Wiltshire’s transformation plan for children and young people’s mental health and wellbeing (2015-2020)

“Healthy Mind, Healthy Life”
(The voice of children and young people in Wiltshire)

Updated October 2018
Hi, I just wanted to say thanks and cos this feels kind of personal I’ll send it in a message. I hope it doesn’t feel too awkward. Um…I felt so alone last week. I was thinking it would make no difference to people if I was there with them or not because I’m that worthless they don’t even notice me. I can’t describe exactly but when its in your head at the time if feels scary. When I came on for my chat I saw this msg and it completely changed that part of my bad mood, all because you noticed I was gone. So…thanks 😊 It means a lot to me…
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Our key achievements and impact during 2017/18

- Re-commissioned a modern CAMH service across Swindon, Wiltshire and Bath and North-East Somerset which went live 1 April 2018, with a much bigger emphasis on early intervention, improved access and reflective of the national THRIVE model. An estimated 200+ individuals (including children, young people and parents/carers) helped to shape the new service.

- Carried out a Children and Young People’s Emotional Wellbeing/Mental Health Needs Assessment and evidence review in 2017. This report enabled us to understand our local population in terms of protective/risk factors and prevalence of poor emotional health and wellbeing. It also included current service mapping, provision demand and policy context. The HNA helped inform the new CAMHS service and will be useful for planning approaches to prevention and service delivery across the whole system including LTP future iterations and development.

- Analysed the findings of the Wiltshire Children and Young People’s Health and Wellbeing survey, completed by almost 10,000 children and young people from 95 school and college settings, to generate a series of thematic reports. Findings are being shared locally to help plan future services. Each school has access to their unique data through a web-based portal and can compare to the Wiltshire average. School nurses are using the data to compile health needs assessments and identify joint priorities for schools. A fifth report on children with vulnerabilities has been produced and will be used to better understand need in these cohorts.

- Successfully launched ‘harmLESS’ – a resource for adults who have contact with young people who are self-harming. The online resource is designed to help professionals talk about self-harm with a young person so they can decide what support might be helpful.

- Maintained partnership working between education and CAMHS by continuing with the Thrive Hub initiative in 12 secondary schools and a co-located worker within Wiltshire College of Further Education. This way of working continues to provide students with earlier support.

- Continued to provide Kooth online counselling service for teenagers. In 2017/18, 1800 Wiltshire young people registered for the service with 895 chat sessions. Messaging, article views and forum hits increased on 2016/17 figures. Top issues presented by males and females were anxiety/stress, family relationships and friendships. 99% of those who accessed the service said they would recommend it to a friend.

“At first I was feeling very low about myself and was putting myself in danger by self harming, but counselling changed that”

- The latest performance data on The Eating Disorder Service (TEDS) shows the service is meeting the national target for waiting times for both urgent and routine referrals.

- Increased number of schools on the Wiltshire Healthy Schools programme to 138. This programme supports schools to implement a whole school approach to emotional wellbeing and mental health. 76 schools are currently accredited, that have identified a mental health champion, provided evidence of good practice and impact for pupils. Input at Healthy Schools conferences on mental health has been provided by several speakers from The Charlie Waller Memorial Trust. Some schools have submitted case studies of targeted Healthy Schools work, focusing on raising awareness and improving outcomes for young people. The Wiltshire Healthy Schools website has been used to enable schools to access a range of information and support on emotional wellbeing and mental health.
• Provided mentoring to 45 children in primary schools in 2017-2018. 88% of girls and 55% of boys scored higher on the outcomes web at the end of the intervention. Children reported feeling that there were people that really cared about them, they look forward to the future and enjoy spending time at home.

• Delivered 17 group sessions of the Ministry of Parenting STOP and PITT STOP programme between January 2017 and July 2018 - attended by 139 parents. 86% reported the group had made a difference to their teenager’s behaviour, 84% reported the group had made a difference to their relationship with their teenager. 96% felt that the group had met their expectations and 100% felt supported/very supported by the group facilitators. 8 groups are planned to start in Sept/Oct 2018.

“Recommend it to all parents who are struggling with their teens”

• Delivered Youth Mental Health First Aid Training to 154 staff in 2017/18 - across primary and secondary schools. Courses also provided for professionals working in local authority children’s services.

“I felt this was a brilliant course and would be absolutely worthwhile for all frontline staff”

• Supported teams within Wiltshire Children’s Services via the embedded CAMHS Early Help Team. In 2017-18, 148 children and young people were helped either through direct clinical input or consultation to a professional involved in their care. Training continued to be a focus of the team’s work, running or participating in nine events attended by 140 staff and associated professionals. Five Information & Advice sessions were held in schools with 104 parents and staff attending. These sessions run for two hours and are devised around common parental concerns e.g. “Supporting your child with their worries”. These sessions were positively rated by parents and staff, with increasing requests for further sessions. Until it ended in July 2017, the team also undertook therapeutic group work with the Early Help LGBT young person’s group. The transformation of Wiltshire’s Families and Children Services and changes, and positioning of the ‘early help’ had an impact on the team’s work, as reflected in the pattern of referrals, which saw an initial decrease. Since January 2018, referrals have risen again. The changes have meant that consultation is now offered to those working in Children’s Social Care.

“Thank you. It’s really helpful to know you are there to support us with complex young people when needed and I don’t feel so isolated with the issues”

• Taken steps to improve the emotional wellbeing and mental health pathway for looked after children and those who are victims of child sexual exploitation. A whole time equivalent clinician now provides regular consultation, training and support to the LAC Health Team and CSE team as well as working directly with a number of children and young people who would not otherwise have been able to access CAMHS therapy.

• Established a Wiltshire School Mental Health Network in 2017, which provided 10 face to face local training sessions for staff from primary schools, secondary schools and early years settings on a range of issues related to mental health. The project also engaged Wiltshire schools with 20 online webinars and a mental health book club, with support from the Charlie Waller Memorial Trust https://www.cwmt.org.uk/.

• Allocated funding for services to support perinatal mental health. This new service will offer primary care liaison and and brief interventions to support parent-child attachment. In addition, a successful Health Education England grant will fund specialist training for health visitors in 2018/19.

• Extended the reach of a counselling service project to 5 GP practices in North and West Wiltshire reaching 71 young people and covering such issues as anxiety/stress, family problems, bullying and peer relationships.
“The pilot has been an excellent resource for our young patients and has worked well from all perspectives”

“GPs are glad this service is in place to help the many young people that require counselling but are not at a level to require assistance from CAMHS” (Dr Catrinel Wright, Lovemead Group Practice).

“My life has gotten a lot easier since I started counselling. I’ve received help and how to cope with my feelings better” – a young person from Hathaway Medical Practice

- Enriched the local OnyourMind website for children and young people’s emotional wellbeing and mental health to include signposting to positive leisure time activities, improved use of social media and the addition of helpful apps and resources.

- Skilled up 10 Thrive Schools to deliver the Kidscape peer mentoring programme. **20 staff and 317 peer mentors were** trained and supported **362 mentees** supported by their peer mentors

  “Referrals to one one counselling by pupils are lower”

  “As an academy, we believe that the mentoring programme will continue to thrive and support the pupils in need, whilst empowering our mentors”

- Developed an all age sexual assault referral pathway across Swindon and Wiltshire with funding from the Health and Justice Commissioner. We have also created an embedded CAMHS therapist in Child Sexual Exploitation and looked after children teams.

- Two secondary schools took part in the Youth Mental Health Champions programme from the Royal Society for Public Health (RSPH). During 2016, 22 volunteer youth mental health champions gained their RSPH Level 2 certificates for Youth Health Champions qualification. Both schools incorporated the Understanding Emotional Wellbeing unit, as part of their training. The candidates have been delivering health messages to their peers as part of their school campaign work.

- Three training events were delivered during 2017 and 2018 with Time to Change [https://www.time-to-change.org.uk/](https://www.time-to-change.org.uk/), enabling secondary school staff to access hard copies and online educational resources to engage young people to address stigma around mental health.

- A range of local PSHE training and support has been provided to schools to help teachers raise awareness of emotional wellbeing and mental health issues and deliver better PSHE education. Schools have been recruited to undertake the National PSHE CPD programme, which has been delivered in Wiltshire for the past two years. This university accredited course includes standards relating to teaching about emotional wellbeing and mental health.

- We have continued to promote the national Reading Well campaign, particularly through secondary schools, with at least 2 copies of each book available in each Wiltshire library.

- With Swindon, co-located Independent Child Sexual Violence Advisors within our community Domestic Violence Service and specialist counselling is currently available from two community locations in Wiltshire. Two paediatric centres of excellence will open in Bristol and Exeter in October 2018. An embedded CAMHS worker provides specialist consultation and advice; joint assessments; training and some direct interventions to enhance the pathway for these young people.
A message from the Chair of the Wiltshire Health and Wellbeing Board

This Local Transformation Plan for Children and Young People’s Mental Health and Wellbeing provides an update on Wiltshire’s progress as well as news on the development of a new Child and Adolescent Mental Health Service model which aims to transform service delivery and improve outcomes.

Improving children and young people’s mental health provision continues to be a top national priority. Only earlier this year, the Prime Minister delivered a speech promising additional support for children and young people’s mental health problems, outlining plans to focus on prevention by providing additional teacher training. Further to this, Theresa May announced a review of Child and Adolescent Mental Health Services (CAMHS) led by the Care Quality Commission (CQC), and a fresh Green Paper on children and young people’s mental health to set out plans to transform services in schools, universities and for families.¹

The rationale for the sustained focus on this agenda is clear – half of mental health problems start before the age of 14 and 75% by age 18.² Bearing in mind that 1 in 4 of the population has a common mental health disorder and the economic and social costs of mental illness equate to £105bn (similar to the entire annual NHS budget), it’s common sense to invest in good quality support for children and young people.³ This argument is strengthened further by figures that show mental illness disproportionately affects young people⁴, yet the Government has acknowledged that the provision of mental health services for children is one of the biggest NHS weak spots.⁵

Set against this backdrop, Wiltshire’s Local Transformation Plan continues to bring Families and Children’s Transformation programme partners together from across the whole system to implement new initiatives and services that are focused on making it easier for children and young people to access good quality emotional wellbeing and mental health support within their communities. With children and young people involved every step of the way, key achievements in 2017/18 have included:

- Significantly improving access to emotional wellbeing and mental health support by improving waiting times and strengthening pathways for our most vulnerable children.
- Building closer partnerships between education and CAMHS through our trailblazing Thrive Hub programme.
- Rolling out Youth Mental Health First Aid training to staff who work with children, young people and families.
- Working with our neighbours in Swindon and Bath and North-East Somerset as well as key children and young people to re-commission jointly a modern child and adolescent mental health service.

¹ ‘Press release – Prime Minister unveils plans to transform mental health support’, Prime Minister’s Office, 09 January 2017, online at www.gov.uk, 23 April 2017
² ‘Future in Mind, promoting, protecting and improving our children and young people’s mental health and wellbeing’, Department of Health, 17 March 2015, online at www.gov.uk/government/publications/improving-mental-health-services-for-young-people
³ ‘Press release – Prime Minister unveils plans to transform mental health support’, Prime Minister’s Office, 09 January 2017, online at www.gov.uk, 23 April 2017
⁴ ‘Press release – Prime Minister unveils plans to transform mental health support’, Prime Minister’s Office, 09 January 2017, online at www.gov.uk, 23 April 2017
⁵ ‘Hunt, Jeremy (The Secretary of State for Health), Topical Questions, House of Commons Hansard, Volume 615, 11 October 2016, online at www.parliament.uk, 23 April 2017
These developments, alongside others, are beginning to transform and improve service provision, with Wiltshire performing well against many Key Performance Indicators in a recent national report by the Education Policy Institute.⁶

Nonetheless, despite good progress being made there is still much work to be done before our local services reach the expected national standard by 2020/21. For example, there are still big challenges to be overcome including further reductions to waiting times, providing better crisis care and reducing the number of children being treated far from home and reducing hospital admissions for self-harm and mental health conditions.

The focus of the next twelve months will be to see through the successful implementation of the priorities set out within this expanded and refreshed plan. Further to this, a major objective shall be to work with partners from across the whole system to launch a modern fully integrated child and adolescent mental health service which is tailored to children and young people’s needs. Key areas of focus will include:

- Strengthening transparency and accountability of the delivery of this plan and local performance through robust scrutiny by the Health and Wellbeing Board and responding to the findings of the Children’s Services Select Committee CYP Mental Health Scrutiny Task Group;
- Developing a clear and funded collaborative commissioning plan across the Swindon, Wiltshire and Bath and North-East Somerset geographical footprint with NHS England Specialised Commissioning to improve crisis care and reduce the number of children being treated far from home and/or in adult wards;
- Developing an effective joint agency workforce development plan to ensure the right workforce is in place to improve the whole child and adolescent mental health system.

As I have said in previous versions of this plan, we will only be able to achieve our ambitions with the strong commitment of all partners. We need to work together. By doing so, we can continue to transform services so that all our children, young people and families have timely access to an integrated system of excellent, coordinated and effective promotion, prevention, early intervention, and community support and treatment programmes that work.

Let’s continue this improvement journey and help steer our children and young people on the road to safe, healthy and happy futures.

Baroness Scott of Bybrook OBE

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Supporting the Swindon, Wiltshire and Bath and North-East Somerset Sustainability and Transformation Plan (STP)

Leaders of health and care organisations from Swindon, Wiltshire and Bath and North-East Somerset 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 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. There are five key priority areas outlined within the plan. These are supported by the commissioning intentions and local priorities which are set out within this Local Transformation Plan for Children and Young People's Mental Health and Wellbeing. The five priorities are:

1. To provide improved person-centred care by strengthening and integrating the specialist services that support primary care – we will re-commission a new full integrated CAMH service across the STP.
2. To shift the focus of care from treatment to prevention and proactive care – we will enhance the provision of early intervention for children and young people with emotional wellbeing and mental health issues in our communities.
3. To redefine the ways we work together as organisations to deliver improved individual/patient care – our local priorities for CAMHS transformation have been developed by health, education and social care (including the voluntary and community sector working together). This also includes children, young people and their parents/carers.
4. To ensure we offer staff an attractive career and build a flexible, sustainable workforce - we will develop a joint agency CAMHS workforce development plan.
5. To strengthen collaboration across organisations to directly benefit acute and urgent care services – we will develop a collaborative commissioning plan with NHS England Specialised Commissioning with the aim of improving crisis care and reducing out of area placements and hospital admissions.

Mental health delivery plan

Within the context of the STP, Bath and North East Somerset, Swindon and Wiltshire CCGs have worked together to develop an all age Mental Health Delivery Plan which sets out (across the whole geographical footprint) the vision and priorities for achieving the Mental Health Five Year Forward View. To support this a mental health STP group has been established and a workshop held in August 2017 involving a wide range of stakeholders to communicate the plan and its objectives. 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 other children and young people emotional wellbeing and mental health treatment services;
- Inclusion of requirements to flow data to the Mental Health Services Dataset is included within service contracts wherever possible;
- Establishment of an effective digital treatment offer to provide quicker access to evidence based interventions.

To further accelerate improvements across these joint priorities and make the very best use of resources, Bath and North-East Somerset, Swindon and Wiltshire CCGs are currently exploring the potential to develop an STP wide Transformation Plan for Children and Young People’s Mental Health and Wellbeing for 2017/18.
The voice and influence of children and young people

What children and young people say

Wiltshire Assembly of Youth, UK Youth Parliament members and members of our Children in Care Council tell us that emotional wellbeing and mental health is a top priority. To help promote good mental health young people have developed a mental health charter.

Key messages:

- Better mental health awareness, education and support is needed in schools, including improved Personal Social Health Education.
- Teachers do not always know what to do if a student is in mental health difficulty
- Help and support should be easier to access, as close to home as possible.
- Having someone to talk to in confidence is important.
- We need protection from bullying, cyber-bullying is on the increase.
- Information about local support and services and how this can be accessed should be improved.
- Good access to positive activities helps to promote wellbeing.
- More needs to be done to raise awareness of mental health and tackle stigma and discrimination.
- More help could be given to enable children and young people build their self-esteem and confidence.
- Digital technology should be used more to provide easier access to information and support.
- It’s really frustrating when a referral to CAMHS gets turned down – more support is needed for these children and young people.
- We want to be involved in the development of the transformation plan and the re-commissioning of CAMHS.

How have children and young people been involved in CAMHS transformation

✓ Young people from across Bath and North-East Somerset, Swindon and Wiltshire formed a Children and Young People’s Reference Group to participate in the process for appointing a provider of CAMHS. The group heard a presentation from bidders, interviewed them and offered formal feedback to the evaluation panel. The group also delivered consultation activities to redesign a visual model of the proposed new CAMHS model for Wiltshire.

✓ Organised and participated in a Youth Summit which took place at Devizes school on 8 February 2017. This was a partnership initiative delivered by Wiltshire Council, Wiltshire Police, Healthwatch Wiltshire, Devizes School, Virgin Care, Oxford Health NHS Foundation Trust and Wiltshire CCG. 60+ pupils took part from across 16 secondary and independent schools.

✓ Continued to support the development of the ‘OnYourMind’ website, including the creation of a welcome video on the home page www.onyourmind.org.uk.

✓ Wiltshire Assembly Youth met to discuss the issue of bullying and have since recorded a series of podcasts that share their experiences of bullying, its impact on their wellbeing and how they managed to overcome this. The podcasts shall be published during Anti-Bullying week in November 2017 with support from BBC Radio Wiltshire. The theme for Anti-Bullying week this year is ‘All different, all equal’ which aims to empower children and young people to celebrate what makes them and others unique.

✓ Participated in a workshop to inform the development of the local Health Needs Assessment for children and young people’s emotional wellbeing and mental health.

✓ Met with the Corporate Parenting Panel to discuss the triggers for poor mental health in the looked after and care leaving populations.
1. Introduction

Like the national picture, there is a high and growing demand locally for child and youth mental health services, with nearly 3,000 children and young people accessing Wiltshire CAMHS in the last year. Professionals, particularly GPs and school staff, continue to report more children and young people who are experiencing emotional problems and mental ill health, with significant numbers exhibiting disruptive, withdrawn, anxious, depressed or other behaviour which may be related to an unmet mental health need.

Over time, this increased demand has resulted in more referrals to CAMHS, but many do not require specialist mental health interventions and need a ‘lower level’ intervention. This is frustrating for children, young people and their families who are looking for help and who often feel ‘bounced’ around the system until problems get worse and reach a crisis point.

Increasing numbers of hospital attendances and admissions for children and young people may be an indication of insufficient access to timely mental health support being available within local communities. Following assessment, most of these children and young people are discharged to community services, including CAMHS, suggesting that a good proportion of these attendances and admissions could have been avoided. A small proportion of children and young people have numerous physical investigations for what turns out to be a ‘hidden’ mental health difficulty.

The aetiology of mental ill health is complex and the recent increased demand may be explained by many influencing factors including rising stress on families, parenting problems, poverty and disadvantage, educational pressures, bullying (including social media), peer pressure and other social influences. Children and young people continue to highlight the importance of emotional wellbeing and mental health and want easier access to timely support.

This increasing demand comes at a time when public sector resources are squeezed, resulting in a lack of investment in early help and prevention. Instead, limited resources are currently focused downstream at costly specialist services when problems have reached crisis point. As well as being ethically and morally wrong, this is uneconomical as research shows that addressing problems earlier on saves the taxpayer significant financial costs down the line.7

In recognition of these challenges, nationally there continues to be a high-profile emphasis on this agenda (Future in Mind Report and NHS Mental Health Five Year Forward View), with the Government committed to making tangible improvements in child and adolescent mental health services by 2020. This commitment is being supported by additional investment and focuses on driving improvement across the following key themes:

- Promoting resilience, prevention and early intervention
- Improving access to effective support – a system without tiers
- Care for the most vulnerable
- Accountability and transparency
- Developing the workforce

In 2015 NHS England asked all local areas to develop transformation plans for children and young people’s mental health and wellbeing that clearly set out how improvements will be made. These plans were supported by additional funding through Clinical Commissioning Groups.

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7 Annual Report of the Chief Medical Officer 2013 Public Mental Health Priorities: Investing in the Evidence, September 2014
In Wiltshire, we’ve achieved a lot in our first three years of CAMHS transformation. These achievements have been made possible through the strong partnerships we have in place through our local multi-agency Families and Children’s Transformation Board which has replaced our Children’s Trust.

In response to the views of children, young people and their families, our major area of focus has been improving access to the right help at the right time in the right place. This will continue to be a key theme going forward within the context of our overall strategic priorities which include:

- Promoting good mental health, building resilience and identifying and addressing emerging mental health problems early on;
- Providing children, young people and families with simple and timely access to high quality support and treatment;
- Improving the care and support for the most vulnerable and disadvantaged children by closing critical service gaps, improving support at key transition points and tailoring services to meet their needs.

2. What is this plan about?

This refreshed transformation plan sets out the joint strategic direction, clear vision and principles for bringing about the radical and cultural change required across the whole child and youth mental health system to deliver tangible improvements to provision and outcomes for children and young people in Wiltshire.

“Children and young people are in positive or good mental health when they can grow up and get on with their lives, deal with the ups and downs, have their own views and opinions, learn and find things they like and enjoy.”

(The voice of Wiltshire children and young people)
The plan reflects the national ambition and aspirations for improving children and young people’s mental health and wellbeing as set out in *Future in Mind* and the *Five Year Forward View for Mental Health*. It also mirrors the Government’s aspirations as set out in the Transforming Children and Young People’s Mental Health Provision Green Paper for early intervention, and delivery closer to schools and communities. It has been developed within a local framework of existing strategies and initiatives. The plan has been developed in collaboration with partners from across education, health and social care, the voluntary and community sector, and importantly children, young people and parents/carers.

### 3. Our local vision

We want to achieve the following vision for children and young people in Wiltshire:

> *All children and young people have the opportunity to thrive and enjoy good mental health now and throughout their lifetimes, they are resilient and equipped to manage the ups and downs which life throws at them. Those with emotional wellbeing and mental health needs can seek the right support, recover and participate in welcoming, inclusive and supportive communities*.

Our vision will deliver the following outcomes:

- **More children and young people will enjoy good mental health, be ‘resilient’ and feel equipped to manage the usual ups and downs of life.**
- **More children and young people with emotional wellbeing and mental health needs will be identified early and receive the right help at the right time through services working together across the whole system. They will be supported in community settings including schools, reducing the need for access to more specialised services.**
- **Children and young people with more serious or longer term mental health needs will be able to access support close to home and recover in welcoming, inclusive and supportive communities.**
- **Parents/carers and professionals in universal settings and primary care will feel more confident and able to respond to emotional wellbeing and mental health needs and are clear about when and how to access additional support.**
- **More children and young people with emotional wellbeing and mental health needs (including those who are vulnerable and disadvantaged) will have a positive and seamless experience of care and support (including a smooth transition to adult mental health services where appropriate). They are empowered and help is tailored to their individual needs and effects recovery.**
- **Fewer children and young people will be admitted to hospital and those that are will be discharged to community support as soon as possible.**

Our local services and support for children and young people with emotional wellbeing and mental health needs will be underpinned by the following key principles:

- *I am supported to live healthily*
- *I am respected, listened to and involved*
- *I am supported to live independently*
- *I receive care and support tailored to my individual needs*
- *I have an excellent experience from the services I receive*
- *I understand what support is available and services are accountable to me*
- *I am kept safe from avoidable harm*
4. Where are we now?

To deliver the outcomes underpinning the above vision, we worked jointly with our partners from across the Bath and North-East Somerset, Swindon and Wiltshire geographical footprint to design and commission a new model of community Child and Adolescent Mental Health Services (CAMHS). The new service model came into effect on 1 April 2018 and is a 7-year contract, with the possibility of a 3-year extension, demonstrating a commitment to this new way of working. The service is designed to address both local and national evidence around what works, and what is needed to give children and young people a seamless, cohesive and ‘whole-system’ experience. The new approach moves away from CAMH services that are delivered using a tiered model and which were shown to create:

- Divisions between services.
- Unnecessary waits between the various tiers.
- The re-telling of stories to different teams/professionals.
- A lack of clarity over thresholds.
- A complex system to navigate.
- Children, young people and their families feeling ‘bounced around’.

In common with the national picture, this tiered system for supporting children and young people’s mental health and wellbeing led to a patchy and incoherent offer of help which has led to significant issues in relation to access, consistency and understanding of pathways. Children, young people, parents/carers and professionals became increasingly unclear about where to go for the right help. This confusion led to a situation where specialist CAMHS providers became the ‘go to’ point for all children and young people where there were concerns about emotional wellbeing and mental health. This placed significant strain on those services that, following assessment, discovered many of these children and young people did not require a specialist mental health response. This exacerbated waiting times for assessment and treatment.

**KEY ACHIEVEMENT:** Moving from an out of date fragmented system to a modern integrated model of coherent support that provides the right help at the right time in the right place.

We believe that this modern service will better meet need the changing needs of children and young people and respond to the ambitions for change and improvement set out in Future in Mind, the Five Year Forward View for Mental Health and this Local Transformation Plan for Children and Young People’s Mental Health and Wellbeing. We believe this is the case due to the extensive consultation that took place in Wiltshire to develop and inform the new service delivery model.

In Wiltshire, 16 consultation events were held with an estimated 200 individuals taking part in face to face sessions. A summary of the key common priorities for the new service identified by stakeholders are shown here.
KEY CHALLENGE: Achieving a shift in culture where CAMHS becomes seen as a whole system rather than just a single provider

4.1 The new service delivery model

Developed nationally by the Anna Freud National Centre for Children and Families and The Tavistock and Portman NHS Foundation Trust, Oxford Health NHS Foundation Trust is now using the THRIVE Model as its service delivery model for CAMHS in Wiltshire. It is working alongside its statutory and voluntary/community sector partners to do this.

The THRIVE Model conceptualises five needs-based groupings for children and young people with mental health issues and their families; thriving, coping (also known as getting advice), getting help, getting more help and getting risk support. Based on national research in terms of ‘what works’, the model then outlines the input that is required for each group.

The model looks at CAMHS as a whole system – recognising the important contribution that all agencies across health, education and social care (including the voluntary sector) have in supporting children and young people’s emotional wellbeing and mental health needs. It represents a new model of care which is integrated, person centred and provides a needs-led approach to delivering mental health services for children, young people and their families.
4.2 Key principles of the Thrive Model

- Cultural shift from being a diagnostic service (medical model) to being a service which can support and offer advice to those who have concerns about children and young people’s emotional and mental health and will offer evidenced based interventions when required (social model). At a minimum, all children, young people and families will be able to access information and advice

- No more service tiers as endorsed by Future in mind

- One Single Point of Contact but also ‘No Wrong Front Door’

- No family or child/young person will be turned away because they do not meet service criteria. All children and young people will receive an offer of the right help according to their needs

- CAMHS will work as a whole system rather than just as one provider, with stronger partnership working between organisations and agencies. This will include the development of local integrated, multi-agency care and support pathways that enable the delivery of effective, accessible, holistic evidence based care.

- Bigger emphasis on early intervention and prevention with focus on helping children and young people to build resilience as well as encourage self-help techniques.

- CAMHS will be more visible in community settings offering interventions and treatments close to home in youth friendly places.

- Treatments and interventions will be evidence based (Children and Young People Improving Access to Psychological Therapies Programme (CYP IAPT) and/or NICE approved)

4.3 Access into the service

In Wiltshire, the new service is now available to all children and young people aged 0-18 years who are registered with a Wiltshire GP. Children and young people from military families living within Wiltshire will
also have access to the service. As part of the new service, children, young people and families can self-refer (although this is best done in collaboration with an adult).

The new service shall provide ongoing support to children and young people aged 18+ (up to age 25) where they are already known to the service, are looked after or have significant special educational needs and/or disabilities or where CAMHS take the professional view that ongoing support would be of benefit, and where the threshold for intervention from adult mental health services is not met.

4.4 A visual model of the new CAMH Service in Wiltshire

Children and young people came together with Oxford Health to design visual representations of the new service. These are given below. They also created an animation to help promote the service and explain how it can be accessed and what it will offer.
5. A responsive plan for the future

In commissioning a new CAMH service, we strive to achieve the key outcomes for children and young people described above. Through rigorous review, monitoring of the Key Performance Indicators, and in partnership with stakeholders across the whole system we will track where the plan is making the most difference in improving outcomes. This work will inform our delivery model moving forward, and will evidence any change that is required to respond to emerging needs.

At the end of year one, a full review of the new service is to be delivered to engage stakeholders from across the partnership and including, but not limited to, children, young people, parents, carers, GPs, schools, and clinicians.

6. ‘Transforming children and young people’s mental health provision: a green paper’

Together with Bath and North-East Somerset, Wiltshire CCG expressed an interest in becoming a trailblazer for Mental Health Support Teams (MHST), and to be part of the Waiting Time Pilot. The proposed MHST model as articulated by NHS England is based on the same rationale underpinning the new CAMHS service in Wiltshire; it sees early intervention taking place closer to where children, young people and families are. Irrespective of the outcome of the bid, opportunities will be sought to learn from the trailblazer sites to determine best practice and future planning.

7. Funding

7.1 Overall financial picture

The overall local annual spend for 2017-18 on Child and Adolescent Mental Health Services was £6.9m. This represents a 6% increase in expenditure on last year (£6.5m in 2015-16). These figures mean that Wiltshire now spends around £60 per head of the 0-19 child and youth population (as per the Office for National Statistics 2015 mid-year estimates). Most of funding continues to be spent on specialist services (61%), however through the implementation of our local transformation plan, a higher percentage of the overall funding is now being spent on primary CAMHS and early intervention in universal and primary care settings.
KEY CHALLENGE: Improving outcomes for children and young people and achieving better value for money by directing more resources upstream on early intervention and prevention.

The table below outlines the local financial picture in relation to expenditure on emotional wellbeing and mental health support for children and young people in 2017/18. This includes information about where the funding comes from.

<table>
<thead>
<tr>
<th>Description</th>
<th>Expenditure 2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tier 1</strong> – Early intervention and prevention in universal and primary care settings</td>
<td><strong>£300k</strong> from Wiltshire CCG</td>
</tr>
</tbody>
</table>
| **Tier 2** - Primary CAMHS including school and community based counselling services | **£488k** from Wiltshire Council Children’s Services  
**£487k** from Wiltshire Council Children’s Services |
| **Tier 3** - Specialist CAMHS                                               | **£80k** from Wiltshire Council  
**£4m** from Wiltshire CCG                                                       |
| **Tier 4** – Highly specialist CAMHS including inpatient beds               | **£1.4m** from NHS England Specialised Commissioning (Subject to validation)  
(£732k for Inpatient Service at Marlborough House) |

In addition to the above, there are other areas of spend which contribute to children and young people’s emotional wellbeing and mental health outcomes. These are outlined in the table below:

<table>
<thead>
<tr>
<th>Description</th>
<th>Expenditure 2017/18</th>
</tr>
</thead>
</table>
| Early Help Service provided by Wiltshire Council Children’s Services (multi-disciplinary teams including education welfare officers, behaviour specialists, youth support workers, youth justice staff, early years practitioners and NEET Personal Advisors) | **£2.97m** from Wiltshire Council Children’s Services  
£4.41m from schools via Dedicated Schools Grant |
| Early Intervention in Psychosis service for (14-65 year olds) provided by Avon and Wiltshire Mental Health Partnership (AWP) NHS Trust | **£743k** from Wiltshire CCG*  
(includes £104k of Parity of Esteem funding)  
*Estimate based on most recent AWP resource mapping exercise  
Additional service expansion £310k |
| Adult Improving Access to Psychological Therapies Service for those aged 16 and over provided by Avon and Wiltshire Mental Health Partnership (AWP) NHS Trust | **£2m** from Wiltshire CCG  
(t£2.03m 2018/19) |

7.2 Key mental health and wellbeing services for children and young people commissioned by the public sector

Core CAMHS

As noted in earlier in this plan, a CAMH services is now (as of 1 April 2018) being provided by Oxford Health NHS Foundation Trust. The service offers a Single Point of Access to children and young people who need mild to moderate mental health needs, and more specialised interventions for those with more severe mental health problems. This service is funded by Wiltshire Council and Wiltshire Clinical Commissioning Group. NHS England Specialised Commissioning funds highly specialist interventions and treatment for those with the most severe mental health difficulties which includes the provision of inpatient services.

Counselling

The charity Relate is the main provider of community and school based counselling services in Wiltshire. Time to Talk provides counselling across a number of primary schools for children aged 6-11 years. Talkzone supports young people aged 7-18 years with counselling provided at home, in school or other suitable
community setting. Many schools purchase their own counselling provision from Relate or other organisations. Some schools directly employ their own counsellors.

Following feedback from GPs, and with additional investment from the CCG, Relate has recently developed a counselling service for 13-18 year olds which is provided directly from GP practices. The service offers 6-10 sessions and is based in five surgeries in North and West Wiltshire. The success of this pilot has informed the specification for a new county wide service, which will be sub-contracted by Oxford Health and provide counselling in appropriate community locations for young people from 11.

Kooth is the local provider of online counselling to teenagers. This service commenced on 1 April 2016. Kooth provide more than 150 hours of online counselling to young people each month.

**Early Intervention in Psychosis (EIP)**

The Avon and Wiltshire Partnership provide the Early Intervention in Psychosis Service for 14-65 year olds in Wiltshire. This comprises a multi-disciplinary team that includes mental health nurses, occupational therapists, psychology, psychiatry, non-medical prescribers and community mental health support workers. The NICE concordat service offers a three-year pathway for those individuals experiencing first episode psychosis or who are in their first three years of experiencing psychosis. The pathway can be extended to five years in some cases.

On referral, a dedicated care coordinator develops a package of support tailored to an individual’s needs. The full offer of intervention and treatment includes Cognitive Behavioural Therapy, prescribing, psychical health support, social inclusion, family therapy, mentoring and access to physical activities. For under 18’s a dedicated 1 Whole Time Equivalent Therapist provides access to the service by reaching into CAMHS.

The EIP service offers a separate pathway for those assessed with an at risk mental state, who may be experiencing prodromal signs of psychosis.

Capacity in the overall service has been recently enhanced with an additional £310k per year of funding, enabling deliver of the NICE concordat service.

The latest performance data snapshot shows that 100% of cases receive treatment within 2 weeks of diagnosis – this is better than the national waiting time standard target of 50%.

**(Adult) Improving Access to Psychological Therapies Service**

Provided by the Avon and Wiltshire Partnership, the adult IAPT service provides a stepped care model for those aged 16 and over who are experiencing mild to moderate anxiety or depression disorders. The service is accessed via self-referral. The service offer is comprised of step 2 and step 3 NICE compliant interventions. Step 2 includes brief guided self-help CBT based interventions and treatment from low intervention therapists; one to one, psychoeducational groups and Computerised CBT. Step 3 includes between 8-20 high intensity CBT sessions.

### 7.3 Additional funding to implement transformation plans

The increase in local CAMHS spend has been the result of additional investment from NHS England to support the delivery of local transformation plans. The funding grows year on year until 2020 and is included within the overall CCG budget allocation. The table below provides a summary of this funding, its purpose and the forecasted uplift.

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Early Intervention</strong></td>
<td>£610,565.00</td>
<td>£973,840.00</td>
<td>£1,149,131.00</td>
<td>£1,390,448.00</td>
<td>£1,557,302.00</td>
</tr>
<tr>
<td></td>
<td>(59% uplift)</td>
<td>(18% uplift)</td>
<td>(21% uplift)</td>
<td>(12% uplift)</td>
<td></td>
</tr>
</tbody>
</table>
7.4 One-off funding to reduce waiting times and improve crisis resolution, liaison and home treatment

In September 2016, NHS England announced that it had identified an additional £25m of one-off funding to support CCG’s with transformation. The purpose of the funding was to accelerate transformation plans and undertake additional activity within the year to drive down average waiting times for treatment, and reduce both backlogs of children and young people on waiting lists and length of stay in inpatient care. It was also expected the funding would:

- Support CCGs to continue to invest in training for staff available through the Children and Young People’s Improving Access to Psychological Therapies Programme (IAPT);
- Accelerate plans to pump-prime crisis, liaison and home treatment interventions suitable for under 18’s with the goal of minimising inappropriate admissions to inpatient, paediatric or adult mental health wards. This should include working with NHS England Specialised Commissioning teams to develop integrated pathways;

Wiltshire received £205k of this funding (not included in the overall spend figures above) and information on how this funding was deployed was set out in the 2016 version of this Local Transformation Plan.

7.5 Health and Justice funding

Following a review of health and justice pathways, the Health and Justice Commissioner wrote to CCG’s in October 2016 inviting bids for recurrent spend to address gaps in service for children and young people in contact with directly commissioned health and justice services. These are Liaison and Diversion, Secure Children’s Homes and Sexual Assault Referral Centres. Working in collaboration with Bath & North-East Somerset and Swindon, Wiltshire submitted a total of three bids with an overall value of £120k per year. Following evaluation of the bids, Wiltshire was successful in securing £90k of recurrent funding per year to better support the emotional wellbeing and mental health of some of our most vulnerable children and young people. Details on how this funding is being used are set out later in this plan.

7.6 Children and Young People’s Improving Access to Psychological Therapies

In 2016/2017 and 2017/18 Wiltshire CCG spent £11,250 on supporting Oxford Health NHS Foundation Trust staff to access the CYP IAPT Programme. This funding is drawn down centrally from NHS England and passed onto the provider.

8. Primary and Specialist CAMHS structure and organisation

8.1 Single Point of Access

Oxford Health NHS Foundation Trust operates a Single Point of Access. This ensures that children and young people get immediately to the right level of service. Around 250 referrals are handled monthly. Emergency referrals are dealt with within 24 hours. Urgent referrals are seen within 7 days. The Trust has a dedicated website for children and young people.

8.2 Services and staffing

In 2017/18 the primary CAMH service was staffed by 9.85 Whole Time Equivalent (WTE) staff offering assessment and short-term interventions for children and young people with mild to moderate mental health
problems. The service also includes new emotional wellbeing team which is staffed by 11.8 WTE staff offering consultation, liaison and training to professionals working in universal and primary care settings as well as direct short-term early interventions for children and young people, many of whom wouldn’t usually meet the threshold for CAMHS.

The specialist CAMH service (including Community CAMHS and OSCA) is staffed by 66.60 WTE staff offering assessment and interventions for those children and young people with more complex and severe mental health problems. In 2017/18, Oxford Health NHS Foundation Trust was successful in putting forward a business case as part of NHSE CYP Crisis money. This has been used to provide enhanced crisis team provision (OSCA) to support existing services to develop greater resilience and avoid admissions. The non-recurrent funding has been used to trial the investment in a senior practitioner in the crisis team provision (OSCA) to help the team develop greater resilience and avoid admissions. The provision is currently being evaluated by NHSE and we await to hear if there will be further funding to support this post.

The specialist CAMH service in Wiltshire comprises a number of services:

- **Community Services** for children and young people with more severe, complex and persistent mental health difficulties.

- **Family Assessment and Safeguarding Service (FASS)** – a specialist multi-disciplinary service providing child and parenting assessment and treatments for families where there is a high risk of severe parenting problems.

- **Therapeutic support for family placements** - a Clinical Psychologist and Child Psychotherapist are seconded wholly to placement services within Wiltshire Council Children’s Services to work with foster carers and adopters to promote placement stability.

- **Outreach Service for Children and Adolescents (OSCA)** - targets priority groups of young people aged 11-18 years (up to 25 for care leavers) whose needs are more complex and are less likely to engage with traditional CAMHS. There is a focus on Looked After Children. Evidence based approaches (e.g. Dialectical Behaviour Therapy) are used along with appointments in community settings, by phone and using FaceTime.

- **Learning Disability Service** offers assessment for children and young people with Special Educational Needs and/or Disabilities.

- **Community Eating Disorder Service** – highly specialised multi-disciplinary eating disorder teams provide evidence-based interventions to children and young people with eating disorders. This includes an outreach service for home treatment which operates 7 days a week assisting with home feeding.

- **Inpatient Service** in Swindon, called Marlborough House is a self-contained unit on the hospital site and offers both inpatient and day patient facilities including an on-site school. The inpatient unit has 12 beds.

### 9. Wiltshire Child and Adolescent Mental Health Service (CAMHS) performance data

The following data is taken from the performance assessment frameworks provided by Oxford Health NHS Foundation Trust. It provides an analysis of referrals made, referrals accepted and waiting times.

#### 9.1 Referrals

**Referrals made**
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident &amp; Emergency</td>
<td>19</td>
<td>69</td>
<td>60</td>
<td>18</td>
</tr>
<tr>
<td>Carer</td>
<td>3</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Community-based paediatrics</td>
<td>163</td>
<td>182</td>
<td>48</td>
<td>94</td>
</tr>
<tr>
<td>Drug treatment service</td>
<td>2</td>
<td>3</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Education</td>
<td>294</td>
<td>260</td>
<td>214</td>
<td>289</td>
</tr>
<tr>
<td>GPs</td>
<td>1248</td>
<td>1212</td>
<td>1180</td>
<td>1222</td>
</tr>
<tr>
<td>Hospital-based paediatrics</td>
<td>284</td>
<td>61</td>
<td>45</td>
<td>169</td>
</tr>
<tr>
<td>Children’s Social Care</td>
<td>118</td>
<td>0</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>Other</td>
<td>528</td>
<td>292</td>
<td>375</td>
<td>386</td>
</tr>
<tr>
<td>Police</td>
<td>5</td>
<td>8</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Self-referral</td>
<td>60</td>
<td>43</td>
<td>64</td>
<td>121</td>
</tr>
<tr>
<td>Specialist Nurse</td>
<td>8</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Youth Offending Team</td>
<td>10</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Local Authority</td>
<td>-</td>
<td>65*</td>
<td>81*</td>
<td>0</td>
</tr>
<tr>
<td>Oxford Health NHS Foundation Trust CAMHS</td>
<td>-</td>
<td>535*</td>
<td>695*</td>
<td>713</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>2742</strong></td>
<td><strong>2734</strong></td>
<td><strong>2767</strong></td>
<td><strong>3030</strong></td>
</tr>
</tbody>
</table>

*These categories are new for 2015-16. They have been added because a computer system change caused incorrect coding against Oxford Health NHS Foundation Trust.

Outcome of referrals (all referrals)

<table>
<thead>
<tr>
<th></th>
<th>2014-15</th>
<th>%</th>
<th>2015/16</th>
<th>%</th>
<th>2016-17</th>
<th>%</th>
<th>2017-18</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accepted Tier 2</td>
<td>797</td>
<td>29</td>
<td>820</td>
<td>30</td>
<td>801</td>
<td>29</td>
<td>868</td>
<td>29</td>
</tr>
<tr>
<td>Not accepted</td>
<td>610</td>
<td>22</td>
<td>501</td>
<td>18</td>
<td>667</td>
<td>24</td>
<td>906</td>
<td>30</td>
</tr>
<tr>
<td>Signposted to Tier 3</td>
<td>1268</td>
<td>46</td>
<td>1391</td>
<td>51</td>
<td>1300</td>
<td>48</td>
<td>1123</td>
<td>37</td>
</tr>
<tr>
<td>Waiting decision</td>
<td>67</td>
<td>2</td>
<td>22</td>
<td>1</td>
<td>23</td>
<td>1</td>
<td>62</td>
<td>6</td>
</tr>
</tbody>
</table>
Demand for primary and specialist CAMHS is rising across Wiltshire. Referrals come from a wide range of sources, the most common being GPs. Children and young people and their parents/carers can now self-refer and online referral is available via the Oxford Health website.

30% of referrals made in 2017/18 were not accepted as they did not meet the threshold for a CAMH Service but, rather signposted to the Access Coordinator. This team now contact the child/young person or family and help direct them to the right help they need.

**KEY CHALLENGE:** Demand for services is rising (both in terms of routine referrals and caseloads). Without additional investment and capacity in the system the right help for children, young people and their families cannot be provided when and where they need it.

### 9.2 Service caseloads

For those children and young people who make it into CAMHS, the average service caseload across Wiltshire has generally risen since 2013-14, in particular for the specialist service (with a slight decrease this year).

Although the data below only gives an overall service caseload, this alongside recommended CAMHS workforce modelling suggests that CAMHS are currently overloaded. This will likely be having a detrimental impact on CAMHS ability to respond quickly, flexibly and offer evidenced based treatments for long enough for them to be effective.

<table>
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<tbody>
<tr>
<td><strong>Caseload average</strong></td>
<td>Tier 2</td>
<td>Tier 3</td>
<td>Tier 2</td>
<td>Tier 3</td>
<td>Tier 2</td>
<td>Tier 3</td>
</tr>
<tr>
<td></td>
<td>264</td>
<td>755</td>
<td>324</td>
<td>794</td>
<td>342</td>
<td>781</td>
</tr>
<tr>
<td></td>
<td>340</td>
<td>967</td>
<td>401</td>
<td>913</td>
<td>443</td>
<td></td>
</tr>
<tr>
<td>No of direct contacts</td>
<td>1569</td>
<td>9752</td>
<td>3060</td>
<td>11396</td>
<td>3666</td>
<td>12048</td>
</tr>
<tr>
<td></td>
<td>2515</td>
<td>12007</td>
<td>3396</td>
<td>11904</td>
<td>3497</td>
<td></td>
</tr>
</tbody>
</table>

**Age breakdown of caseload (snapshot as at end of Quarter 4 2016/17)**

The largest number of cases in current caseloads are in the 12-15-year age bracket followed by the 16-17 age bracket. This will be considered in the planning for the provision of services.

**KEY CHALLENGE:** Providing the right help and support for teenagers who make up the bulk of demand in respect of CAMH services.

### 9.3 Waiting Times

With increased demand and in line with national trends, Wiltshire has seen a significant increase in waiting times since 2012-13. However, it should be noted that over the same period referrals have remained relatively steady and the reasons for this increase need to be examined. The reasons could relate to an increase in the complexity of cases being referred but that appears to be anecdotal. Waiting times are monitored regularly as part of the CAMHS contract.

The positive news is that through increased investment in early intervention initiatives and primary CAMHS, waiting times have improved over the course of the last year both in respect of waiting times from referral to assessment and referral to treatment.
How long is the wait for help from referral to assessment?

<table>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>4 wks</strong></td>
<td>91%</td>
<td>96%</td>
<td>61%</td>
<td>88%</td>
<td>27%</td>
<td>63%</td>
<td>15%</td>
<td>64%</td>
<td>35%</td>
<td>70%</td>
<td>23%</td>
<td>71%</td>
</tr>
<tr>
<td><strong>8 wks</strong></td>
<td>N/A</td>
<td>97%</td>
<td>N/A</td>
<td>94%</td>
<td>65%</td>
<td>84%</td>
<td>41%</td>
<td>82%</td>
<td>66%</td>
<td>89%</td>
<td>75%</td>
<td>91%</td>
</tr>
<tr>
<td><strong>12 wks</strong></td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>89%</td>
<td>95%</td>
<td>65%</td>
<td>90%</td>
<td>85%</td>
<td>94%</td>
<td>94%</td>
<td>98%</td>
</tr>
</tbody>
</table>

How long is the wait for help from referral to treatment?

As part of our drive to improve accountability and transparency, our local CAMHS provider is now reporting regularly on referral to treatment waits as part of the monthly performance assessment framework. In 2018/18, the average % of children and young people who received treatment within 12 weeks was 82% (based on referral to second face-to-face appointment). The national average Referral to Treatment Time is 17 weeks. The fact that 87% of referrals in Wiltshire are receiving treatment within 12 weeks is therefore positive.

Improving waiting times for assessment and treatment is perhaps the most significant challenge locally. Increasing the capacity and capability of the wider CAMHS workforce along with an increased focus on early intervention should help to reduce demand and therefore waiting times in the medium to long term, however, we recognise that more timely and bold action is required to address the problem.

We are continuing to reduce waits through the following actions:

- Working with our CAMHS provider on the ongoing development and implementation of a waiting time reduction plan;
- Seeing through the successful implementation of a range of waiting time initiatives that were supported by one-off funding (£205k) from NHS England in 2016/17 to reduce waiting times for treatment. These include piloting online Cognitive Behavioural Therapy (CBT) for teenagers as well as a comprehensive review of admin processes and procedures with the aim of enabling therapists to spend more time treating patients.
- Expressing interest in innovation projects and opportunities such as a joint bid (with B&NES) for the Waiting Time Pilot and Mental Health Support Team trailblazer.

The table below provides a summary of how Wiltshire performed against the targets set for the national reducing waiting times for treatment initiative.

<table>
<thead>
<tr>
<th>End of Quarter 2 performance (baseline)</th>
<th>Target reduction</th>
<th>Performance against target (end of Quarter 4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>No of children and young people waiting for treatment</td>
<td>153</td>
<td>-25%</td>
</tr>
<tr>
<td>Average waiting time for treatment</td>
<td>69 days</td>
<td>-20%</td>
</tr>
</tbody>
</table>

---

Treatment is defined as a referral receiving 2 contacts within 12 weeks from an NHS funded community service.
9.4 Community based eating disorder service

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.

Although Wiltshire’s acute admission rate for eating disorders is low (because we already have a good community based eating disorder service in place), recent data suggests that admissions are rising nationally. Local data does show that demand in respect of eating disorders is rising, with referrals being predominantly female (88%) and White British (83%). The majority are aged 15 and 16. It’s important to note that there are younger children as young as 10 years old presenting with eating disorders and the illness affects boys as well as girls.

KEY CHALLENGE: Taking early action to address eating disorders amongst white British females but also younger children and boys.

Referrals made

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of referrals</td>
<td>48</td>
<td>84</td>
<td>93</td>
<td>138</td>
<td>206</td>
<td>216</td>
</tr>
</tbody>
</table>

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.

Established in 2010/11 and recognised as an example of good practice by NHS England and the National Collaborating Centre for Mental Health, our community based eating disorder service for children and young people consists of four highly specialised eating disorder clinics (B&NES, Swindon & Marlborough, Melksham and Salisbury). The service comprises:

- A multi-disciplinary team (including a consultant child psychiatrist, therapist, psychologist and other clinical staff) in each base offering NICE-concordat treatment (including systemic family practice and CBT-E. All staff are either CYP IAPT or Maudsley trained).
- Eating Disorder parenting groups
- Links with acute paediatrics at District General Hospitals
- Time-limited home re-feeding via CAMHS OSCA teams which operates 7 days a week
- Twice yearly Swindon, Wiltshire and B&NES Eating Disorder network meetings
- Teaching and training to partner agencies
Through transformation funding we have enhanced the service further through a joint commissioning arrangement with Bath and North-East Somerset and Swindon. Wiltshire CCG is the Lead Commissioner.

In 2015/16 capacity in the service was increased with the number of WTE therapists growing from 12 to 23 WTE (by July 2016). This equated to 6.60 WTE for Wiltshire. The recruitment of additional staff has helped to improve capacity within the service to meet demand but has also had the added benefit of releasing a CAMHS therapist to join the Wiltshire Multi-Agency Safeguarding Hub (MASH). The therapist is co-located with the MASH team for two days per week providing consultation and liaison for children and young people who may be self-harming or in crisis.

How long is the wait for help?

In 2016/17 all local areas were tasked to baseline current performance against the new access and waiting time standard and plan for improvement, in advance of measurement against the standard beginning from 2017/18. Through investment in eating disorder teams, it is expected that the use of specialist in-patient beds for children and young people with an eating disorder should reduce substantially.

The performance data below shows that the mean wait time increased slightly in 2015-16 but has fallen back to 2014-15 levels in the last year. At the end of Quarter 4 in respect of the 95% national access and waiting time target, 100% of children and young people in Wiltshire had received treatment within 4 weeks for routine cases and 91% had received treatment within 1 week for urgent cases. This highlights strong performance and progress against the national target.

**Mean wait time in days**

<table>
<thead>
<tr>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean wait time</td>
<td>36 days*</td>
<td>12 days</td>
<td>15 days</td>
<td>17 days</td>
<td>15.5 days</td>
<td>16.7 days</td>
</tr>
</tbody>
</table>

*This figure is likely to be inaccurate due to the identification of two significant data quality errors. Excluding these suspected errors, the mean wait time is reduced to 12 days.

**Waiting and access time standard performance per quarter 2017/18**

<table>
<thead>
<tr>
<th></th>
<th>2016/17</th>
<th>2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of urgent cases treated within 1 week</td>
<td>Q1 50%</td>
<td>Q2 75%</td>
</tr>
<tr>
<td></td>
<td>Q3 71%</td>
<td>Q4 100%</td>
</tr>
<tr>
<td>% of routine cases treated within 4 weeks</td>
<td>Q1 100%</td>
<td>Q2 50%</td>
</tr>
<tr>
<td></td>
<td>Q3 83%</td>
<td>Q4 75%</td>
</tr>
<tr>
<td></td>
<td>Target 95%</td>
<td>95%</td>
</tr>
</tbody>
</table>

Our planned trajectories for meeting the access and waiting time standard in respect of eating disorders are given below
<table>
<thead>
<tr>
<th>Standard (to be achieved by 2020)</th>
<th>95%</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diff. Tolerance</td>
<td>25%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Waiting Times for Routine Referrals to CYP Eating Disorder Services - Within 4 Weeks

<table>
<thead>
<tr>
<th></th>
<th>2017/18 Plan</th>
<th>2018/19 Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Q1</td>
<td>Q2</td>
</tr>
<tr>
<td>Waiting Times</td>
<td>27</td>
<td>32</td>
</tr>
<tr>
<td>(to CYP Eating</td>
<td>30</td>
<td>35</td>
</tr>
<tr>
<td>Disorder Services</td>
<td>90.0%</td>
<td>91.4%</td>
</tr>
<tr>
<td>- Within 4 Weeks</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Standard (to be achieved by 2020)</th>
<th>95%</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diff. Tolerance</td>
<td>25%</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Waiting Times for Urgent Referrals to CYP Eating Disorder Services - Within 1 Week

<table>
<thead>
<tr>
<th></th>
<th>2017/18 Plan</th>
<th>2018/19 Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Q1</td>
<td>Q2</td>
</tr>
<tr>
<td>Waiting Times</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>(to CYP Eating</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Disorder Services</td>
<td>83.3%</td>
<td>85.7%</td>
</tr>
<tr>
<td>- Within 1 Week</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A Service Development Improvement Plan (SDIP) is in place as part of the CAMHS contract to improve performance further. The service has joined the national quality improvement and accreditation network for community eating disorder services (QNCC ED) so that improvements can be monitored and demonstrate quality of service delivery.

Service developments that are in the process of being delivered include:

- Providing support, training and education for professionals in universal and primary care settings. This will help to ensure that children and young people with eating disorders are identified and helped earlier, thereby preventing problems from getting worse and reducing the need for referral to specialist eating disorder teams.
- Online referral forms.
- Self-referral across the age range.
- Enhanced involvement of families and young people in service development, implementation and monitoring.
- Multi-dimensional outcome measurement and reporting.
- Increase in capacity and standardisation of skill mix and expertise ensuring NICE concordat treatment is available in all localities. This will provide children and families with a consistent group of specialist staff to avoid them having to re-tell their stories as well as offer every appropriate family the Maudsley Family Based Therapy approach.
- Multi-family therapy added to the choice of evidence based interventions that are available.
These developments will provide all the essential elements of a comprehensive eating disorder service and further reduce the number of and length of stay in inpatient admissions. A copy of the Service Development Improvement Plan and Benefits Realisation Plan is included below.

10. Improving access to NHS funded community services

To address the challenge of increased demand and ensure children and young people get the right help they need, more investment to build capacity and capability across the whole system is critical to improving access to community mental health services.

Within this context, by 2020/21 the national target for NHS England is to reach at least 70,000 additional children and young people each year who will receive evidence based mental health treatment. This is expected to deliver increased access from meeting around 25% of those with a diagnosable condition locally, based on current estimates, to at least 35%. These additional children and young people will be treated by NHS-funded community services.

The expectation is that the implementation of local transformation plans will expand access to children and young people mental health services by 7% in real terms in each of 2017/18 and 2018/19 (to meet 35% of local need in 2020/21). This requires development of the workforce including the embedding of the Children and Young People’s Improving Access to Psychological Therapies Programme (CYP IAPT) as well as enhanced 24/7 crisis resolution, liaison and home treatment.

The table below sets out an indicative trajectory for increased access both nationally and locally. This is based on existing data on the prevalence of mental health problems in children and young people which is estimated to be 8855 individuals in Wiltshire.

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded service**</td>
<td>23% 2000 CYP for Wiltshire</td>
<td>20% 1750 CYP for Wiltshire</td>
<td>30% 2657 CYP for Wiltshire</td>
<td>32% 2834 CYP for Wiltshire</td>
<td>34% 3011 CYP for Wiltshire</td>
</tr>
<tr>
<td>Number of additional CYP treated over 2014/15 baseline</td>
<td>21,000 932 CYP for Wiltshire</td>
<td>- 682 CYP for Wiltshire</td>
<td>35,000 907 CYP for Wiltshire</td>
<td>49,000 177 CYP for Wiltshire</td>
<td>63,000 177 CYP for Wiltshire</td>
</tr>
</tbody>
</table>

For 2017/18 the Wiltshire Clinical Commissioning Group has agreed to a quality premium for access standard target of 30%.

** For this indicator, there is limited recent data available on the estimated prevalence. In the absence of recent data an estimate has been created by applying the 5-16 year old estimates as provided in the Public Health England fingertip tool (https://fingertips.phe.org.uk/profile-group/mental-health/profile/cypmh/data) to 0-17 ONS 2014-based population projections (https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/clinicalcommissioninggroupsinenglandz2)

Actions we are taking to improve performance against the access standard

- Ensuring the requirement to flow data is included within all contracts for CYP emotional wellbeing and/or mental health service which are part or fully funded by the CCG
- Establishing an effective digital treatment offer to provide quicker access to evidence based treatments
• Further investment in community CAMHS to include building further capacity in the workforce.

10.1 Building capability and capacity across the CAMHS whole system workforce

Significant expansion of the CAMHS workforce is needed to deliver the increase in access to children and young people’s mental health services. By 2020/21, NHS England has set a national target for at least 1,700 more therapists and supervisors to be recruited to meet the additional demand. At the same time actions are needed to improve the retention of existing staff, based on recommended caseloads. This will require new staff to be trained and supervised by more experienced staff, as well as return to practice schemes and local recruitment.

Through the implementation of our local transformation plan we have already taken steps to grow the CAMHS workforce by recruiting an additional 13.6 WTE therapists in 2015-16 and 9 WTE therapists in 16/17.

<table>
<thead>
<tr>
<th>CAMHS staff whole time equivalents</th>
<th>2014-15</th>
<th>2015-16</th>
<th>2016-17</th>
<th>2017-18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase in staff whole time equivalent numbers</td>
<td>N/A</td>
<td>+13.60</td>
<td>+9.00</td>
<td>+4.2</td>
</tr>
</tbody>
</table>

Detailed plans which identify exactly what staff are required to deliver services by 2020 are outlined in our draft workforce development plan. We aim to have this plan finalised by January 2019 and it can be seen in draft [here](#).

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

To ensure a highly skilled workforce we are continuing to invest in the Children and Young People’s Improving Access to Psychological Therapies programme (CYP IAPT). This is a national service transformation programme that places significant emphasis on improving the capability of the children and young people’s mental health workforce through evidence-based training and development. The programme seeks to improve service user participation in treatment, service design and delivery as well as focus on outcomes monitoring to ensure treatment and interventions are making a positive difference.

The programme began in 2011 with a target to work with CAMHS that cover 60% of the 0-19 population by March 2015, which has been exceeded, achieving 68%. Nationally there are plans underway to achieve 100% coverage by 2018. This includes the provision of new training modules for the wider CAMHS workforce covering children and young people with learning disabilities or autistic spectrum disorder, working with under 5’s, counselling, combination – prescribing and therapy and eating disorders.

Wiltshire’s CAMHS provider, Oxford Health NHS Foundation Trust, has been involved with the programme since its conception and is currently the lead partner for the Oxford and Reading collaborative. As a result, Oxford Health are now able to offer a range of evidence-based/NICE approved treatments and interventions including:

• Cognitive Behavioural Therapy (including Dialectical Behavioural Therapy and CBT-E)
• Multi-Family Therapy
• Systemic Family Practice
Interpersonal Therapy

At the heart of the CYP IAPT programme is the use of patient recorded, session by session outcome measurement to improve the quality and experience of services (called Routine Outcome Monitoring or ROMs). This has already been rolled out to all Wiltshire CAMHS teams and continues to be embedded in clinical practice. Local Joint Commissioners are currently working with Oxford Health to ensure that ROMS data is included in the quarterly Performance Assessment Framework. This will be monitored and used to help improve the quality of CAMHS.

The funding for CYP IAPT implementation (to fund staff training) is in the process of transferring to Health Education England and CCGs (as part of Local Transformation Plan allocations). This will be completed by 2018. Consequently, to continue Wiltshire’s ongoing involvement as well as to support the wider children’s workforce in accessing the programme we have allocated a dedicated budget to CYP IAPT training and development from 2017/18 which will continue into 2018/19. During 2018/19 we review the impact of this investment and consider what additional and ongoing resource will be required to ensure the quality and sustainability of evidence-based treatments beyond the transformation timeframe. We will work to ensure that staff have the skills and capacity to work with all children and young people, including those with Learning Disabilities, ADHD and autism, and those who are under 5 years.

**KEY CHALLENGE: Continuing to invest in CYP IAPT and supporting the training of staff working in Children and Young People’s services in order to build capacity and capability across the local CAMHS system.**

10.3 Involving children, young people and parents/carers in the development of CAMH services

Children and young people’s participation within CYP IAPT is being delivered through MYAPT. This is involving children, young people and professionals to build confidence with professionals on how they engage children and young people to improve services. The organisation YoungMinds have supported Learning Collaboratives with youth participation and have produced case studies which illustrate how a service can involve children and young people.

YoungMinds have also worked with young people to develop 9 priorities for services to embed in order to facilitate good and meaningful participation. These cover the key themes of feeling good, doing the job right and running the service well. For parents/carers YoungMinds have developed a participation toolkit which aims to support services delivering mental health treatment to young people to implement parent participation in all aspects of their work – from Assessment, to Intervention, to Service Delivery.

Young people and parents/carers have also worked with NHS England to develop a Mental Health Services Passport template. This aims to help improve communication and integration between different services. Each passport is to be created by a young person or parent/carer (for younger children) with the support of their practitioner. The passport helps young people using services, or parents for younger children, to own and communicate their story when moving between different services. It provides a summary of the time in the service which will be owned by the young people or parent/carer to be shared with any future services if and when they wish. The passport is recommended in Future in Mind.

At a local level, Oxford Health NHS Foundation Trust has a strong track record of children and young people and parent/carer participation. Much of this is facilitated through its CAMHS Service User Participation Group that is engaged with the implementation of the above national developments within Wiltshire. There are also strong links between Oxford Health, Commissioners and the local Wiltshire Parent Carer Council.

10.4 Summary

We will improve access to children and young people’s mental health services by growing and improving our workforce as well as continuing to engage in the implementation of CYP IAPT. Currently Wiltshire is only
partially compliant in respect of the national requirement to have a completed workforce development plan in place. A draft has been created. We aim to move towards full compliance by January 2019 through the following actions:

- Development of an STP wide workforce development plan, to be finalised by January 2019 and to be led through STP Mental Health Workstream.
- Active participation in the proposed Southwest Strategic Clinical Network regional workforce delivery group to include commissioner and provider representation.
- Building key workforce development requirements into the service specification and contract monitoring arrangements.
- Additional Local Transformation Plan funding in Wiltshire given to Oxford Health as part of new CAMHS contract to build further capability and capacity within CAMHS.
- Working with the Oxford Reading CYP IAPT Collaborative to better engage wider whole system CAMHS partners in new training opportunities. This to include taking full advantage of the new CYP IAPT training opportunities which are available and ensure these are offered to the wider multi-agency CAMHS workforce (including the voluntary and community sector).
- Establishment of a dedicated CYP IAPT training and development fund which will support professionals to access training opportunities.
- Improvement of CYP and parent/carer participation by embedding the 9 participation priorities developed by YoungMinds as well as engaging with MYAPT and implementing the Parent Say Toolkit.
- Making sure all CYP who access CAMHS have a Mental Health Passport.

11. Transition\textsuperscript{9} to Adult Services

The following information has been taken from the NHS England Mental Health Local CQUIN Template for 2016/17. It provides a helpful summary of the key issues that need to be addressed with regard to the transition of young people to adult mental health services.

\begin{quote}
"Evidence suggests that young people are currently poorly served by mental health services\textsuperscript{10}. Young people aged under 25s are underrepresented in adult services, therefore services are failing to engage young people, at the time that their disorders may be most effectively treated.

At the heart of this issue, there are recognised problems with transition from services commissioned to provide support for service users up to the age of 18 to those commissioned to provide for individuals aged 18 and over, where the availability and offer of support, is often wildly different from that which may have been received up to the point of transition.

The transition from CAMHS to adult mental health services is a critical point for young people with complex needs, and should be supported by a robust and ‘coordinated multi-agency approach’ to transition planning - repeatedly identified as the key to a successful transition - and this process is further strengthened by early and effective planning, and putting the young person at the centre of the process to help them prepare for transfer to adult services. In spite of this, services are often poorly coordinated."
\end{quote}

\textsuperscript{9} Transition is defined as physical movement from one service in one business division within the Trust to another, or to an external provider. In the case of CAMHS it is young people who are being discharged from CAMHS, to either Adult Mental Health services (AMH) or who will not need secondary mental health services and who become the responsibility of their GP following discharge.

\textsuperscript{10} (Singh et al, 2010 and Singh, 2009).
The TRACK study\textsuperscript{11} shows that transitions for young people at the age of 18 are poorly managed resulting in only 4% of young people receiving an ‘ideal transition’.

The issues can be summarised as follows:

- **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.

Further, CAMHS are uniquely placed to ensure that on discharge, GPs and other professionals who have on-going responsibility for the young people have the information and knowledge they need to make decisions in the future including known information about other health, care, and third sector services that may be helpful.”

[Source: Mental Health Local CQUIN template 2016/17, NHS England,

11.1 Commissioning for Quality and Innovation (CQIN)

Improvement of patient and carer involvement, experience and outcomes in transitions out of CAMHS.

To help tackle these problems, NHS England has developed a national CQUIN (Commissioning for Quality and Innovation) for transitions – this makes a proportion of a healthcare providers income (in this case Oxford Health CAMHS) conditional on demonstrating improvements in quality and innovation in respect to transitions. The indicator includes:

- proportion of service users in transition with a named case worker
- proportion of service users in transition where a personalised care plan demonstrably outlines the discharge process
- proportion of GPs (or other referrers) who have been informed that patients are in transition, or in the process of being discharged
- proportion of service users in transition with completed discharge plans

The rationale for the CQUIN is to therefore improve the planning, implementation and experience for young people in respect of transitions out of Child and Adolescent Mental Health Services. It aims to ensure that young people no longer face the potential risks associated with disengaging or being lost in the transition.

\textsuperscript{11} (Singh, 2008)
process at such a critical point in their lives as they leave secondary education, move towards more independent living, gain responsibility for their choices and lose parts of their support network that are only available within child and adolescent mental health services. The CQUIN seeks to therefore encourage providers to collaborate and integrate across the arbitrary boundary that separates childhood and adolescence from adulthood.

A summary of the milestones associated with the transitions CQUIN are given below. Performance is reported annually and is being monitored through quarterly contract review meetings between Commissioners and Oxford Health NHS Foundation Trust.

<table>
<thead>
<tr>
<th>Date/period milestone relates to</th>
<th>Rules for achievement of milestones (including evidence to be supplied to commissioner)</th>
<th>Date milestone to be reported</th>
<th>Milestone weighting (% of CQUIN scheme available)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarter 1</td>
<td>Review and develop a Safe Transition and Discharge Protocol for CAMHS and implement.</td>
<td>End of Q1</td>
<td>12.5%</td>
</tr>
<tr>
<td></td>
<td>Develop and report baselines of a user and carer survey, to be agreed with</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Commissioners, with a response rate of at least 40%, that will evaluate:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of service users and carers who were involved in the transition planning</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>process</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of service users and carers who are satisfied with the transition planning</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>process</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of service users and carers who perceive their agreed outcomes (documented</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>in the personalised care plan) were met</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>% of service users that know who their key worker is and how to contact them</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quarter 2</td>
<td>Implement Safe Transition and Discharge Protocol</td>
<td>End Q2</td>
<td>12.5%</td>
</tr>
<tr>
<td>Quarter 3</td>
<td>Undertake Audit of the protocols with the audit to include further collection of</td>
<td>End Q3</td>
<td>12.5%</td>
</tr>
<tr>
<td></td>
<td>carer and user experience.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Quarter 4</td>
<td>Review outcome of the Audit, develop an action plan and implement; results of</td>
<td>End Q4</td>
<td>12.5%</td>
</tr>
<tr>
<td></td>
<td>audit and report on action plan to be shared with commissioners</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

KEY CHALLENGE: Improving transitions for young people to adult mental health services.

11.2 Local improvement measures

A key priority within the Bath and North-East Somerset, Swindon and Wiltshire STP Mental Health Delivery Plan is to improve 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.

In July 2017, the STP invited the providers of CAMHS and AMHS (Oxford Health NHS Foundation Trust and the Avon and Wiltshire Mental Health Partnership) to benchmark their performance against the ChiMat Self-Assessment Tool – Young People’s Mental Health Transitions. Many of the standards identified in the toolkit have been incorporated into the 2017-19 CQUIN for transitions.

Key findings:

- It was helpful to benchmark the actual position locally regarding transition
- A lack of consistency was identified across the patch with the need for further development in many areas
- The 2017-19 CQUIN will encourage some of the required improvements but not all
- Recommended that AWP/Oxford Health do move to full compliance with the standards, thus ensuring a consistency in meeting all elements of the 7-standards, across the STP footprint

In August 2017, an STP Mental Health Delivery Plan Workshop invited stakeholders to consider how to improve transitions further. Key recommendations included:

- Joint workforce development across children and adult mental health services
• Commissioning mental health services across the age 18 barrier – a life course model
• Building on flexible transition for vulnerable groups through the re-commissioning of CAMHS – the requirement for CAMHS to work with Care Leavers up to age 25 and those with significant Special Educational Needs and/or Disabilities (SEND) has been included within the service specification for the new integrated community CAMH Service which will go live on 1 April 2018.

Materials from the workshop can be found below and actions to drive improvement will be taken forward through the BSW Mental Health Workstream and Delivery Plan. In addition to this we will continue to ensure that:

- Representatives from Oxford Health CAMHS and AWP attend a monthly transitions panel chaired by the local authority to ensure young people are identified early and supported.
- Embed the recently revised and updated transitions protocol.
- Service Managers from Oxford Health and AWP meet monthly to share concerns and improve practice.
- AWP shall continue to explore the development of a ‘transitions worker’ job role within its organisational structure either as a dedicated full-time role or shared across named staff within locality areas.

12. What are the needs of children and young people in Wiltshire?

12.1 Working together to build a comprehensive local picture of need

The Wiltshire Joint Strategic Assessment provides information on the current and future health and wellbeing needs of people in Wiltshire. Locally, Health and Wellbeing Board partners also undertook a specific Wiltshire Health and Wellbeing joint strategic needs assessment for younger people in 2017/18, which will be repeated every 3 years. This latter report highlights that Wiltshire has a higher rate than the national average for hospital admissions for both self-harm and poisoning by alcohol. The prevalence of these disorders has been found to be higher among looked after children, minority ethnic groups, young offenders and those from deprived areas.

Coordinated through the multi-agency Children’s Trust, the Wiltshire Council Public Health Team has worked with key stakeholders to develop a Health Needs Assessment (HNA) which specifically focuses on the mental health and wellbeing of children and young people aged 0-19. The HNA was developed to informing the development of this refreshed transformation plan as well as the re-commissioning of CAMHS. The HNA’s contents are derived from national and local indicators, informed by the evidence base of protective and risk factors for emotional wellbeing and mental health. The report also considers service level data and self-reported measures from local surveys and consultations. The full scope of the HNA includes:

- Demographic data relating to children and young people aged 0-25 where available
- Protective factors for emotional wellbeing and mental health
- General population risk factors for emotional wellbeing and mental health
- High risk groups for mental disorder and low wellbeing
- Prevention of poor emotional wellbeing and mental health
- Overview of current service provision and demand
- What children and young people say about services
The assessment considers results from the latest Wiltshire Health and Wellbeing Pupil Survey which asked nearly 10,000 children and young people around 300 questions about their health and wellbeing.

In 2018, this survey has generated a number of significant reports giving insight into the mental health and wellbeing needs of children and young people. A thematic report on vulnerable groups has recently become available and highlights the risk of children and young people who are young carers, from ethnic minority backgrounds and from the LGBT community of mental ill health. This evidence will be used to review our targeted services.

To complement the Health Needs Assessment a separate evidence review to examine what works to improve children and young people’s emotional wellbeing and mental health is in the process of being developed. This will focus on the role of CAMHS in providing a high quality effective service to children, young people and their families and on their potential role in supporting the wider system.

12.2 High level messages about the health and wellbeing needs of children and young people in Wiltshire

- Children and young people under the age of 20 years make up 23.7% of the population. Wiltshire has a significant number of children and young people who live in military families.
- 9.8% of school children are from a minority ethnic group
- The health and wellbeing of children in Wiltshire is generally better than the England average
- Infant and mortality rates are similar to the England average
- The level of child poverty is better than the England average with 11.2% of children aged under 16 years living in poverty. The rate of family homelessness is similar to the England average
- Children in Wiltshire have better than average levels of obesity: 7.0% of children aged 4-5 years and 15.1% of children aged 10-11 years are classified as obese
- In 2014/15, children were admitted for mental health conditions at a lower rate to that in England as a whole. The rate of inpatient admissions during the same period because of self-harm was higher than the England average.
- In 2014/15, there were 10,619 A&E attendances by children aged four years and under. This gives a rate which is lower than the England average.
- The hospital admission rate for injury in children is lower than the England average, and the admission rate for injury in young people is higher than the England average.

12.3 Key themes and recommendations identified from the Health Needs Assessment

Population
- Changes in population need to be considered in the development and commissioning of services to ensure they meet the projected level of need. This must take into account the needs of military families which are set to increase in light of the Regular Army Rebasing Plan.

Protective factors
- Protective factors in line with the Five Ways to Wellbeing can have a positive impact on the
emotional wellbeing and mental health of children and young people. A local campaign should be considered to promote this.

- Further research is needed on attachment.

**Risk factors and populations at risk**

- Wiltshire has a higher than average rate of couples experiencing relationship breakdown.
- The local average rate of children with SEND is higher than the national figure.
- Improved access to emotional wellbeing and mental health services for Looked After Children needs to be addressed.
- A better understanding of the emotional wellbeing and mental health needs of military families, ethnic minorities, asylum seekers, refugees and gypsy and traveller children and young people is needed.

**Prevalence of poor emotional wellbeing and mental health**

- There are a few areas where Wiltshire has a higher than national average rate of estimated prevalence of poor emotional wellbeing and mental health amongst children and young people aged 16-24. These include eating disorders, ADHD and children and young people requiring Tier 3 and 4 CAMH Services.
- Current information about hospital attendances and admissions for children and young people is limited although data indicates Wiltshire has a higher than average rate of admissions to hospital for self-harm and self-poisoning by alcohol. A research proposal to look at children and young people hospital admission avoidance for mental health conditions and self-harm is being developed by the Wiltshire Council Public Health Team and Wiltshire CCG. This may help to address the gap in local intelligence.

**Service mapping and demand**

- Improving transition to adult mental health services for those young people approaching age 18 is a key area for development. Limited data is available on this issue however further data will be gathered as part of an adult mental health needs assessment which will be produced in late 2016.

**Inequalities, deprivation and child poverty**

- Wiltshire compares well against the rest of the country in terms of overall deprivation. However, the county has seen an increase in relative deprivation since 2004. For the first time, Wiltshire now has one Local Super Output Area (LSOA) in the 10% most severely deprived LSOAs in England; Salisbury St Martin – central which is now also in the 10% most deprived in England with regards to health deprivation and disability. The map below shows levels of deprivation for all of Wiltshire’s LSOA’s.
The Wiltshire Child Poverty Needs Assessment 2014 reported that an analysis by Her Majesty’s Revenue and Customs (HMRC) demonstrated that in 2011 Wiltshire had 11,610 children living in poverty, which represents 11.4% of children, according to their data, and an increase in 400 children in Wiltshire since 2008. This compares well with other local authority areas in the South West of England. The rate of children living in poverty is highest within the community areas of Westbury, Trowbridge and Melksham.

Children and young people who live in areas of deprivation and poverty are at greater risk of experiencing poor health and wellbeing including low birth weight, poorer physical health outcomes and evidence shows that these problems can have a compounding impact on emotional wellbeing and mental health during their lifetimes. Areas of poverty and deprivation may inform where higher levels of service demand might be seen and therefore inform the location and targeting of services.
12.4 Prevalence of child and youth mental health problems in Wiltshire

Using national research, the Child and Maternal Health Intelligence Network provides a range of helpful information for local areas on the emotional wellbeing and mental health needs of children and young people. Key data and findings in relation to Wiltshire are given below:

- Mental health problems feature highest amongst adolescents.
- Boys are more likely to develop a mental health disorder than girls, particularly in the younger years.
- Conduct and emotional disorders are the most common, largely affecting teenagers.
- Boys are most likely to experience conduct disorders whilst girls are more likely to suffer from emotional disorders including depression and anxiety.
- Neurotic disorders are most prevalent amongst 16-19-year-old females, with mixed anxiety and depression disorder the most common.

<table>
<thead>
<tr>
<th></th>
<th>Aged 5-10</th>
<th>Aged 11-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Conduct disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boys &amp; Girls</td>
<td>1,515</td>
<td>1,940</td>
</tr>
<tr>
<td>Boys</td>
<td>1,095</td>
<td>1,215</td>
</tr>
<tr>
<td>Girls</td>
<td>420</td>
<td>730</td>
</tr>
<tr>
<td>Emotional disorders inc depression and anxiety</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boys &amp; Girls</td>
<td>715</td>
<td>1,580</td>
</tr>
<tr>
<td>Boys</td>
<td>325</td>
<td>645</td>
</tr>
<tr>
<td>Girls</td>
<td>395</td>
<td>940</td>
</tr>
<tr>
<td>Hyperkinetic (hyperactivity) disorders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boys &amp; Girls</td>
<td>515</td>
<td>440</td>
</tr>
<tr>
<td>Boys</td>
<td>440</td>
<td>360</td>
</tr>
<tr>
<td>Girls</td>
<td>80</td>
<td>80</td>
</tr>
<tr>
<td>Other (less common disorders, such as ASD and eating disorders)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boys &amp; Girls</td>
<td>435</td>
<td>400</td>
</tr>
<tr>
<td>Boys</td>
<td>330</td>
<td>270</td>
</tr>
<tr>
<td>Girls</td>
<td>110</td>
<td>135</td>
</tr>
</tbody>
</table>
12.5 Hospital admissions and self-harm

Like the national trend, there has been an increase in the number of children and young people going to A&E and being admitted to hospital.

A review of Children and Young People Hospital Admissions

In June 2017, the Wiltshire Council Public Health Team published the findings of a comprehensive review of children and young people hospital admissions across the Bath and North-East Somerset, Swindon and Wiltshire geographical footprint. These were based on HES data for the last 3 years. A summary of the results can be found in the embedded PowerPoint [presentation](#):

Key messages:

- Wiltshire performance rag rated as ‘orange’ for 0-4 year olds, ‘green’ for 0-14 year olds, and ‘red’ for 15-24 year olds in respect of hospital admissions caused by unintentional and deliberate injuries for children and young people.

- For 15-24 year olds Wiltshire’s performance is below the national average, however, the whole of the southwest region is performing considerably worse than the rest of the country. This indicator is being driven by high rates of both accidental and intentional injuries.

- Females are more likely to be recorded as intentional injuries and males as accidental. However, it could be that self-harm in boys may involve boys putting themselves in risky situations (e.g. driving a car fast) which might explain why boys do not feature so high in self-harm figures. Highest rates of intentional injury amongst girls aged 15 years.

- Admissions higher amongst those living in areas of poverty and deprivation.

- Highest rates of intentional injury at the Royal United Hospital, Bath followed by Salisbury Hospital, Wiltshire.
• Self-poisoning is the most common cause for intentional injury.

Based on the findings, recommendations include:

• Targeting interventions at 11-15 year olds – early intervention is key as its from age 10/11 when admissions start to rise
• Target interventions which address geographical, gender and deprivation inequalities
• Ensure all interventions are evidence-based
• Consider further analysis to quantify community level effect

CAMHS Admission Avoidance Review

In December 2016 Wiltshire published a summary of findings and recommendations from a CAMHS Admission Avoidance Review. This was commissioned in response to growing concern surrounding the increase in attendances and admissions of Wiltshire children and young people with mental ill-health, following a national pattern. There was particular concern both locally and nationally over the growth of A&E attendances and hospital admissions of children and young people who have self-harmed. The scope of the review included:

• Investigating the numbers and trends in attendances and admissions
• Understanding influencing factors
• Developing a better understanding of self-harming patients and their needs
• Understanding the local pathway
• Identification of weaknesses and gaps in service provision and processes
• Proposal of service enhancements to provide increased support to reduce mental ill-health in children and young people, particularly relating to self-harm

Initial data analysis identified that the major contributing factor to rising mental health attendances and admissions over the last three years was the result of self-harming across the 14-18 age range. Consequently, the review focused on deliberate self-harming for 11-18 year olds. Self-harming includes self-intoxication, self-poisoning and self-injury.
A summary of the key findings:

- Admissions of 11-18 year olds to acute trusts across Bath and North-East Somerset, Swindon and Wiltshire with a deliberate self-harm primary or secondary diagnosis rose by 20% between 2013/14 and 2015/16

- The average costs of a deliberate self-harm admission over the last 3.5 years was £638, with the average length of stay being 0.74 days. For mental health admissions (with no deliberate self-harm diagnosis) the average tariff for the same period was £1,161, with an average length of stay of 1.28 days. Lengthy spells for eating disorders contributes to the higher average mental health cost, along with admissions for physical conditions for patients who also have a mental health diagnosis

- 60% of the mental health and 80% of the deliberate self-harm admission over the last 3.5 years were female

- The most significant rise in self-harm has been experienced at Salisbury District Hospital, where it rose by 55% between 2013/14 and 2015/16 – rates of unintentional and deliberate injuries are higher

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12 These tariffs are based on Payment by Results tariffs including the market forces factor.
in Amesbury and Salisbury communities than the Wiltshire average, and were the highest of all Wiltshire community areas

- Approximately 38% of deliberate self-harm admissions aged 11-18 over the last 3.5 years were because of an overdose of painkillers
- There is a rise in mental health admissions between May and August, and again in November. Deliberate self-harm admissions rise in May-July each year.
- Young people are perhaps attending A&E in search of support because of a lack of information about community based service provision
- Children and young people are presenting with mental ill-health and/or self-harm at a younger age than they used to. Eating disorders are more prevalent, particularly in boys. Frequent attenders usually have a range of complex, social and mental health issues. Children and young people exhibiting risky behaviours tend to also to be frequent attenders at A&E departments
- Perceptions on triggers are varied between clinicians including stressful home situations including family breakdown, depression, anxiety, accommodation problems (particularly for some older adolescents who are struggling to live independently or are awaiting a bed in a hostel), social pressures, bullying etc. No of attenders that are LAC perceived to be rising – many experiencing challenging relationships with their foster carers.
- There is a link between a rise in admissions and examination periods
- Some clinicians felt that mental ill-health and self-harming is more common with students in private or grammar schools, perhaps due to increased pressures to achieve

Actions taken to drive improvement:

- Enhanced CYP mental health into acutes, to include liaison workers attending or coordinating new/existing multi-agency operational meetings to improve working practices covering referral protocols, decision to admit protocols, involvement of all key agencies, education and training for staff and communication and engagement.
- Implementation of key Local Transformation Plan priorities that aim to bolster community support e.g. counselling provision
- Co-location of CAMHS workers within Children’s Social Care Teams, to enhance joint working
- Exploration of alternatives to admission including a Place of Calm to provide overnight stay and de-escalation and allow time to prepare an effective and coordinated multi-agency assessment and response
- Work to better understand the root cause of hospital attendances (why go to A&E?)
- Better information about local community based services and support (launch of www.onyourmind.org.uk)

KEY CHALLENGE: Rising numbers of visits to A&E and hospital admissions signal insufficient access to timely mental health support within communities. Some children are discharged following low-level interventions with just advice being given. Consequently, large numbers of these visits may have been avoided. This is particularly important when considering the high costs attached to medical investigations for what might turn out to be a hidden mental health problem.

KEY CHALLENGE: Reducing the need for mental health related hospital attendances and admissions and length of stay and stopping children and young people having to be treated far from home.
12.6 Vulnerable children and young people

There are some children and young people who have greater vulnerability to mental health problems, including, for example, those who are looked after children, those with learning disabilities, ASD and ADHD, young carers and those in contact with the youth justice system. In Wiltshire, our local data also shows those identifying with LGBT communities being particularly vulnerable to self-harming behaviours. These children, young people and their families may find it more difficult to access appropriate help and support because of their personal circumstances.

Much of the data below has been taken from the Wiltshire Children and Young People’s Mental Health and Wellbeing Profile developed by Public Health England. This includes a wide range of indicators covering risk, prevalence, health, social care and education. The tool focuses on children with, or vulnerable to mental illness and allows for comparison of performance against other local areas and the national average. A copy of the profile is included below.

Learning disability and autism

- There are just over 12,717 children with SEND; 1,775 have a Education, Health and Care Plan (EHCP). Most SEN pupils are in primary schools (above the national average). Learning Difficulties is the main reason for having an EHCP.
- Speech and language and behavioural difficulties both account for around a fifth of EHCPs. Autism accounts for 12.5% of plans but also often appears as a secondary diagnosis. The rate of pupils with autism in primary schools is above the national figure.

**KEY CHALLENGE:** Ensuring appropriate emotional wellbeing and mental health support is available for at risk groups of children and young people.

**KEY CHALLENGE:** Ensuring that children with learning disabilities, autism, ADHD and disability follow a clear and coordinated pathway of support, both pre- and post-assessment.

Involvement with Children’s Social Care

- The rate of Children in Need (per 10,000) is below the national average. The rate of children subject of a child protection plan is better than the national average.
- The Looked After Children (LAC) rate (per 10,000) is below the national average. The emotional wellbeing score of LAC is better than the national average.
- At the end of March 2014 there were 395 Looked After Children compared to 445 in the previous year.

Youth offending

- The rate of youth offending is low. The rate of first time entrants to the Youth Justice System (rate per 100,000) aged 10-17 is below the national average. The majority of young people who do formerly enter the youth justice system are aged 17.

Young carers

- The rate of children providing care is below the national average. The same picture is true for young people aged 16-24 who provide unpaid care. There are an estimated 2,723 young carers aged 24 and under living in Wiltshire (2011 ONS Census).

Children and young people living with parents who are misusing drugs or alcohol

- The rate of parents in drug treatment (rate per 100,000) children aged 0-15) is below the national average. The same picture is true in relation to the rate of parents who are in alcohol treatment.

Drug and alcohol abuse
• The rate (per 100,000) of young people hospital admissions due to substance misuse aged 15-24 is above the national average. +

• Child hospital admissions due to alcoholic specific conditions: rate per 100,000 aged under 18 are also above the national rate. +

**Tea**ned pregnancy**

• The under 18 pregnancy rate of conceptions per 1,000 females aged 15-17 is below the national average (19 girls in 2013). +

**Children and young people from minority ethnic groups**

• 9.8% of school children are from minority ethnic groups

**Military families**

• 8.2% of the school population are from military families. # This will increase in light of the Regular Army Rebasing Plan.

**Relationship breakdown**

• The rate of adults whose current marital status is separated or divorced is slightly above the national figure. +

**Domestic abuse**

• The incident rate of domestic abuse per 1,000 population is better than the national average+

Other groups of children and young people which are likely to be more vulnerable to mental health problems also include those who are lesbian, gay, bisexual or transgender; refugees or asylum seekers; those in gypsy and traveller communities and those who have been abused.

Sources for the data referred to above

* Wiltshire 2015-18 SEN Strategy

** Wiltshire Service Snapshot - CAMHS, ChiMat, 2014,

***Wiltshire Child Poverty Needs Assessment, 2014

# Wiltshire Joint Strategic Assessment, 2013/14

+Public Health Children and Young People Mental Health and Wellbeing Profiles

Without help, children and young people can spiral downwards:

• Needing high levels of support at school and college

• Going to A&E and being admitted to hospital

• Ending up in children’s social care or youth justice services

• Living in families which are under pressure and struggling to cope

13. Engagement and partnership

13.1 The views of key stakeholders

We have undertaken extensive consultation with children, young people, parent/carers and professionals to hear their voice in relation to the availability and quality of local services. We’ve also asked children about their own mental health and wellbeing. Further detail is contained in the Health Needs Assessment for Children and Young People’s Emotional Wellbeing and Mental Health below.
13.2 What children and young people say

The Pupil Health and Wellbeing Survey, completed in 2015 by approx 7,000 children in local primary and secondary schools found that 69% of children and young people were satisfied with their life. Whilst it is positive that the majority of children and young people are happy, around 1 in 3 surveyed were not satisfied. Furthermore, the data highlighted inequalities, for example, only 57% of Free School Meal children (Yr 8+) and 50% of Year 10 girls reported being satisfied or happy with their life. Sleep is an important behaviour to protect health – the survey found that our children are not getting enough sleep across all age ranges and that 37% of secondary and Yr 12 pupils are often so worried about something that they cannot sleep at night.

Generally wellbeing fell in a range of measures as children got older:

- 12% of primary and 30% of secondary pupils said they had no one to talk to.
- 71% of pupils said they are proud of what they have achieved in their life, decreasing to 51% for Yr 12’s.
- 56% felt stressed about their school work.
- 76% of primary age pupils felt confident about their future, falling to 47% by post-secondary school age.
- 9% of secondary and post-16 pupils said they had self-harmed daily, weekly or monthly. The rate was significantly higher for young carers and those with SEND.

The Pupil Health and Wellbeing Survey was undertaken once again between January and March 2017. The questionnaire was completed online by 9,951 pupils from 95 schools in year groups 4, 5, 6, 8, 10 and 12. This included pupils from 71 primary schools, 22 secondary schools and 12 sixth form colleges.

This is the largest survey of Wiltshire school children and young people so far and contains a large sample than many similar national surveys. Over 300 questions were asking covering topics including:

- Relationships and emotional wellbeing
- Feelings of safety
- Healthy lifestyles
- Risky behaviours
- School experience

There were a number of questions on emotional and mental health, incorporating the Warwick-Edinburgh Mental Wellbeing Scale. The survey allows for outcomes to be examined and compared for particular groups of children including SEND, ethnicity, LGBT, those on free school meals, young carers, Looked After Children and military children.

Participating schools have been provided with access to their pupil data to enable them to understand better their needs and identify areas for development.
Themed reports published [here](#) are being used by commissioners to engage with targeted children and young people about their mental health and wellbeing needs. Report findings are being used to engage with local youth forums to discuss and better understand these needs. For example, the Wiltshire Youth Safeguarding Board challenged commissioners and the Local Safeguarding Children Board over self-harm data in the reports. Particular concerns were raised over reported self-harm rates within those identifying as lesbian, gay, bi-sexual or transgender and also young carers and looked after children.

Healthwatch Wiltshire’s ‘Young Listener’s’ programme ran a project in 4 Wiltshire secondary schools in 2018. Trained young listeners carried out 156 ‘listenings’ on the theme of mental health. Young people felt that it was important for them to have opportunities to discuss mental health and wellbeing. They said that they wanted support for health and wellbeing in school to be more accessible, and that they wanted to be able to talk about health and wellbeing issues without judgement.

Through engagement and consultation with the Wiltshire Assembly of Youth, Children in Care Council and Young Listeners, young people have provided us with the following messages in respect of Emotional Wellbeing and Mental Health...

- Better mental health awareness, education and support is needed in schools, including improved Personal Social and Health Education
- Teachers do not always know what to do if a student is in mental health difficulty
- Help and support should be easier to access, as close to home as possible
- Having someone to talk to in confidence is important
- We need protection from bullying, cyber-bullying is on the increase
- Information about local support and services and how this can be accessed should be improved
- Good access to positive activities helps to promote wellbeing
- More needs to be done to raise awareness of mental health and tackle stigma and discrimination
- More help could be given to enable children and young people build their self-esteem and confidence
- Digital technology should be used more to provide easier access to information and support
- It’s really frustrating when a referral to CAMHS gets turned down – there’s not enough support for these children and young people
- We want to be involved in the development of the transformation plan and the re-commissioning of CAMHS

**KEY CHALLENGE:** Providing better access to early help and support in schools and other community settings, particularly for those children and young people who do not require a specialist mental health response.
Engagement will continue to remain a high priority as the new service model develops. As part of the contract with OHFT, service user engagement and feedback is integral and reported on through contract management. A service user participation group is very active across the STP. Members are involved in joint initiatives with members of the Children in Care Council, Youth Safeguarding Board and Wiltshire Assembly of Youth. The Wiltshire Parent Carer Council also supports engagement activities with families in which there are children with learning disabilities, ASD and autism. This engagement will continue in 2018/19, in particular, through the Integrated Mental Health Project of FACT.

13.3 Developments around engagement

In 2018, young voice participation groups in Wiltshire, including the CAMHS user participation group, offer feedback about the opportunities to engage in service level development. As a result of this consultation, in 2018/19 a new model of engagement is being development to address under-representation from harder to reach groups. This new approach will see less static group work and more contact with younger people in schools, community groups and online. It is expected that this development will see greater engagement from children and young people who are, for example, from black and ethnic minority groups, have learning disabilities, ADHD or ASD, or who are young carers.

13.4 The voice of those who work with or care for children, including parents and carers

Through engagement and consultation work with professionals from across the whole system (including education, health, social care and the voluntary and community sector) through multi-agency meetings, workshops and events we have heard the following key messages...

- Pathways and access to services are not clear. Services are patchy;
- There is a gap in support for under 5’s and those with autism;
- Improved capacity and support is needed in schools;
- Young people would benefit from self-help resources;
- Agencies need to work better together, particularly re: parents with mental health problems;
- More investment should be made in promotion, prevention and early intervention;
- Vulnerable children and young people require better care and support during key transitions;
- More children and young people should have access to CAMHS and school counselling services;
- There should be a focus on building resilience in children and families;
- More needs to be done to tackle bullying.

A survey of parents/carers (March 2015) undertaken by Wiltshire Parent Carer Council revealed concerns in relation to CAMHS, including ineffective joint working, underrated customer experience, poor access and long waiting times.

Key messages over the last 12 months have included:

- More support is needed for those children and young people who do not meet the threshold for CAMHS
- More evidence based talking therapies including counselling should be made available, particularly in schools and communities via GP surgeries
- More support is needed for children, young people and families with autism
- Parenting programmes can help to improve health and wellbeing outcomes for children and young people
There is a gap in help for children and young people who display risky behaviours as well as those who have experienced trauma

Better CAMHS children and young people mental health liaison support is needed within Accident and Emergency Departments

There is a gap in the provision of help for children and young people who are experiencing family breakdown and/or domestic abuse

**KEY CHALLENGE: Ensuring that sustainable appropriate support is available for parents/carers and not just children and young people.**

**Consultation to inform the refresh of this plan**

Feedback from the CAMHS re-commissioning consultation activities (see section 4.1) has been used to inform the update to this plan alongside the views of the multi-agency Children’s Trust Emotional Wellbeing and Mental Health Sub Group. [NOTE: this group is currently in the process of re-forming in light of a governance re-structure; the Children’s Trust has been replaced by the Wiltshire Families and Children’s Transformation Programme Board].

Consultation has continued within the new framework and via an Integrated Mental Health project group. This multi-agency group is taking a whole-system approach to considering the mental health and wellbeing of children and young people in Wiltshire. It has identified the following key issues to be resolved locally.

- Avoidance of duplication by understanding and being aware of what is already being done.
- Avoidance of silo working and hand offs.
- Improving understanding of different thresholds and different ways of working especially at the preventative stage.
- Understand if “no change” to CAMHS out of hours will have an impact.
- Improving ACCESS to services and agencies at the right time for families (including learning difficulties and disabilities)
- Understanding where to signpost if CAMHS threshold is not met.
- To improve the transition to adulthood for young people and their families.

Many of these identified issues have been picked up through the recommissioning of the new service. Feedback from professionals outside of this working group has also been heard and noted for action.

<table>
<thead>
<tr>
<th>Question</th>
<th>Response</th>
</tr>
</thead>
<tbody>
<tr>
<td>What problems are we trying to solve?</td>
<td>stop CYPF bouncing around the system, ensure prevention and promotion of positive wellbeing, think about how we look at the right support for primary school aged children, help people to understand what is available and how to access it, try to raise levels of mental health literacy, remove stigma &amp; discrimination, access- joining things up</td>
</tr>
<tr>
<td>What’s working/not working?</td>
<td>Working - thrive model in schools, mental health liaison, online counselling, OnYourMind website, counselling from GP practices</td>
</tr>
<tr>
<td></td>
<td>Not working or challenges - consistent school engagement and schools doing the right things, choosing the right schools for engagement activities, replicating CYP MHL model at GWH, Swindon, support and training for professionals, waiting times for face to face counselling, consistent / equitable access to counselling for primary school age children</td>
</tr>
<tr>
<td>What would make change happen?</td>
<td>Bigger focus on early intervention and prevention, more joined up working – cultural change for CAMHS to work as a whole system, continued investment</td>
</tr>
<tr>
<td>--------------------------------</td>
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</tr>
<tr>
<td>How are we going to make this change happen?</td>
<td>Re-commissioning of new CAMH service across Bath and North-East Somerset, Swindon and Wiltshire, improved accountability and transparency on what we are doing to drive improvement, strong leadership and focus on this agenda</td>
</tr>
<tr>
<td>What results would you like to see?</td>
<td>Reduced demand on primary care and community CAMHS, improved awareness of emotional wellbeing and mental health, less stigma and discrimination, reduced no of CYP requiring emergency/crisis support, more confident and skilled adults working with CYP</td>
</tr>
<tr>
<td>How can we measure progress?</td>
<td>Evaluation of new CAMHS model once in place for a year, feedback from children, young people and families as well as multi-agency professionals, both quantitative and qualitative measures</td>
</tr>
</tbody>
</table>

**14. Joint working between local partners**

**14.1 Families and Children’s Transformation (FACT) Board**

Responsibility for services to children and families now rests with the multi-agency Wiltshire Families and Children’s Transformation Board (which replaced the Children’s Trust). Integrated Mental Health is a project group within the ‘partnership approach to supporting young people live in their families and communities’ workstream. Each workstream is accountable to the Families and Children’s Transformation Board. Wiltshire CCG is represented on the FACT Board which reports directly to the Health and Wellbeing Board. FACT brings together partners from across education, health, social care, the voluntary and community sector and...
importantly children, young people and their parents/carers to understand mental health needs and oversee the development and delivery of the local strategy (this transformation plan) to improve the emotional wellbeing and mental health for children and young people.

The Integrated Mental Health group is led by the Lead Commissioner for Mental Health and Wellbeing. The group regularly listens to, and considers the views of, local children and young people. More consistent engagement is being sought from young people from the Wiltshire Assembly of Youth, and Oxford Health NHS Foundation Trust’s led User Participation group. Links with other groups such as Youth Watch and the Children in Care Council are being formalised through a Wiltshire youth voice forum (currently being implemented).

To date, children and young people have been involved in the work of this group and the transformation plan in the following ways:

✓ Young people from across Bath and North-East Somerset, Swindon and Wiltshire to form a Children and Young People’s Reference Group. The purpose of the group was to participate in the process for appointing a provider of CAMHS. The reference group took the opportunity to receive a presentation from bidders and interview them, as well as offer formal feedback to the evaluation panel. The group also delivered consultation activities to redesign a visual model of the proposed new CAMHS model for Wiltshire.

✓ Organised and participated in a Youth Summit which took place at Devizes school on 08 February 2017 and was a partnership initiative delivered by Wiltshire Council, Wiltshire Police, Healthwatch Wiltshire, Devizes School, Virgin Care, Oxford Health NHS Foundation Trust and Wiltshire CCG. 60+ pupils took part from across 16 secondary and independent schools.

✓ Continued to support the development of the ‘OnYourMind’ website, including the creation of a welcome video on the home page www.onyourmind.org.uk

✓ Wiltshire Assembly Youth met to discuss the issue of bullying and have since recorded a series of podcasts that share their experiences of bullying, the impact it had on their wellbeing and how they managed to overcome this. The podcasts shall be published during Anti-Bullying week in November 2017 with support from BBC Radio Wiltshire. The theme for Anti-Bullying week this year is ‘All different, all equal’ which aims to empower children and young people to celebrate what makes them, and others, unique.

✓ Participated in a workshop to inform the development of the local Health Needs Assessment for children and young people’s emotional wellbeing and mental health.

The voluntary and community sector is also represented via a member of the Wiltshire Children and Families Voluntary Sector Forum. With funding and support from the Children’s Trust, this body represents a wide range of voluntary and community sector organisations that work with children, young people and families.

14.2 Consultation on this plan

Facilitated by the Integrated Mental Health Group, a wide range of stakeholders from across the whole child and youth mental health and wellbeing system have been involved in ongoing development of this plan.

14.3 Evidence of effective joint working at an operational level

There are a number of local arrangements in place to support effective joint working at an operational level:

- Joint CAMHS meetings take place with both social care and education to review pathways, processes, share best practice and discuss individual cases;
- Oxford Health are a key member of the local Children’s Services Risk Management Group which allocates resources to reduce risks and vulnerabilities for children;
• Oxford Health is also represented on the Wiltshire Council Children’s Services Gateway Panel which puts in place and reviews tailored packages of care and support to vulnerable children (including the management of ‘step up’ and ‘step down’ from children’s social care). [Note: during 2017/18, the Gateway Panel ceased operation as new access arrangements for families were made internally].

• Operational relationships and joint working have been significantly enhanced over the last 12 months through additional CAMHS workers being embedded within Wiltshire Council Operational Children’s Services. This includes the provision of regular consultation, liaison and training to multi-disciplinary professionals.

• There are also effective joint working protocols which are have been developed between CAMHS and the multi-agency Child Sexual Exploitation Team to ensure the emotional wellbeing and mental health needs of children and young people who are victims of abuse are identified and addressed early on.

14.4 Mental Health Crisis Care Concordat

Key partners have come together to sign the Wiltshire declaration on improving outcomes for people experiencing mental health crisis. A working group chaired by the CCG brings partners together to develop and deliver an action plan endorsed by the Health and Wellbeing Board. The work of this group has implemented effective local arrangements so that children and young people who are in mental health crisis are taken to a health place of safety and are not detained in police cells.

If someone is having a mental health crisis and they come to the attention of the police, they may need to be taken to a place of safety – somewhere that is designated as safe under the Mental Health Act. The best place of safety is in a health setting, so that people, including children and young people, get the care they need for their mental health. In Wiltshire and Swindon, there are 3 Health Based Places of Safety that are managed by the Avon and Wiltshire Mental Health Partnership. These are based at Fountain Way, Salisbury; Green Lane Hospital, Devizes; and Sandalwood Court, Swindon. Green Lane and Sandalwood provide provision for U18’s.

Although significant progress has been made further work is needed to help reduce the numbers who are taken to a Health Based Place of Safety as well as ensure that going forward no child or young person in mental health crisis is taken to police custody.

<table>
<thead>
<tr>
<th></th>
<th>Taken to Health Based Place of Safety</th>
<th>Taken to Police Custody</th>
<th>Total</th>
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<tbody>
<tr>
<td>2014/15</td>
<td>3</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>2015/16</td>
<td>9</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>2016/17</td>
<td>4</td>
<td>0</td>
<td>4</td>
</tr>
<tr>
<td>2017/18</td>
<td>6</td>
<td>0</td>
<td>6</td>
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The sharp increase in the numbers of children and young people taken to a Health Based Place of Safety in 2015/16 was the result of the repeated detention of one individual. In 2017/18, detentions were attributable to 4 young people.

Local intelligence from the Police indicates there are significant ongoing challenges in respect of dealing with those young people who are aged under 18 who are in mental health crisis but are also exhibiting violent or aggressive behaviour. This issue needs to be looked at further by the Crisis Care Concordat Group.
14.5 Improving Health Based Places of Safety

In May 2016, the Department of Health invited local crisis care concordat groups to apply for funding to increase the capacity and number of health based places of safety. In the first wave of funding the Avon and Wiltshire Mental Health Partnership secured one of capital funding of £320k to develop the Health Based Place of Safety on the site of Green Lane Hospital in Devizes. This includes increasing the number of beds available from 3 to 4 as well as the provision of a friendlier environment for young people and the ability to close off space for U18s.

A second wave of funding was announced in September 2016 which included the opportunity to develop Places of Calm. Wiltshire submitted a bid to develop a Place of Calm for young people and young adults in Chippenham and on site at Salisbury Hospital. A bid was also developed by adult services to develop a place of calm for people aged 18 and over in Chippenham.

The rationale for these bids was to provide an alternative to hospital attendance and admission; police detention and local authority care for young people who are in emotional or mental health distress. Local intelligence reveals that admission to a paediatric or adult ward for older adolescents is not always appropriate and is costly to the public purse. A place of safety would therefore provide young people with the opportunity to get the right help they need as well as provide time for agencies to work together to put in place an appropriate package of community based support.

**KEY CHALLENGE: Putting an end to children and young people in mental health crisis being detained in police custody.**

Work is underway to address this need, through partnership working across Oxford Health NHS Foundation Trust, Wiltshire Council and the CCG. By June 2019, it is anticipated that a options are available which will include better provision for all children and young people, including those with the learning disabilities.

14.6 Strengthening links with NHS England Specialised Commissioning

Since 2012, NHS England Specialised Commissioning has been responsible for procuring CAMHS inpatient beds on behalf of CCGs. Wiltshire CCG is committed to working with NHS England Specialised Commissioning to ensure that by 2020/21, in-patient stays for children and young people will only take place where clinically appropriate, will have the minimum possible length of stay, and will be as close to home as possible. Further to this we are keen to see the inappropriate use of beds in paediatric and adult wards eliminated.

We will continue to work closely with NHS England Specialised Commissioning on the national re-procurement of CAMHS Tier beds to ensure that local needs are met. We fully support and shall assist the national direction of travel for all general in-patient units for children and young people to move to be commissioned on a ‘place-basis’ by localities, so that they are integrated into local pathways. We will achieve this through our local joint NHS England and Wiltshire CCG Co-commissioning group as well as through ongoing involvement in the Southwest Strategic Clinical Network.

14.7 Collaborative commissioning plans for Tier 3 and 4 CAMHS

CCGs are required by NHS England to develop a collaborative commissioning plan between community CAMHS services and inpatient care with the aim of reducing hospital admissions and stop children and young people having to go far from home for a CAMHS bed. A key objective is to provide more care within the local community so that children and young people can be treated close to home in happy and comfortable environments.

Wiltshire CCG is currently partially compliant and is working with CYP Mental Health Leads from Bath and North-East Somerset and Swindon to bring local plans together to develop an STP wide Children and Young People collaborative commissioning plan. This work is being led through the STP Mental Health
Workstream and delivery plan. Good engagement from NHS England Specialised Commissioning shall be essential to developing a robust plan and ensuring full compliance.

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:

<table>
<thead>
<tr>
<th>Specialised Commissioning CAMHS T4 Accelerated Bed Plan 2017/18</th>
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<tbody>
<tr>
<td><strong>Time Period</strong></td>
</tr>
<tr>
<td>June</td>
</tr>
<tr>
<td>September</td>
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<table>
<thead>
<tr>
<th>Specialised Commissioning CAMHS T4 Accelerated Bed Plan 2018/19 and 2019/20</th>
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</thead>
<tbody>
<tr>
<td><strong>Time Period</strong></td>
</tr>
<tr>
<td>Jul-18</td>
</tr>
<tr>
<td>Dec-18</td>
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<tr>
<td>Mar-19</td>
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<tr>
<td>Q4 118/19</td>
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<table>
<thead>
<tr>
<th>2019/20</th>
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<tbody>
<tr>
<td>Apr-19</td>
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<tr>
<td>Apr-19</td>
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<tr>
<td>Jan-20</td>
</tr>
</tbody>
</table>
Improving crisis care in the community for children and young people is a key priority for the STP and in Wiltshire we are particularly keen to explore options for more local determination in respect of Tier 4 with the aim of providing community based care and support wherever possible. The rational for a local solution is that to manage demand more effectively a joined-up approach is required across education, health and social care – and this is best achieved locally.

A number of actions are already being progressed to help better manage demand for Tier 4 CAMHS beds, reduce hospital admissions and improve crisis care within the community. These are given below and shall be reflected within the completed collaborative commissioning plan.

- Working with key stakeholders across the STP to develop and submit an application to the Beyond Places of Safety Grant Scheme (please see above section on Improving Health Based Places of Safety for details).
- Supporting Oxford Health with the delivery of their successful bid to the Southwest Strategic Clinical Network for one-off funding to improve CYP crisis. This includes enhancing the CAMHS outreach team as well as exploring alternatives to hospital admission (pop up assessment centre).
- Embedding CYP MH liaison across the three acute hospitals using Local Transformation Plan funding with extended hours support available Mon-Fri 8am till 8pm and weekends 9am till 6pm.
- Developing improved ways of working between the local drug and alcohol service for children and young people in Wiltshire (Motiv8) and Oxford Health CAMHS and Acute Hospital Trusts to prevent re-admissions for CYP in respect of drug and alcohol misuse
- Continuing to provide (through Oxford Health CAMHS) 24/7 acute CAMHS cover which is available across the STP for emergency presentations
- Re-commissioning a new fully integrated CAMH service in line with the Thrive model, to enhance community based treatment, to include the trailblazing Outreach Service for Children and Adolescents
- Continued development of the Children’s Learning Disability Nursing Service with its focus on sleep, continence and challenging behaviour
- Continuing to embed the enhanced STP wide community based eating disorder service which includes highly specialised eating disorder clinics and an outreach service for home treatment – recognised national as an example of best practice
- Embedding the co-location of CAMHS practitioners within Children’s Social Care teams at Wiltshire Council, including the Multi-Agency Safeguarding Hub (MASH) to provide fast track support for vulnerable children and young people
- Review and standardise the self-harm protocols across all acute hospitals
- Continue to engage in regional events aimed at improving crisis care within the community – providers and commissioners recently attended NHSE events covering CYP crisis and eating disorder care.

Explore the potential benefits of establishing a CYP Crisis Care Concordat across Swindon and Wiltshire to provide an improved coordinated approach to crisis care.
14.8 Strengthening links with Health and Justice

In 2016, a review of Health and Justice Pathways was commissioned by NHS England to explore the Children and Young People’s Secure Estate (specifically Secure Children’s Homes), Sexual Assault Referral Centres (SARC), and Liaison and Diversion Services within the context of the Health and Justice elements of the national CAMHS Transformation Programme. The assessment covered the South-West and South-Central areas in NHS commissioning terms.

This transformation plan has considered the findings of the review and seeks to respond to its recommendations.

Liaison and Diversion (L&D)

Liaison and Diversion services aim to improve early identification of a range of vulnerabilities in people coming into contact with the youth or criminal justice systems. These include but are not limited to mental health, substance misuse, personality disorder, learning disabilities and neurological disabilities. Further to identification and assessment, individuals can be referred to appropriate treatment services so contributing to an improvement in 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 inform the operations of the justice system.

Effective L&D provision for CYP requires:

- Multiple entry points
- Services focused around the child’s needs
- An accessible and effective range of post-diversion provision, partnerships and pathways to address identified needs
- Sharing of information to support effective care, case management and CJS interventions
- Partnership working across a range of agencies
- The children and young people Liaison & Diversion function (ideally) operates within an integrated context of broader CYP support
- A shared commissioning strategy to support the above

Current provision for the L&D service for CYP is provided by the Avon and Wiltshire Partnership allowing for a team approach covering Avon, Somerset, Wiltshire and Swindon. The Wiltshire Youth Offending Team also undertakes some L&D work with the allocation of named CAMHS link worker.

Areas for development:

- Much of the unmet need is in relation to harmful and/or risky behaviour and the impact of trauma. Focused psychological interventions are critical to addressing this need and should be ensured in any model. Support and interventions for parents can be a key approach but this is an underdeveloped area. Local gaps in the provision of L&D should be addressed.
- Young people who display harmful and/or risky behaviours are more likely to come into contact with the Youth Justice System as well as enter local authority care as a result of family breakdown. Within YOT there is some L&D provision for CYP but there is some concern that multi-disciplinary professionals working with CYP who display harmful and/or risky behaviours do not have sufficient access to the mental health input they need.
- National research shows that quality assessments, good coordination of services and early intervention can help to meet the needs of CYP who display harmful sexual behaviour (Harmful Sexual Behaviour among CYP, NICE guidance, September 2016). Many multi-agency professionals lack confidence when it comes to knowing what to do to support these children and young people. Locally, direct interventions
and support for staff in managing harmful or sexually problematic behaviour needs to be available. This should include foster carers and those staff working in the secure children’s estate.

- A CAMHS psychological perspective is often not considered in the assessment of CYP who display harmful and/or risky behaviours. However, it’s clear that a CAMHS contribution would help to support professionals who are working with these CYP to provide the right help as well as ensure faster access to specialist mental health treatment and intervention where it is needed.

- Many CYP who display risky and/or harmful behaviours (including those that come into contact with the Youth Justice System) do not meet the threshold for a specialist mental health response. Even if they do, the wait for a CAMHS assessment can be long. Often this group of CYP do not engage well with CAMHS services, which sometimes results in early discharge following non-attended appointments.

- There is a lack of support for less acute or high-risk conditions and there is difficulty in accessing specific trauma focused interventions.

- To effect change in this group of young people a family focused approach is needed where multi-agency professionals work systemically to provide a clear and joined up model of care and support.

**Action to drive improvement**

We have addressed these gaps in L&D provision by:

- Working jointly with commissioners from across the Bath & North-East Somerset, Swindon and Wiltshire Sustainability and Transformation Plan geographical footprint to undertake a review of the pathway for CYP into liaison and diversion from custody, courts and voluntary referrals. The aim is to ensure a clear and effective pathway for this group of children and young people and ensure multi-disciplinary professionals working with this vulnerable group have access to adequate mental health input from CAMHS.

- Ensuring that the new integrated CAMH service across the B&NES, Swindon and Wiltshire STP takes into account and responds to the specific needs of CYP who display risky and/or harmful behaviours.

- With additional funding from the Health and Justice Commissioner, embedded a harmful sexual behaviours services co-ordinator across Bath and North-East Somerset and Wiltshire, who is providing specialist advice and consultation; joint assessments and specialist intervention for young people who display harmful or problematic sexual behaviours as identified by the criminal justice system, children’s social care or education settings. This involves the co-location of a CAMHS worker within the Youth Offending Team who leads on the implementation of a best practice framework (AIM framework). As part of this pathway, AIM and AMBIT training have been rolled out across BANES and Wiltshire front-line staff and robust protocols have been developed to identify and intervene early across a range of problematic and harmful behaviours. This pathway has been identified as a regional exemplar and we are now in the process of developing evidenced based interventions to roll out to schools to ensure that awareness of and responses to HSB are as robust as possible.

**Sexual Assault Referral Centres (SARC)**

The SARC for Swindon and Wiltshire is a component of wider strategies on sexual assault, child sexual abuse and child sexual exploitation. NHS England (Health & Justice) is jointly responsible with a range of partners (including CCGs, Local Authorities, Police, and Police and Crime Commissioners) for the commissioning of an integrated response to sexual violence and rape, overseen by the SARC Partnership Boards. This is a co-commissioning model with NHS England responsible for the public health elements of the SARC's provision.

SARC services comprise sexual assault forensic medical examinations, independent sexual violence advisory support, and onward referrals to other health and social care services according to need. SARC services are not commissioned to meet the full range of needs around sexual assault; the expectation is that for many of these needs they will refer elsewhere. Consequently, it is important to distinguish between what the SARC can provide and what the full range of needs might be for victims of sexual assault.
As one of the principles of the CAMHS Transformation is to consider what is needed from the child’s perspective, the gap analysis undertaken by the Health and Justice Commissioner considered the full range of what might be considered mental health and wellbeing needs in the child sexual assault pathway, including those that are not the responsibility of the SARC or of NHS England Health and Justice, but which the SARC would hope to be able to refer to.

Research consistently shows that the children who present to services are only a small percentage of those who have experienced sexual assault. One of the implications of this is a need for the kind of quality and accessible services that establish credibility and in themselves encourage more people to come forward. Any local strategy needs to consider the needs of all children experiencing sexual assault for emotional, psychological or mental health support, whenever and wherever they present. Many of the mental health and wellbeing interventions involved are similar whether the assault is historical or not and should be equally accessible.

Current SARC provision is shared with Swindon. Two new paediatric centres of excellence opened in Bristol and Exeter in October 2018. Independent Child Sexual Violence Advisors are now co-located within our community Domestic Violence Service and specialist counselling is currently available from two community locations in Wiltshire. An embedded CAMHS worker provides specialist consultation and advice; joint assessments; training and some direct interventions to enhance the pathway for these young people.

Key areas for development

- We want to ensure that all children and young people who have experienced sexual assault are identified and assessed for emotional, psychological or mental health support – whether they choose to present to the SARC or not.
- We want young people identified to receive timely assessment and treatment and effective on-going support within a community setting.
- We want referral pathways into CAMHS to be robust and effective for these young people and for fast-track referrals to be available from the embedded CAMHS worker where appropriate.
- We need to further develop support for parents/carers, including providing a safe space for them to explore their own emotions about their children’s experiences and providing onward referral to adult social care where needed, and supporting with specific parenting approaches.
- More support and accessible interventions are needed for children and young people under 16 across the Swindon and Wiltshire geography.
- We want to ensure there is effective access to STI screening for under 13 year olds.

**Swindon and Wiltshire SARC Workshop**

In January 2017 Wiltshire Council and Wiltshire CCG facilitated a workshop with multi-agency professionals to review how we are meeting the emotional wellbeing and mental health needs of children and young people who come into contact with the SARC. Around 20 senior managers attended from the Police, Health and Justice, Local Authorities, CCGs and CAMHS. The specific focus included:

- Identifying the emotional wellbeing and mental health needs of CYP who come into contact with the SARC
- Establish what services are in place and what’s working
- Assess what the gaps are in provision
- Identify priorities for improvement

The event also provided stakeholders with the opportunity to shape the proposal to co-locate a CAMHS worker at the SARC, to ensure the best use of resources and improve outcomes for children.
A summary of feedback is given below.

| What works?                  | o  Counselling including bereavement counselling  
|                             | o  Continuity of workers  
|                             | o  Good multi-agency working  
|                             | o  Right staff with the right skills and experience  

| What are the current gaps in provision? | o  Paediatricians – need to be accessible geographically. Also, their involvement is not available at an early stage  
|                                      | o  STI screenings for U13’s  
|                                      | o  Pre-trial counselling  
|                                      | o  Family and parenting support  
|                                      | o  CYP below CAMHS threshold but issues seen as too complex for counselling  
|                                      | o  CAMHS pathway knowledge  
|                                      | o  Bereavement counselling  
|                                      | o  Training and support for professionals  

| Recommendations for improvement | o  Accurate and up to date mapping of services  
|                                 | o  Clear pathway  
|                                 | o  Early intervention  
|                                 | o  Consistency in approach and provision across Swindon and Wiltshire  
|                                 | o  Better information about what support is available and how this can be accessed for children, young people, parents/carers and professionals.  

We have made progress in addressing gaps in provision for children and young people who are victims of sexual assault including Child Sexual Exploitation and Abuse by:

- Developing an all age sexual assault referral pathway for emotional wellbeing and mental health across health and social care for Swindon and Wiltshire.
- Ensuring that the re-commissioning of integrated CAMHS across the B&NES, Swindon and Wiltshire STP takes into account and responds to the specific needs of CYP who have been victims of child sexual abuse and/or exploitation.
- Putting the embedded CAMHS therapist within the CSE and LAC Health Teams on a sustainable footing.
- With additional funding from the Health and Justice Commissioner, embedded a joint initiative across Swindon and Wiltshire which is enabling Oxford Health CAMHS to provide a psychological contribution to multi-agency assessments for children and young people who come into contact with the SARC.
- Establishing a specialist counselling offer for children and young people who come into contact with the SARC to include:
  - Securing a provider to offer specialist counselling through a spot purchasing agreement until 31 March 2018.
  - Working with Oxford Health to agree a sub-contracting arrangement for a Wiltshire wide counselling service, which will for the first time enable young people who are going through court procedures to access specialist counselling in their local communities in a safe and legally compliant way.
15. Achieving our vision

Three key objectives will continue to drive the delivery of our transformation plan for children and young people’s mental health and well-being. These are based on the needs and views of children and young people. They also reflect the broader strategic direction set out in local strategies and plans in relation to improving outcomes for children and young people. These include:

- The Children and Young People’s Plan
- Health and Wellbeing Strategy
- Suicide Prevention Strategy

Key objectives

- **Promoting good mental health, building resilience and identifying and addressing emerging mental health problems early on**

  It is our aim to give children and young people the best start in life, helping them learn early on how to cope with life’s problems, encouraging them to be active, eat healthily, sleep well and supporting them to develop good peer support and self-esteem. We want to make sure parents/carers and those who work with children are equipped with the tools and knowledge they need so they are better able to spot emotional and mental health issues and handle them effectively. We are committed to raising awareness of mental health issues and tackling stigma and discrimination within our communities as well as encouraging local agencies to work better together, with a critical role for schools. With increased investment upstream, the provision of services and support early on will help to address problems sooner and before they start to cause serious harm to a child or young person’s life chances.

- **Providing children, young people and families with simple and timely access to high quality support and treatment**

  We aim to ensure that children, young people and their families are able to easily navigate services and get the right help at the right time, with a choice of support and treatment programmes that work. These should be provided as close to home as possible, within local communities. The monitoring of waiting times for CAMHS is critical, and capacity in the system must be improved so that services are equipped with the resources required to meet demand. This along with the provision of an integrated system of coordinated and effective support requires the strengthening of links between and across education, health and social care as well as the community, with a focus on enabling children, young people and their families to gain better access to services.

- **Improving care and support for the most vulnerable and disadvantaged children by closing critical service gaps, improving support at key transition points and tailoring services to meet their needs.**

  We fully understand that some groups of children and young people have a greater vulnerability to mental health problems and also face bigger challenges accessing the help they need because of their more complex life circumstances. This includes Looked After Children and Care Leavers, those who are victims of abuse, those with Special Educational Needs and/or Disabilities, young offenders, young carers, teenage parents and those from low income families.

  Our aim is to strengthen support for these children by making sure that services are coordinated, tailored to their needs, make them feel safe, build their resilience and provide support and treatment that works within their communities, as close to home as possible. We will also give better support to
the staff working with these groups of children and young people by providing them with additional training and good, easy access to specialist mental health advice when and where it is needed.

The refresh of this plan has informed the development of a number of key priorities which will help implement these key objectives and provide further transformation across the whole local child and youth mental health system and deliver measurable, tangible results by 2020. They support the comprehensive change required to ensure the provision of an effective, efficient and accountable system of joined up services which are focused on improving the emotional wellbeing and mental health of children and young people. Key benefits should include:

- A clear, coordinated and easily accessible pathway with support and services available within community settings;
- Better mental health awareness and reduced stigma, resulting in more children seeking support;
- Improved capacity and capability across the CAMHS workforce (including those working in universal settings and primary care) to identify, address and effect the recovery of children and young people with emotional wellbeing and mental health problems.
- Children and young people get the right service according to their needs. No more bouncing around for children and families;
- More early help and preventative support for those who do not require a specialist mental health response;
- Improved partnership working across health, education and social care (including the voluntary and community sector) with a shift in culture to a whole system approach meet children and young people’s needs.

16. Key priorities for 2018/19 and beyond

Progress across the last 12 months has been positive. The new service delivery model offers many opportunities for closer working partnerships to develop across the STP which strengthens the possibility of more focus on early intervention and prevention.

There remains much to do to meet the needs of our most vulnerable children and young people. Key priorities for the coming 12 months, and beyond, are to:

- Effectively contract manage the new integrated CAMH Service across Bath and North-East Somerset, Swindon and Wiltshire in line with the THRIVE model which includes:
  - A single point of contact
  - Closer partnership working with schools and multi-agency children’s services teams
  - A whole system approach with better joint working and information sharing
  - Provision of talking therapies
  - No more declined referrals
  - Community based interventions and treatment
  - Good quality digital service offer

- Work in partnership (across CAMHS, social care, SEND, health, the voluntary and community sector, children/young people, parents/carers) to develop an ASD/ADHD pathway which addresses gaps in support for children and young people with low level anxiety and other mental health and emotional wellbeing needs. To deliver this by July 2019.
• Deliver and evaluate a pilot project in the Tidworth school cluster. This project will take a multi-disciplinary approach to addressing need in the primary population (4-11 years) for children with social, emotional and mental health (SEMH) needs, ASD, and learning disabilities. It will (i) upskill primary school staff, (ii) offer a greater range of interventions by training staff, (iii) utilise technology to better deliver support through effective multi-agency working.

• Carry out a targeted mental health needs assessment for children and young people with learning disability, ADHD and autism to help inform service and workforce development during the life span of this plan and beyond.

• Work across CAMHS and social care to develop a more robust emotional wellbeing and mental health pathway for Looked After Children and children and young people at risk of Child Sexual Exploitation as well as Unaccompanied Asylum Seekers.

• Finalise an STP-wide multi-agency workforce development plan detailing how we will build capacity and capability across the whole CAMHS system, including provision of a dedicated budget to enable continued investment in the CYP IAPT programme.

• Continue to understand the needs of parents and carers and develop a comprehensive and coordinated offer of support to help parents/carers better meet the emotional wellbeing and mental health needs of their children, including through the monitoring of perinatal and infant mental health services and training (funded through LTP and HEE monies).

• Develop the sustainability plan for community-based counselling (including delivery from large GP surgeries in areas of greatest need).

• Improve moves from CAMHS to adult mental health services by providing a more flexible offer to children and young people aged 16+ through an STP wide review of the transitions pathway and associated protocols (as part of the CQUIN for transition)

• Develop an STP wide collaborative commissioning plan between Getting More Help and Crisis and Risk Support with the aim of reducing hospital admissions and out of area placements. To include:
  o The embedded CYP mental health liaison model in all three acute hospitals across Bath and North-East Somerset, Swindon and Wiltshire
  o Refinement of the joint working arrangements between health, education and social care as well as enhance community CAMHS home treatment to enable a shift from placements to the provision of community packages of support where possible
  o The possible development of a Swindon and Wiltshire Children and Young People Crisis Care Concordat to provide a more coordinated response to CYP crisis

• Ensure that requirements to flow data to the national Mental Health Services Dataset are included within all CCG funded service contracts.

• Track and monitor delivery of mental health outcomes via our local ‘outcomes scorecard’. Use this data to report outcomes and plan priorities beyond the life of this local transformation plan.

• Continue to focus on driving down waits for both referral to assessment and referral to treatment.

• Undertake a review of how we provide the right emotional wellbeing and mental health support offer to primary age children and those in the early years.

• Take positive and helpful steps to support schools to provide a more consistent and equitable good quality offer of counselling.

• Continue focusing on prevention and promotion of positive wellbeing and further action to tackle stigma and discrimination through ongoing development of the Wiltshire Healthy Schools
Programme, OnYourMind website, Anti-bullying initiatives and through children and young people’s participation and involvement.

- Further enhance the OnYourMind website to help people understand what services and support are available and how these can be accessed.
- Think beyond and the potential for even greater alignment of priorities and resources across Bath and North-East Somerset, Swindon and Wiltshire, with the potential development of a BSW Local Transformation Plan for Children and Young People’s Mental Health and Wellbeing.

17. Making it happen

With a strong track record of achievement, we have the ambition and commitment to deliver further tangible improvements to child and youth mental health services and support in Wiltshire. Working with partners from across the whole system through our established and effective multi-agency Children’s Trust, we will continue to accelerate improvements with a focus on earlier intervention and providing better access to the right help. Following this transformation plan refresh we are now in the process of updating our action plan which sets out how we will delivery on our local objectives and priorities. This is a ‘live’ document and will be published within a few weeks of this plan.

17.1 Level of ambition

Given our current service strengths, we are committed to ensuring that new investment in the priorities we have identified accelerates transformation across the whole child and youth mental health system. We aim to go beyond current Key Performance Indicators and ensure our proposed changes make a real tangible difference to the lives of children, young people and their parents/carers, improving outcomes and their experience. The table overleaf sets out clearly our local direction of travel, including the high-level actions and changes we will be making and the key benefits they will achieve.

17.2 Governance

With robust accountability to the Wiltshire CCG Governing Body (which is ultimately responsible for decision making), the development and delivery of our local transformation plan for children and young people’s mental health and wellbeing will be facilitated by the multi-agency FACT Board. As already outlined earlier in this plan the group includes representation from the voluntary and community sector (Children and Families Voluntary Sector Forum) and importantly children and young people (Wiltshire Assembly of Youth) and parents/carers (Wiltshire Parent Carer Council and CAMHS User Participation Group).

The Integrated Mental Health Group, chaired by Lead Commissioner – Mental Health and Wellbeing, will oversee the delivery of the transformation plan, identify gaps in local knowledge and need and plan for future service change.

17.3 Equalities and diversity

Wiltshire CCG aims to ensure all its services are accessible, appropriate and sensitive to the needs of individuals. An Equality, Diversity and Human Rights Strategy has been developed which sets out how the CCG will make services fair and accessible to everyone in the community. An Equality Information Compliance Report is produced each year to demonstrate how the CCG is meeting its Public Sector Equality Duty www.wiltshireccg.nhs/about-us/equality-and-diversity

Through the work of the Integrated Mental Health Group for children and young people we will achieve equality in both commissioning and the delivery of services by:

- Raising awareness of protected characteristics and making equalities everyone’s business.
• Ensure that all staff within commissioned services for mental health and wellbeing receive appropriate equalities training and develop the knowledge and skills required to address the specific needs of vulnerable and disadvantaged children.

• Undertake a comprehensive Equalities Impact Assessment (EIA) prior to the re-commissioning and/or procurement of services.

• Understanding the needs of our local population and identifying those experiencing the poorest health outcomes.

• Establishing specific Key Performance Indicators which are focused on monitoring health inequalities.

17.4 Ensuring accountability and transparency

To ensure accountability to children, young people and their families for the successful delivery of this plan, we have developed an outcomes scorecard which sets out clear measurable, ambitious key performance indicators which support delivery of our locally defined outcomes. This can be found in Appendix X. Further to this we will:

• Publish this plan on local websites including the CCG, local authority and Wiltshire Pathways websites, and continue co-production with key stakeholders on the ongoing development, delivery and review of this plan. This will include the development of child and youth friendly version of the plan for children and young people.

• Publish an annual report card on child and youth mental health, setting out key achievements, areas for improvement and required action as part of the Local Transformation Plan refresh;

• Require commissioned mental health and wellbeing services to develop and publish on an annual basis, quality improvement plans;

• Enhance the involvement of children, young people and families in the whole commissioning process.
Appendix 1: Benefits realisation plan

<table>
<thead>
<tr>
<th>Current model/issues</th>
<th>Proposed changes (high level actions)</th>
<th>Expected benefits</th>
</tr>
</thead>
</table>
| **Rising demand**    | - Invest more in early intervention and prevention within universal settings and primary care to include improved support within schools, face to face and online counselling services, mentoring, evidence based talking therapies and interventions, parenting programmes and an enhanced role for the voluntary sector.  
- Finalise and begin the implementation of an STP wide multi-agency workforce development plan detailing how we will build capacity and capability across the whole CAMHS system, including provision of a dedicated budget to enable continued investment in the CYP IAPT programme.  
- Provide children, young people and their parents/carers with access to good quality information, advice, training and self-help tools and resources through the use of digital services. To include further enhancing the OnYourMind website to help people understand what services and support are available and how these can be accessed.  
- Embed service developments within the community based eating disorder service to provide earlier intervention, self-referral and evidence based treatment within the context of the whole family.  
- Undertake a review of how we provide the right emotional wellbeing and mental health support offer to primary age children and those in the early years.  
- Take positive and helpful steps to support schools to provide a more consistent and equitable good quality offer of counselling.  
- Continued focus on prevention and promotion of positive wellbeing and further action to tackle stigma and discrimination through ongoing development of the Wiltshire Healthy Schools Programme, OnYourMind website, Anti-bullying initiatives and through children and young people’s participation and involvement. | - Staff working in universal settings (including GPs and other primary care staff) are more competent and confident to identify and address emerging emotional wellbeing and mental health needs. The CAMHS workforce as a whole has the capacity and capability to meet demand and provide access to evidence based interventions and treatments that work.  
- Parents/carers feel better able to manage and support their child’s emotional wellbeing and mental health problems.  
- Less frustration for children, young people and their families (they don’t get turned away and instead get access to the right help they need).  
- Reduced demand on GPs, Primary and Specialist CAMHS and A&E Departments (including A&E attendances and admissions).  
- Improved waiting times for both assessment and treatment. |
An outdated model

The local system and model for child and adolescent mental health is fragmented and incoherent. This is in part due to an outdated tiered and medical based model of support which has resulted in issues in relation to access, divisions between services and understanding of pathways. CAMHS is currently seen as one provider rather than as a whole system that includes a wide range of support across various agencies and organisations.

- Mobilise and implement a new integrated CAMH Service across Bath and North-East Somerset, Swindon and Wiltshire in line with the THRIVE model. To include:
  - A single point of contact
  - Closer partnership working with schools and multi-agency children’s services teams
  - A whole system approach with better joint working and information sharing
  - Provision of talking therapies
  - No more declined referrals
  - Community based interventions and treatment
  - Good quality digital service offer
- Improve access to community based treatment through increased investment in Oxford Health CAMHS as part of re-commissioning as well as ensuring requirements to flow data to the national Mental Health Services Dataset are included within all CCG funded service contracts.
- Continued focus on driving down waits for both referral to assessment and referral to treatment.
- Develop and implement an effective communication and stakeholder participation strategy to ensure stakeholders are informed about local pathways and support and are able to help shape the development of services in a meaningful way.
- In the context of the STP and having one shared CAMHS provider, consider the closer alignment of priorities and resources across Bath and North-East Somerset, Swindon and Wiltshire, with the potential development of a BSW Local Transformation Plan for Children and Young People’s Mental Health and Wellbeing in 2018.

- Pathways and provision are clearly understood so that children and young people get access to the right help they need at the right time in the right place.
- Improved multi-agency triage and care planning.
- Improved customer experience - no more ‘bouncing’ around the system and CAMHS provision which is more youth friendly and accessible locally.
- Children, young people and their families are more empowered in the development of service provision and service users have more choice in how and where they are treated, including setting their own treatment goals.
- Reduced pressure on GPs and hospitals (Inc reduced attendances and admissions to inpatient care as well as reduced length of stay) – young people can request the support they need without going to a GP or A&E department.
- With good quality clinical oversight, health, education and social care (including the voluntary sector) work better together to provide a coherent offer of targeted emotional wellbeing and mental health support which improves CYP outcomes and reduces pressure on specialist services.
**Gaps in access and provision for vulnerable children and young people**

There are some groups of children and young people who are at greater risk of developing emotional wellbeing and mental health problems but who (because of their life circumstances) struggle to access the support they need. There are some children and young people who would benefit from a psychological intervention from CAMHS but who currently do not meet thresholds, particularly those who come into contact with the Health and Justice system.

There is a lack of the right inpatient care and community based provision for those children and young people who have severe and acute mental health needs. This means increasing numbers have to access help too far away from home and away from their families.

- Enhance the Outreach Service for Children and Adolescents to provide flexible support and treatment in community settings (as part of the re-commissioning of CAMHS).
- Enhance primary and specialist CAMHS to provide improved access to consultation, liaison and psychological interventions for children and young people who are vulnerable, to include those who come into contact with the health and justice system.
- Embed CAMHS therapists within Children’s Services teams working with vulnerable and at-risk groups.
- Establish a clear all-age joint-agency sexual assault referral pathway for emotional wellbeing and mental health across Swindon and Wiltshire.
- Work across CAMHS and social care to develop a more robust emotional wellbeing and mental health pathway for Looked After Children and children and young people at risk of Child Sexual Exploitation as well as Unaccompanied Asylum Seekers.
- Improve transition from CAMHS to adult mental health services by providing a more flexible offer to children and young people aged 16+ through an STP wide review of the transitions pathway and associated protocols.
- Develop an STP wide collaborative commissioning plan between tier 3 and tier 4 CAMHS with the aim of reducing hospital admissions and out of area placements. To include:
  - Full embedding an enhanced CYP mental health liaison model in all three acute hospitals across Bath and North-East Somerset, Swindon and Wiltshire
  - Submission of a bid to the Department of Health Beyond Places of Safety Grant scheme to establish an out of hours psychiatric assessment centre for children (and potentially adults) for Bath and North-East Somerset, Swindon and Wiltshire with the aim of avoiding inpatient admissions.
  - Improve joint working between health, education and social care as well as enhance community CAMHS home treatment to enable a shift from placements to the provision of community packages of support where possible
  - Consider the development of a Swindon and Wiltshire Children and Young People Crisis Care Concordat to provide a more coordinated response to CYP crisis

- Reduced health inequalities.
- Services are tailored according to a child or young person’s needs, with support provided close to home in community settings resulting in reduced missed appointments.
- Improved access to support for those who come into contact with health and justice services.
- Strengthened multi-agency arrangements which mean children and young people don’t have to retell their stories.
- Children and young people with acute and severe mental health needs can access help as close to home as possible. More treatment is available within community settings to reduce the need for inpatient admission and reduce length of stay.
### Appendix 2: Local Transformation Plan Funding Expenditure

2019-20 budget figures are subject to review following CCG budget setting process and agreed uplift

<table>
<thead>
<tr>
<th>Income</th>
<th>2018-19</th>
<th>2019-20</th>
</tr>
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<tbody>
<tr>
<td>Transformation Funding for Early Intervention</td>
<td>£1,390,448</td>
<td>£1,557,303</td>
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<tr>
<td>Transformation Funding for Eating Disorders</td>
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<td>£245,000</td>
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<tr>
<td>Health and Justice Funding</td>
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<tr>
<td>CYP IAPT Health Education England (non-recurrent funding)</td>
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<tr>
<td><strong>TOTAL INCOME</strong></td>
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<td><strong>£1,920,803</strong></td>
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<table>
<thead>
<tr>
<th>Expenditure</th>
<th>2018-19</th>
<th>2019-20</th>
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<tbody>
<tr>
<td>Joint agency workforce training and development (CYP IAPT and Youth Mental Health First Aid)</td>
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<td>Oxford Health Community CAMHS (core contract, including eating disorder service, and health &amp; justice work)</td>
<td>£1,163,000 (£918k + £245k)</td>
<td>£1,163,000 (£918k + £245k)</td>
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<tr>
<td>Digital services including OnYourMind website, social media and online CAMHS referrals</td>
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<td>£16,000</td>
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<td>Big Lottery ’Time to Talk’ counselling project</td>
<td>£30,000</td>
<td>£30,000    (subject to match-funding)</td>
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<td>Online counselling (Xenzone Kooth)</td>
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<td>£88,300</td>
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<tr>
<td>Early Intervention and Prevention within schools, early year’s settings and primary care (parenting programmes)</td>
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<td>Primary mentoring programme</td>
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<td>Stakeholder communication and participation</td>
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<tr>
<td>Infant mental health (3 years recurrent)</td>
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<td>Support for vulnerable groups (embedded post)</td>
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<tr>
<td>GP counselling service inc priority support for vulnerable groups – Relate (till April 19 then moving into core contract with OHFT)</td>
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<td>Wiltshire College CAMHS worker</td>
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<td>SEMH/ASD project</td>
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<td>New investments to be agreed</td>
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<td><strong>TOTAL EXPENDITURE</strong></td>
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<td><strong>£1,920,803</strong></td>
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