

**A COMMISSIONING STRATEGY
TO IMPROVE THE EMOTIONAL WELL-BEING
AND MENTAL HEALTH OF CHILDREN
AND YOUNG PEOPLE
IN WILTSHIRE**

2008 – 2011

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Introduction and background

This joint strategy on improving the emotional well-being and mental health of children and young people in Wiltshire has been developed by the multi-agency emotional well-being/mental health subgroup of the Children's Trust Board. The Group includes health and social care commissioners, education, early years, integrated youth support and voluntary sector representatives. The Strategy is a working document and will continue to be reviewed and updated over the coming 3 years.

This is the first multi-agency strategy to bring together all local work around improving emotional well-being and mental health of children and young people in Wiltshire. However, significant progress has been made over the last few years in improving support for children and young people with emotional difficulties and mental health problems, guided by national targets, the Children and Young People's Plan and a range of other strategies. Progress includes:

- Development of services to meet the Public Service Agreement target for comprehensive CAMHS (24 hour cover, access – where appropriate - for 16 – 17 year olds and access for children and young people with a learning disability);
- Developments within two of the providers of specialist Tier 3 services to introduce the Choice and Partnership Approach with the aim of reducing waiting times to access the service;
- Development of the Integrated Access System (Pathways for Troubled Children) to provide a single point of entry to specialist CAMHS with triage undertaken by teams of Senior Practitioners/Primary Mental Health Workers;
- Development of a CAMHS focussed Early Intervention in Psychosis Service.

A key principle of this commissioning strategy is that mental health is the 'business' of all agencies and a joint approach is necessary in order to improve children and young people's mental health. This strategy uses the definition from the Mental Health Foundation (1999) and defines mental health, in relation to children and young people, as being able to:

- Develop psychologically, emotionally, spiritually, creatively and intellectually;
- Initiate, develop and sustain mutually satisfying relationships;
- Use and enjoy solitude;
- Be aware of others and empathise with them;

- Play and learn;
- Develop a sense of right and wrong;
- Face and resolve problems and setbacks and learn from them.

A comprehensive Child and Adolescent Mental Health Service (CAMHS) therefore requires awareness, commitment and development across all children's services. Within this strategy, the term 'CAMHS' is taken to mean all of the services provided by all sectors which have the potential to promote emotional well/being or to support children and young people with different levels of mental health difficulties. Specialist CAMHS is the term used in the strategy to refer to the more specialised aspects of mental health services provided by the NHS.

Vision, aims and standards

Our vision for mental health services in Wiltshire is based upon The National Service Framework Standard 9. This states that:

All children and young people, from birth to their eighteenth birthday, who have mental health problems and disorders have access to timely, integrated, high quality, multi-disciplinary mental health services to ensure effective assessment, treatment and support, for them and their families.

In line with this standard, the aims of Wiltshire's CAMHS Commissioning Strategy are:

- An improvement in the mental health of all children and young people;
- Multi-agency services that promote the mental health of all children and young people, provide early identification and intervention and also meet the needs of children and young people with established or complex problems;
- Improved access to mental health care based upon the best available evidence and provided by staff with the appropriate skills/competencies.

The NSF sets out markers of good practice for comprehensive and effective CAMH provision, and our commissioning priorities are based on making progress towards meeting these markers (to fully implement the NSF by 2014).

NSF Standard 9: Markers of good practice

1. All staff working directly with children and young people have sufficient knowledge, training and support to promote the psychological well-being of children, young people and their families and to identify early indicators of difficulty.
2. Protocols for referral, support and early intervention are agreed between all agencies.
3. CAMH professionals provide a balance of direct and indirect services and are flexible about where children, young people and families are seen in order to improve access to high levels of CAMH expertise.
4. Children and young people are able to receive urgent mental health care when required, leading to a specialist mental health assessment where necessary within 24 hours or the next working day.
5. Child and adolescent mental health services are able to meet the needs of all young people including those aged sixteen and seventeen.
6. All children and young people with both a learning disability and a mental health disorder have access to appropriate child and adolescent mental health services.
7. The needs of children and young people with complex, severe and persistent behavioural and mental health needs are met through a multi-agency approach.
8. Contingency arrangements are agreed at senior officer levels between health, social services and education to meet the needs and manage the risks associated with this particular group.
9. Arrangements are in place to ensure that specialist multi-disciplinary teams are of sufficient size and have an appropriate skill-mix, training and support to function effectively.
10. Children and young people who require admission to hospital for mental health care have access to appropriate care in an environment suited to their age and development.
11. When children and young people are discharged from in-patient services into the community and when young people are transferred from child to adult services, their continuity of care is ensured by use of the 'care programme approach'.

CAMHS will continue to be developed within the overall vision for children and young people in Wiltshire. Our vision is that ALL children and young people achieve the five outcomes. This strategy will play a key role in helping to deliver our vision, since mental health difficulties are likely to have a

significant impact (directly or indirectly) on the likelihood of children and young people meeting the Every Child Matters outcomes as set out in the table below.

Be healthy	Mental health is a key part of being healthy, and physical health may also be adversely affected by mental health disorders
Stay safe	Resilience and good mental health help to protect from harm and conversely mental health disorders increase vulnerability
Enjoy & achieve	Mental health disorders can hamper achievement in all areas of development, including educational development – behaviour, emotional and social difficulty (BESD) is a significant category of special educational need
Make a positive contribution	Mental health disorders can inhibit children and young people from making a positive contribution and behavioural disorders can find expression in anti-social behaviour. Levels of mental health disorder are high amongst young offenders – almost 40% of those involved in offending have some kind of mental health disorder (personality disorders, neurotic disorders, alcohol and drug misuse, self-harm and/or psychosis)
Achieve economic well-being	Mental health disorders can affect achievement of economic well-being by inhibiting educational achievement and readiness for employment

Strategic priorities

In developing this strategy, we have updated our needs assessment and assessed our current practice and services against the NSF markers of good practice.

Our priorities are reflected in our Children and Young People's Plan for 2008 – 2011 which sets out 'What's going to be different?' in terms of supporting emotional well-being and overcoming emotional and behavioural problems.

Our key aims are that:

- More children and young people will receive effective preventative support;
- More children and young people with emotional and behavioural and other mental health problems will have their needs effectively met by local, community-based services;
- Children and young people requiring the help of specialist CAMHS will have equality of access and reducing waiting times.

Service development priorities

- To continue to focus on promoting emotional well-being/building resilience.
- To implement the recommendations of the recent review of Wiltshire's Pathway for Troubled Children.
- To sustain and build on progress made to meet the PSA targets for comprehensive CAMHS – 24 hour cover, full range of CAMHS for children and young people with learning disabilities, access to CAMHS for 16/17 year olds where this is appropriate to their difficulty/level of maturity.
- To move from 3 providers to a single provider of specialist CAMHS (Tier 3) for Wiltshire's population of children and young people delivered in line with a clear service specification.
- To improve access to and value for money in Tier 4 services and reduce the number of children and young people inappropriately admitted to general paediatric or to adult mental health wards due to mental health difficulties.
- To have a clearer focus on children and young people with very challenging behaviour, particularly those who are young offenders, 'looked after' or at risk of becoming 'looked after'.

Underpinning developments

- To make progress on increasing the participation of children, young people and families to influence service delivery (this needs to become part of the way we work – for example, through use of the CAPA model within the specialist CAMH service).
- To move further towards joint and co-ordinated commissioning of mental health services, informed by a better understanding of effectiveness at all tiers.
- To ensure that the mental health needs of children and young people from black and minority ethnic groups are addressed at all levels of service provision.

The Executive of the Wiltshire's Children's Trust Board will establish robust monitoring arrangements to ensure that the strategic priorities are delivered in line with the agreed Action Plan outlined in the next section.

Appendix 1

Action plan to achieve strategic priorities 2008 – 2009

Strategic priority	Steps to achieve	Responsibility and timescales	Link with other strategies
1. Continue to focus on promoting emotional well-being/resilience	Ensure that children and young people are included in Wiltshire's mental health promotion strategy	Julia Cramp/Liz Norris April 2008	Mental Health Promotion Strategy
	Links with Early Years Strategy Group on importance of infant mental health services and promoting secure attachment through parenting and early years initiatives (and role of specialist CAMHS, including potential for joint commissioning)	Julia Cramp/Sue Nield Report back to EWB/MH sub-group September 2008	
	Links with emotional literacy agenda within schools, eg, SEAL, anti-bullying, role of EPs	Fiona Boxley-Lang Report back to EWB/MH sub gp June 2008	Behaviour and Attendance Strategy/Anti-bullying Strategy
	Clearer links with the Healthy Schools Programme around 'emotional well-being' component	Julia Cramp/Richard Palmer June 2008	
	Overview of work of Extended Services and links with emotional well-being agenda	Julia Cramp/Extended Services Coordinator Report back to sub gp June 2008	

Strategic priority	Steps to achieve	Responsibility and timescales	Link with other strategies
	Overview of implementation of parenting strategy and potential role of specialist CAMHS	Julia Cramp/Gill Hanlan Initial discussions April 2008	Parenting Strategy
2. Implement the recommendations of the recent review of Wiltshire's Pathways for Troubled Children.	Appoint a Manager for Senior MH Practitioners/Primary Mental Health Workers	Heather Clewett/Val Scrase Summer 2008	
	Implement sessional approach to set aside time for training/support to Tier 1	Heather Clewett/Val Scrase Summer 2008	
	Consider school clusters/staff linked with clusters and how their skills could be used to support schools around emotional/behavioural issues	Heather Clewett/Mark Brotherton/Jimmy Doyle/Julia Cramp Report back to sub group December 2008	Behaviour & Attendance Strategy SEN Strategy
3. Sustain and build on progress to meet the PSA target for comprehensive CAMHS	16 – 17 Year Olds	Julia Cramp/Richard Parker Report back to sub gp September 2008 and March 2009	13 – 19 Strategy Transition Strategy
	<ul style="list-style-type: none"> • Ensure all publicity/leaflets on specialist CAMHS detail revised eligibility criteria around 16 /17 year olds • Closer collaboration with the developing Services for Young People to provide wider access to 		

Strategic priority	Steps to achieve	Responsibility and timescales	Link with other strategies		
	CAMHS provision, particularly for hard-to-reach adolescents <ul style="list-style-type: none"> • Monitor use of specialist CAMHS by 16/17 year olds • Assess out-of-hours service's ability to meet needs of 16/17 year olds • Review relationships with AMHTs and use of the Care Planning Approach 				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th data-bbox="799 699 1413 735" style="background-color: #cccccc;">Learning Disability</th> </tr> </thead> <tbody> <tr> <td data-bbox="799 735 1413 1067"> <ul style="list-style-type: none"> • Benchmark progress in developing CAMHS for LD against DOAS resource pack • Audit use of specialist CAMHS by children and young people with LD • Development of ASD and ADHD pathways (particularly integrated assessment and support services) </td> </tr> </tbody> </table>	Learning Disability	<ul style="list-style-type: none"> • Benchmark progress in developing CAMHS for LD against DOAS resource pack • Audit use of specialist CAMHS by children and young people with LD • Development of ASD and ADHD pathways (particularly integrated assessment and support services) 	Julia Cramp/Fiona Boxley-Lang/Phil Ward Report to sub gp December 2008	SEN Strategy
Learning Disability					
<ul style="list-style-type: none"> • Benchmark progress in developing CAMHS for LD against DOAS resource pack • Audit use of specialist CAMHS by children and young people with LD • Development of ASD and ADHD pathways (particularly integrated assessment and support services) 					

Strategic priority	Steps to achieve	Responsibility and timescales	Link with other strategies
	<p style="text-align: center;">24 Hour response</p> <ul style="list-style-type: none"> • Monitor use of liaison and out-of-hours services. • Assess issues with current service model. • Work with AWP to implement revised service model. • Review progress with pilot Liaison post at Great Western Hospital. 	Julia Cramp Report back to sub gp September 2008	
4. To move from 3 providers to a single provider of specialist CAMHS (Tier 3) for Wiltshire’s population of children and young people delivered in line with a clear service specification.	<ul style="list-style-type: none"> • Consult with B&NES and Swindon commissioners on potential for joint procurement project • Appoint Project Lead • Set up tendering process • Develop service specification for discussion with existing providers 	Julia Cramp in liaison with Project Lead Report back to sub group in June and December 2008	
5. To improve access to and value for money in Tier 4 services and reduce the number of children and young people inappropriately admitted to general paediatric or to adult mental health wards due to mental health difficulties.	<ul style="list-style-type: none"> • Establish baseline numbers of under 18s inappropriately admitted to general paediatric or adult mental health wards • Consider recommendations of SW Tier 4 review and whether Marlborough House is likely to be able to meet need for emergency 	Julia Cramp in liaison with neighbouring PCT Commissioners Report back to sub group in September 2008	

Strategic priority	Steps to achieve	Responsibility and timescales	Link with other strategies
	beds in future. <ul style="list-style-type: none"> • Develop joint commissioning strategy with Swindon and Gloucestershire PCTs around tier 4/highly specialised services 		
6. Clearer focus on children and young people with challenging behaviour	<ul style="list-style-type: none"> • Establish links between specialist CAMHS and Education Support Services (children at risk of permanent exclusion) • Establish links with Substance Misuse Joint Commissioning Group • Audit of which services are in contact with young people with challenging behaviour, including analysis of numbers and needs of young people at risk of entering care or being placed away from home due to offending • Link with Parenting Support work on setting up parenting programmes for conduct disorder as recommended by NICE • Assess extent of work undertaken by 3 specialist CAMHS providers with looked after children/young offenders 	Julia Cramp/Heather Clewett/Shannon Clarke/Ian Langley/Gill Hanlan Initial discussion at April 2008 meeting of sub gp	13 – 19 Strategy, Youth Offending Strategy, Placements Strategy for Looked After Children, Commissioning Strategy for LAC

Underpinning developments	Steps to achieve	Responsibility and timescales for reporting	Links to other strategies
1. To make progress on increasing participation of children, young people and families to influence service delivery	<p>Ensure CAPA is implemented across 3 specialist CAMHS providers.</p> <p>Consider use of comments boxes in Primary Mental Health Service/specialist CAMHS</p> <p>Encourage all services/disciplines providing mental health support across agencies at all tiers to assess progress on participation using a resource such as 'Hear by Right' or applying for Children's Society Charter Mark</p>	<p>Julia Cramp/Heather Clewett/David Whewell/Liz Garrett Report to sub group in September 2008</p>	<p>Voice and Influence Strategy</p>
2. To move further towards joint and co-ordinated commissioning of mental health services, informed by a better understanding of effectiveness at all tiers	<p>Identify spending across PCT/LA on different levels/types of mental health support</p> <p>Assess potential for setting up a pooled budget to be accessed through Joint Complex Needs Panel</p>	<p>Julia Cramp/Heather Clewett/Jimmy Doyle/Liz Williams Report to sub group in Dec 2008</p>	<p>Commissioning Strategy for LAC SEN Strategy</p>
3. To ensure that the mental health needs of children and young people from black and minority ethnic groups are addressed at all levels of service	<p>Audit recording of ethnic status across PMH service and specialist CAMHS</p> <p>Review current access to services for</p>	<p>Julia Cramp/Heather Clewett/Maggie Dorsman (EMAS)</p>	<p>Equality Action Plan</p>

Underpinning developments	Steps to achieve	Responsibility and timescales for reporting	Links to other strategies
provision	<p>children and young people from BME groups</p> <p>Commission awareness and training programmes to raise cultural competencies within comprehensive CAMHS (as part of other BME initiatives wherever possible).</p>	Report to sub gp March 2009	