundation Trust children and young people's Specialist Eating Disorder Service including training	97,714
Contribution to Bath College for independent counsellors	11,250
On-line counselling and emotional health and wellbeing support for children and young people aged 11-18 (Kooth)	66,700
Nurture outreach service (Brighter Futures) support for children who may be/are struggling with starting primary school	40,000
Therapeutic support for foster carers - 3 days per week CAMHS secondment to LA (recurring)	43,729
CAMHS Band 7 Acute mental health liaison RUH 1 WTE - no travel (another 1 WTE commissioned by Wiltshire) (recurring)	57,659
CAMHS school resilience hub link workers 2 WTE to include colleges (recurring)	106,756
Infant mental health (cost pressure from LA funding withdrawn)	75,000
Workforce development (£20k recurring):	
Thrive training (aligned with Nuture Outreach Service)	15,600
School nurse delivery of FRIENDS CBT programme to Year 5 (12 classes)	17,388
School nurse training parents re anxious children	800
Printing parents MH support leaflets	203
ASD anxiety practitioner	13,345
School and community based counselling (slight overpayment last year)	148,911
Subtotal	**695,055**
difference	***4,751***

The significant changes between 2018/19 and 2019/20 expenditure are:

a) Previous costs for the perinatal mental health support pilot have been removed from the CAMHS Transformation Plan budget and are now funded by adult mental health.

b) An increase in the financial contribution to the provision of school based counsellors.

School based counsellors have been provided in maintained B&NES secondary schools for the last 4 years. This provision (1 day per week for 35 weeks) has been very well received, demonstrated excellent outcomes and has waiting lists at all schools. During the last few years, schools have contributed 25% of the cost of the provision and have agreed to continue this contribution for the foreseeable future.

Both the school and community based counselling provision was recently recommissioned and since 1st September 2019 Off the Record has been providing all the counselling provision.

Previously, before the recommission, Relate Mid-Wiltshire had been providing to 5 secondary schools and had secured a charitable contribution from St John's Foundation of £25,497. Unfortunately, due to the requirement to re-commission the service, this charitable contribution has been lost.

c) A new practitioner role is being developed to support children with both ASD and moderate levels of anxiety. The post holder is expected to start in January 2020 and will need 3 months funding during 2019/20.

For a number of years the Emotional Health and Wellbeing Strategy group members have been considering the needs of children and young people who appear to be 'bounced between' specialist CAMHS and the ASD Outreach Service. It appears symptoms of anxiety are often simply regarded as part of autism rather than signs of a co-occurring anxiety disorder. Since most clinical assessments and screening tools have been developed on the basis of what anxiety typically looks like, the unusual presentations of anxiety in autism can be overlooked.

In addition to intolerance of uncertainty and difficulties in sensory processing, many children with ASD have difficulties identifying and describing their own emotions and this makes it harder for them to benefit from common interventions (CBT, mindfulness, relaxation, emotional acceptance) that can be effective for more neuro-typical people. As a result they may suppress their feelings of anxiety, only to make them worse in the long-run.

The new post holder will be expected to:

- Support the development of emotional awareness and literacy to help children and young people with ASD learn how to observe, manage and regulate their feelings.
- Adapt CBT interventions to make them more accessible for and effective with, children and young people with ASD by including visual aids and social stories.
- Help children manage their intolerance of uncertainty (a source of anxiety) by gradually exposing children and young people to uncertainty within an otherwise well structured environment.

- Support children with sensory processing difficulties with individualised programmes of sensory activities to satisfy hypo sensitivities or de-sensitise hyper sensitivities.

d) The cost of all the services provided by specialist CAMHS (Oxford Health NHS Foundation Trust) have increased in line with inflation and have required uplift for this year.
e) Some additional capacity has been added to the counselling service to tackle the waiting lists at both the community and secondary school provision.

Due to staff changes, the CYP EHWB strategic group 2019/20 work plan; to be updated.

Priority / Action				
Theme: Promoting resilience, prevention and early intervention				
Sustain provision of school and college based counsellors	On going			
Promotion of web-based support and on-line counselling	On going			
Increase MH awareness in school and college pupils	On going			
Develop Resilience Hubs at maintained secondary schools (named CAMHS practitioner)	On going			
Provide CBT based schools courses to Year 5 pupils (FRIENDS)	On going			
Improve self-harm advice and guidance (HarmLess)				
Research how better to support boys and young men	On going			
Theme: Improving access to effective support				
Developing and monitoring specialist community eating disorder service	On going			
Improve infant mental health support (<5y/o)	On going			
Promote CAMHS self-referral to CYP and their families	On going			
Improve access to perinatal mental health support	On going			
Improve parenting support for CYP with particularly challenging behaviour				
Monitor development of THRIVE CAMHS service delivery model	On going			
Theme: Care for the most vulnerable and tackling health inequalities				
Develop and monitor Nurture	On going			

Outreach Service for young children struggling to settle at school				
Develop therapeutic support for foster carers and adoptive parents (to prevent placement breakdown)	On going			
Develop mental health support for CYP at RUH (Emergency Department and Children's Ward)	On going			
Increase support for CYP who display harmful sexual behaviour (H&J funding)	On going			
Identify and agree alternative Health-based Place of Safety – s136 suites				
Improve transitions from CAMHS to adult services, including flexible transition from CAMHS if appropriate - STP priority	On going			
Theme: Accountability and transparency				
Ensure all CAMHS transformation funding received by the CCG is allocated and spent appropriately	On going			
Ensure CAMHS TP is updated, approved and publically available	On going			
Theme: Developing the workforce				
Multi-agency Mental Health awareness training (LSCB arrange, CAMHS deliver)	On going			
Theraplay development				
Thrive assessment training	On going			
National CYP IAPT training				
Harmful Sexual Behaviour training				
STP Mental Health Workforce Development Plan				

I. Conclusion

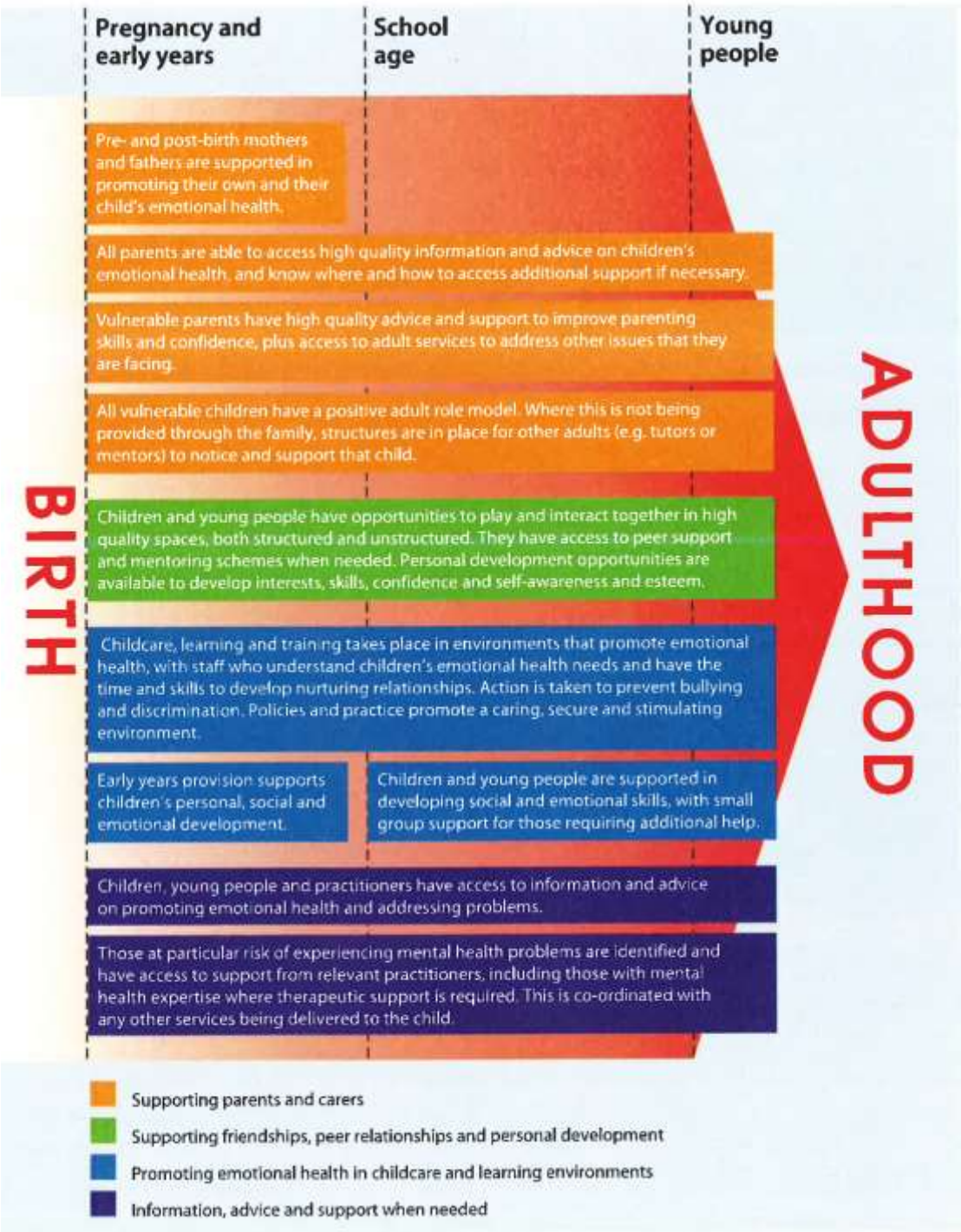
Specialist and preventative commissioners appreciate the focus on outcomes (as opposed to tiers) of Liverpool's comprehensive CAMHS model i.e.

- Improved environments so that C&YP can thrive
- Increased identification of C&YP with early indicators of distress and risks
- Reduction in mild to moderate distress
- Reduction in the development of moderate to severe distress
- Reduction in life long distress

The EHWB strategy group, the Joint Commissioning Committee and the Health and Wellbeing CYP subgroup are encouraged that the B&NES 19/20 CAMHS Transformation Plan contributes to all of these outcomes.

Appendix 1

Comprehensive emotional and mental health service provision



Appendix 2

	service		responsible commissioning agency							
			B&NES CCG	NHS England	B&NES PH	B&NES LA	B&NES LA schools forum	Individual schools	college	PVI Sector
universal	maternity		x							
	GPs		x	x						
	health visitors				x					
	school/college nurses				x					
	voluntary activities e.g sports clubs/classes, scouts, guides, etc									x
	educational staff incl early years					x				x
	youth connect					x				
	PSHE support					x				
	Director of Public Health Awards				x	x				
	on-line support and counselling (Kooth)		x							
	college/ school based counselling		x					x	x	x
	community based counselling		x							x
	Secondary schools resilience hubs		x							
	mindfulness							x		
	sporting family change									x
	make a move									x
	trauma recovery centre									x
	ethnic minority support (SARI)					x				
	School and Mentoring Programmes for BME groups					x				
	family nurse partnership				x					
	children centres;					x				
		outreach family support								
		stay and play								
		early support/nuture - SEN								
		Step by step Parenting SEN								
		home based learning through play; flying start, Theraplay, Portage								
		bright beginnings - baby massage								
		parenting support (Family Link)								
	educational psychologists					x		x		
	family support and play services					x				x
	statutory social workers					x				
	YOT nurse		x		x					
	nuture outreach service		x				x			
	transition support 'get set'					x				
	young carers					x				x
	advocacy 'shout out'					x				
	clinic in a box (CASH)				x					
	compass					x				
	mentoring plus					x				
	stepping stones		x			x				
	LGBTQ support									x
	CYP healthy weight service				x					
	befriending and activities for disabled children e.g Time2share					x				
	young parents support					x				
	LAC team		x			x				
	alternative educational provision						x			
	CAMHS		x			x				
	outreach CAMHS (OSCA)		x			x				
	project 28 (substance misuse)		x		x					
	harmful sexual behaviour support			x		x				
	community paediatricians		x							
	Life limiting community children's nursing		x							
	LD nurses		x?		x?					
	behaviour and attendance panels;						x	x		
	ASD support service		x			x				
	connecting families					national				
	Flexible CAMHS support for over 18s		x							
	Early Intervention in Psychosis		x							
	Hospital Education and Reintegration Service					x				
	"local" inpatient beds			x						
	regional specialist CAMHS e.g deaf CAMHS, OCD CAMHS			x						
	specialist inpatient beds e.g. secure			x						
very specialist	out of area care placements					x				

Appendix 3

Table 1: Protective factors potentially influencing the development of mental health problems and mental disorders in individuals (particularly children)

Individual factors	Family factors	School context	Life events and situations	Community and cultural factors
Easy Temperament adequate nutrition attachment to family above average intelligence school achievement problem solving skills internal locus of control social competence social skills good coping style optimism moral beliefs values positive self-related cognitions physical activity	supportive caring parent family harmony secure and stable family small family size more than two years between siblings responsibility within the family (for child or adult) supportive relationship with other adult (for a child or adult) strong family norms and morality	sense of belonging positive school climate pro-social peer group required responsibility and helpfulness opportunities for some success and recognition of achievement school norms against violence	involvement with significant other person (partner/mentor) availability of opportunities at critical turning points or major life transitions economic security good physical health	sense of connectedness attachment to and networks within the community participation in church or other community group strong cultural identity and ethnic pride access to support services community/cultural norms against violence

Table 2: Risk factors potentially influencing the development of mental health problems and mental disorders in individuals (particularly children)
NB: the following tables list *influences* on the development of mental health problems not the *causes*.

Individual Factors	Family/social factors	School context	Life events and situations	Community and cultural factors
Prenatal brain damage	having a teenage mother	Bullying	physical, sexual and emotional abuse	socio-economic disadvantage
Prematurity	having a single parent	peer rejection	school transitions	social or cultural discrimination
birth injury	absence of father in childhood	poor attachment to school	divorce and family break up	isolation
low birth weight, birth complications	large family size	inadequate behaviour management	death of family member	neighbourhood violence and crime
physical and intellectual disability	antisocial role models (in childhood)	deviant peer group	physical illness	population density and housing conditions
poor health in infancy	family violence and disharmony	school failure	unemployment, homelessness	lack of support service including transport, shopping, recreational facilities
insecure attachment in infant/child	marital discord in parents		incarceration	
low intelligence	poor supervision and monitoring of child		poverty/ economic insecurity	
difficult temperament	low parental involvement in child's activities		job insecurity	
chronic illness	neglect in childhood		unsatisfactory workplace relationships	
poor social skills	long-term parental unemployment		workplace accident/ injury	
low self-esteem	criminality in parent		caring for someone with an illness/ disability	
alienation	parental substance misuse		living in nursing home or aged care hostel	
impulsivity	parental mental disorder		war or natural disasters	
alcohol misuse	harsh or inconsistent discipline style			
	social isolation			
	experiencing rejection			
	lack of warmth and affection			

Reproduced from: Commonwealth Department of Health and Aged Care 2000, Promotion, Prevention and early intervention for mental health-a Monograph, Mental Health and Special Programs branch, Commonwealth Department of Health and Aged Care, Canberra. Quoted in Making it Happen (DH 2001).

Bath & North East Somerset Council

NHS
Bath and North East Somerset
Clinical Commissioning Group

Appendix 4

NHS
Oxford Health
NHS Foundation Trust

BANES CAMHS Emotional Wellbeing Hubs update
Quarters 3 and 4, 2018/19

Date: April 2019
Version: 1
Status: Final

Author: **Naomi Oliver** *Getting Help Clinical Lead & Social Worker*

1 – CAMHS Overview of progress of Hubs in schools in 2018-19

CAMHS have continued to work hard to encourage schools to engage in school Hubs. We recognize the importance of adopting a more flexible approach with individual schools, offering more "bespoke" packages for consultation and training as this appears to have met with greater participation. Asking schools to find a Mental Health Champion to coordinate the CAMHS meetings and invite staff to attend has also worked well and in some schools, we have seen increased enthusiasm and more regular engagement.

We have also been considering if we need to reduce the number of SMHP carrying out this role and identify a specific individual or two who may be more suited to it. However plans to make any changes are currently on hold whilst discussions around the SPA and trailblazer bid progress.

2 - Training and consultation

School	Where are we now - consultations	Where are we now - training
Hayesfield	Ongoing engagement and use of face to face consultation throughout the year. Change of Head and pastoral lead has encouraged a new enthusiasm for joint working with CAMHS. Change of Hubs coordinator for the school from Rebecca Hobbs to Sam Wild in June 2018. (Aprox. face to face hubs consultations engaged in over the academic year x 6 and numerous telephone contacts)	-HarmLess Re-introduced to new Head. -Mindfulness and Emotional Regulation workshop. -Anxiety and Exam Stress.
Bath Community Academy (BCA)	**School closed in July 2018.**	No ongoing contact
Ralph Allen	Continue to have engaged well in monthly face to face hubs consultation and using telephone contact as needed. The school have been encouraged to access training options but have not taken us up on this until the Spring 2019. (Total face to face hubs consultation over the academic year x 7) Hubs coordinator has changed from April 2019 and Becky James who used to work with the school is taking over this role to cover a maternity post. The school are happy to have Becky back and have consistency of staff.	-Exam stress & Anxiety training: for students and advice for school staff and parents. Training desired for after Easter: -Overview of CAMHS -Depression -Self-harm -Eating Disorders
St Marks	Change of CAMHS Hubs worker to help re engage the school in September 2018. Naomi Oliver met with the school nurse, chaplain, SENCO and pastoral leads to discuss barriers to previous engagement and create a more bespoke model fitting around the school's needs.	-Anxiety Training & workshop -HarmLess -Emotional Regulation workshop. -Exam Stress advice for staff with

	Barriers to engagement, staff capacity, making the model fit with schools needs. Finding a staff member to lead on this and be a MH champion to coordinate hubs. Now well engaged and coordinated by school chaplain. Always a good number of staff attending consultation. The school need support to re think their safe place for children not able to attend class due to mild anxiety and are doing this in consultation with CAMHS so as to encourage an environment of enablement and reintegration as opposed to avoidance.	students and for parents for their children.
Wellsway	The school are now well engaged in face to face consultation and joint working with us. Reviewed the schools use of Hubs and agreed they would like to meet as a drop-in for staff and then meet as a staff group in between. Also agreed they would value us to work with the subjects and issues arising from the curriculum of PSHE. Two CAMHS clinicians are involved in Hubs consultation. (Total face to face hubs consultations engaged in over the academic year x 5)	No training taken up to date despite putting options to them regularly.
Chew Valley	Continue to engage in hubs consultation by telephone. Face to face monthly hubs consultations requested used at the beginning of the academic year, then more ad hoc with school using telephone contact as needed rather than face to face. Naomi has tried to encourage the school to participate in training.	Training to be decided after Easter holidays.
Oldfield	Ongoing engagement with CAMHS Hubs. Change of CAMHS hubs coordinator due to staff leaving post. New coordinator has identified 2 x staff members and MH champions (safeguarding lead and Ed Welfare Officer) to coordinate meetings. Meet monthly where school able. (Face to face consultations 3 x since Dec 2018) Feb date cancelled by school due to half term.	The school have not requested training this academic year to date. They have spoken about some advice on supporting students with eating disorders in school so this will be arranged.
St Gregory's	Ongoing well engaged monthly face to face hubs consultations and regular telephone contact. (Total face to face hubs consultations in the academic year x 7)	Depression training. Eating Disorders training

Beechen Cliff	Monthly face to face hubs consultations provided and a drop-in approach initially arranged. School staff haven't engaged in attending and CAMHS clinician has not been utilised. Main contact with the school in arranging these meetings has been with the Deputy Head and pastoral Lead. Minimal telephone contact. (Total face to face hubs consultations attended by CAMHS clinician x 5 over the academic year with 2 x cancelled.	-Exam stress PowerPoint emailed to staff.
Norton Hill	Since the new pastoral and deputy head has come into post in early 2018 has become very motivated to work in a way that identifies the need for MH awareness and student and staff wellbeing. They were meeting with us monthly earlier in the year Jan 18 but since September have chosen termly face to face consultation. The school have also chosen to have also have consultation over email and telephone when required. Norton hill have implemented some plans at school to encourage students not to avoid classes and to manage their own anxiety and distress. They have different zones in the pastoral area where students can identify how they are feeling and use strategies to calm down and manage their emotions.	Norton Hill have not requested any training this school year, which may be because they have a lot of inhouse service support.
Writhlington	The school have regular telephone contact with CAMHS but have been very non-responsive to face to face consultation this academic year. Fran Yallop and Becca Fell Hub Coordinators tried numerous times to email and contact the school to arrange, finally with the school setting a date in March 2019. Barriers to previous engagement was discussed and school fed back that they felt there were differences in services offered within CAMHS teams- BANES, Somerset and Wiltshire CAMHS operating differently and the school access both services and therefore have made assumptions that BANES work as SOMERSET Team. CAMHS have found training has been arranged in the past and then staff not arriving on the day despite reminders to the school. Also, CAMHS have had challenges with messages left for school staff not being responded to which has resulted in	-Educating staff on when and when not appropriate to send YP to A&E- having a conversation first with CAMHS and completing HarmLess. -Overview of of BANES CAMHS and changes to parts of the service.

	some letters being sent without conversations/discussions Out of this meeting the school have agreed to termly face to face Hub consultations.	
Broadlands	Naomi Hubs coordinator took on the role of re engaging Broadlands after trying to contact the school at the beginning of the academic year. I met face to face with SENCO and staff in Dec 18 as means of re introducing our offer and looking at barriers to engagement. Barriers being lack of presence in the school from previous CAMHS practitioner. CAMHS needing to be more proactive. Needing to identify a MH champion in the school to lead on engaging with CAMHS. Identified the SENCO. Now re engaged with face to face consultation 6 x weekly and indirect consultation. (Total face to face hubs consultations x 2)	Training since re engagement. -HarmLess -Mindfulness and Emotional Regulation. -Had to re arrange training on Autism due to shortage of staff to deliver in INSET.
Aspire	The school are well engaged with their hubs coordinator and are in face to face contact bi monthly and telephone contact as needed.	-Anxiety Training -Self Harm Training.
The Studio School	Initial Hubs consultation at the beginning of the year. Not engaged in this model after January due to staff shortages and pressures within the school. The school have telephone contact as needed with CAMHS.	No training taken up.
Somervale	Naomi Hubs coordinator took on the role of trying to re-engage Somervale. Met face to face with Pastoral lead and Deputy Head with school nurse in October 2018 with a means of re-establishing a way of them utilising CAMHS. The school were reluctant to make use of our service due to time limitations, seeing this as an additional demand on their time and feeling they had all they needed. School nurse was passionate about using our provision and SENCO. Finding a school champion to lead the hubs was the way to win the school round. Now they are meeting approx. 6 x weekly for consultation being coordinated by the SENCO. (Total consultations attended since Oct 2018 x 3 plus training.)	-Anxiety Management Training and workshop. -HarmLess training. More training options given after Easter.

Bath College & Radstock College	Bath college have been meeting with their co-ordinator monthly for a hub consultation. They've been well engaged and are making good use of the hubs. (Total face to face hubs consultations x 7 since Sept 18)	-Managing Anxiety -Promoting Positive Mental Health -Psychological education about Obsessive Compulsive Disorder and Psychosis in adolescents,

3– Comments from the 2018/19 CAMHS Hub Review feedback forms

Positive Quotes and Feedback:

1. "It's really useful to be able to ask about pupils, general questions and get feedback on specific ideas and details of how to help."
2. "Really useful for advice regarding self-harm".
3. "Where we have more knowledge and confidence in managing issues of emotional and MH the students will feel this"-CAMHS has helped with this.
4. "I would definitely hope that pupils have positively benefited from my relationship with CAMHS and my knowledge has improved as a result in relation to knowing how to support pupils".
5. "The Mindfulness exercises were really useful for one to one situations where I am not mental health trained. I will bare them in mind for myself also, I found grounding exercises very useful and I see how they will be successful in support sessions".
6. "We have a really good relationship with CAMHS now and have a good point of contact to speak to where we need this".
7. "I have gone from a 2/10 to a 7/10 since teaching from CAMHS on Mindfulness where 10 is feeling really confident in understanding and delivery."
8. "The knowledge of services is so much improved and timely action is enabled". (Ralph Allen)
9. "I definitely feel more confident and educated as a result of CAMHS Hubs."

What would you like from CAMHS in the future:

1. "More of the same!"
2. "Time to share strategies with individuals who work with students" Ralph Allen
3. "To develop strategies more relevant for whole classroom situations.
4. "Would love more one to one support from CAMHS in school with students.
5. "Would love work with parents on helping them understand their child's mental health difficulties in relation to school and educational achievement."

Challenges:

1. "Finding someone in the school who can champion MH where there is such a demand on staff members time".
2. "Timings sometimes clashed with other after school meetings/activities."
3. "Maybe offering a lower level intervention offer, rather than waiting for students to be in a more set position."
4. "Finding mutually convenient times for all involved to meet is difficult but we work on this as much as we can".

Appendix 5

Harmful Sexual Behaviour KPI reporting
Quarter 1 2017-18

1.0 Background

National research shows that quality assessments, good coordination of services and early intervention can help to meet the needs of children and young people who display harmful sexual behaviour. However, many multi-agency professionals lack confidence when it comes to knowing what to do to support these children and young people. In Wiltshire and BANES, there was no embedded CAMHS provision within the YOT teams, and as many children and young people who display harmful sexual behaviours do not meet the threshold for CAMHS, there was a need to improve the availability of direct interventions and support for staff in managing these behaviours.

Therefore, in October 2016 Wiltshire and Bath and North East Somerset (BANES) Councils bid for funding to embed a CAMHS worker in their YOT teams, who can provide a psychological perspective to assessments; offer training, support and consultation for multi-agency staff and where appropriate, facilitate specialist intervention.

This post was filled in May 2017. Since this time, the embedded CAMHS worker has been working to baseline current practice and identify areas of improvement. Current data recording systems in Wiltshire and BANES do not facilitate direct reporting on CYP who display harmful sexualised behaviours, so the data below is based on best available information and direct practitioner feedback. Work is on-going to embed required processes into practice to facilitate improved reporting.

2.0 Wiltshire

Gaining a detailed picture of the number of active cases where HSB is a concern in Wiltshire is complicated by the number of statutory teams within children's social care and the geographical spread of the area.

Historically, there have been no reportable mechanisms for identifying HSB as a presenting factor, so these are now being set up by the embedded CAMHS worker.

KPI 1: Number of CYP who display HSB

Likely figures have been approximated by seeking direct feedback from the area safeguarding teams:

- 2 of 5 teams completed the feedback exercise and identified 10 cases between them where HSB was a current concern. All but one of these CYP were male, and their ages ranged from 7 to 16 years of age, with a mean age of 11.9.
- The YOT team are actively intervening with 5 cases where sexual offences or sexual behaviour are a concern.
- There were no new convictions for sex offences in Q1. This is compared to a baseline of 4 convictions in Q1 16-17.

KPI 2: Number of mental health/other assessments conducted for CYP who display harmful or problematic sexual behaviours

Of the 10 social care cases identified where HSB was an issue:

- 4 single assessments were completed in Q1.
- 2 S47 assessments were completed
- 1 ASSET Plus assessment was completed
- 1 young person is subject to an ongoing investigation by the Police relating to an alleged sexual offence.

The numbers of assessments conducted during Q1 relating to HSB are likely to be higher than those reflected here and work is underway by the embedded CAMHS worker to improve visibility of these cases by visiting team meetings, monthly invites to peer supervision, emails with up-to-date research and induction training.

KPI 3: Number of new care plans set up, or existing ones reviewed/extended

For the single assessments highlighted above:

- One young person received a six-month Youth Conditional Caution and has a Child in Need plan running concurrently.
- The young person subject to a Police investigation has a CiN plan recommending general work regarding HSB.
- The other two young people were made subject to CiN plans with no HSB work specified in the plans. This has not been discussed with the case managers concerned; it is possible the reason for the lack of HSB work specified is capacity limitations and lack of available skill/confidence.

In relation to the last point, recent and upcoming AIM Intervention training should address the skill issue. Confidence should be aided via the offer of consultation and peer supervision, as these become more visible. Capacity issues will be addressed via the multi-agency operational group meeting from October 2017. A protocol will be developed from the operational group which will specify what is expected to form part of any children's social care plans.

Again, the numbers of new care plans set up during Q1 relating to HSB are likely to be higher than those reflected here.

KPI 4: Number of children and young people who successfully engage with their care plan

All young people have engaged with their plans in Q1, where those plans were specific to HSB.

KPI 5: Support, training and consultations offered to multi-agency teams

The embedded CAMHS worker is offering daily support and guidance as standard. Five direct consultation sessions have been held with professionals concerned about CYP displaying HSB.

In order to address shortages in practitioner skills in working with children and young people who have enacted harmful sexual behaviour, a range of training days have been provided in both this and the previous financial year. These days cover carrying out specialist assessments with adolescents, with children (under 12), technology-assisted HSB, interventions with the mainstream population and with children with learning disabilities/difficulties. All dates have had 25 delegates attend from BANES, Wiltshire and neighbouring authorities across YOT, CAMHS and social care teams.
Feedback forms have been developed for both training and consultations to give some measure of the impact of these. These have only recently been developed and agreed for use, and data will not be available until the end of Q2.
The predominant work undertaken during the part of Q1 during which the post was filled, was gaining an understanding of local provision; meeting with local managers to raise awareness of the HSB Coordinator role and explore areas for development.
Peer supervision was provided monthly throughout Q1, attended predominantly by YOT staff and averaging 8-10 attendees on each occasion.
The embedded CAMHS worker has held meetings with team managers and attended two team meetings to share details and raise awareness of this new and developing role.

KPI 6: Service user satisfaction audit

A single set of questions to gather service user feedback and measure satisfaction is currently being developed. These questions will target both parents and children and young people. This data is not currently available as these processes are being developed.

3.0 BANES

Data for BANES young people is more readily available as there are embedded systems for monitoring HSB as a presenting factor.

KPI 1: Number of CYP who display HSB

There were 14 active cases in Q1 in BANES, all of whom were male and 3 of whom were being supported via consultation. The remaining CYP were being either assessed or receiving some kind of intervention.
New referrals or concerns were raised about 6 individual children and young people ranging in age from 5 to 17 years of age. Two of these related to a CYP with previous harmful sexual behaviours. There were no convictions for sexual offences during this period. To put this into context, two young people were convicted of sexual offences in 16-17.

KPI 2: Number of mental health/other assessments conducted for CYP who display harmful or problematic sexual behaviours

For the CYP identified above:

- 3 single assessments were completed for young people
    - (all males) ranging from 12 to 15 years where HSB was a primary concern.
- No specialist (AIM2 or AIM under 12) assessments were carried out
    - of the 3 cases, two would have been eligible for an AIM2 assessment. There is no reason recorded for one of them not being AIM2 assessed, whilst the other was felt not to be appropriate because the young person claimed not to remember what happened.

KPI 3: Number of new care plans set up, or existing ones reviewed/extended

One of the young people assessed in Q1 commenced HSB specific intervention work during that period. Parenting work started with the parent of 2 other young people.

KPI 4: Number of children and young people who successfully engage with their care plan

- One YP with a sex offence conviction concluded their YOT order during Q1.
- The Turtle Programme was delivered to three children at one primary school, concluding during Q1.
- 5 other children and young people were engaging with some kind of HSB specific intervention.

KPI 5: Support, training and consultations offered to multi-agency teams

Feedback forms have been developed for both training and consultations to give some measure of the impact of these. These have only recently been developed and agreed for use, and so were not available during Q1.

The predominant work during Q1 was getting an understanding of local provision and meeting with local managers to raise awareness of the HSB Coordinator role and explore areas for development.
Peer supervision, a monthly opportunity for workers to receive and offer supervision regarding their work in relation to HSB, started in Q2 so wasn't yet provided during Q1.
Technology-Assisted HSB training was provided in May and attended by four B&NES social workers.
A support session was provided to a parent support advisor at a primary school for her to provide the Turtle Programme to a pupil.

KPI 6: Service user satisfaction audit

A single set of questions to gather service user feedback and measure satisfaction is currently being developed. These questions will target both parents and children and young people. This data is not currently available as these processes are being developed.

Alastair Wakely
Harmful Sexual Behaviour Services Coordinator, Wilts and B&NES
1st September 2017