

Wiltshire Council

Health Select Committee/Children's Select Committee

18 December 2018

**Final Report of the Children and Adolescent Mental Health Service (CAMHS)
Task Group – Part 1**

Executive Summary

The CAMHS Task Group was established by the Children's Select and Health Select Committees to look at the re-commissioning of the CAMH service, access and referral points to CAMHS, as well as how this service fits into the overall mental health offer for children and young people in Wiltshire.

The task group have collected evidence from Oxford Health and the Council's Commissioners around the re-commissioned service and also spoken with a range of stakeholders, to understand the experience of those on the ground in relation to the CAMH service.

The conclusions drawn support that the re-commissioned model helps to address the needs of children and young people in Wiltshire, however, work needs to be done to improve the transition arrangements between children and adult mental health services, communication between different agencies within the CAMH service and mental health support needs to be easier to access for Wiltshire's children and young people.

Purpose of the report

1. To present the findings and recommendations of the task group for endorsement by the Health Select and Children Select committees and referral to the Cabinet Member for Children, Education and Skills and the Wiltshire CCG for response.

Background

2. Following a report to Children's Select Committee in [May 2016](#) on the 'Re-commissioning of Children and Adolescent Mental Health Services (CAMHS)', the Committee established a task group to look at the re-commissioning of the CAMH service.
3. The existing contracts (for primary and specialist CAMHS) were subsequently extended to March 2017 and for this reason, as well as the local government elections in May 2017, the task group only became operational in November 2017.

4. As the task group was being formed following the summer recess in the autumn of 2017, senior officers within Children's Services and Commissioning advised that as the re-commissioning process had been finalised and any data reporting on the service would not be available for a sufficient period of time, the task group could struggle to add value. These concerns were raised with the appropriate Cllrs, however, there was appetite among the members for the task group to continue.
5. An interim report was received by Children's Select Committee on [19 December 2017](#). Conversely, members felt that the present challenge that children and young people faced in accessing mental health services and the fact that demand for these services was rising, signified that the task group could help to add value. Children's Select endorsed the task group's Terms of Reference at their [19 December 2017](#) meeting.
6. As the task group's scope would be considering the work of the Wiltshire CCG and Oxford Health (who deliver the CAMHS contracts), it was agreed that the task group should also report to Health Select Committee; as Health Select has the power to scrutinise partner health bodies. Health Select Committee endorsed the establishment of the CAMHS task group on [9 January 2018](#).
7. As referenced above, due to appropriate data not yet being available this report addresses only three of its Terms of Reference. The other two Terms of Reference will be considered from autumn 2019 and the task group will be dormant between now and September 2019.
8. In December 2017, Children's Select agreed that the task group's scope should focus on:
 - Wiltshire's mental health offer for children and young people
 - Where CAMHS fits into Wiltshire's overall mental health offer
 - Accessibility to children and adolescent mental health services
 - The re-commissioning of the CAMH service.
9. This remit of the task group aligns with the Business Plan 2017-27 priority of 'protecting the most vulnerable'. Within this objective the specific headings of: 'I can get the help I need as early as possible', 'Improved mental health' and 'I get the right care, right place, right time'.
10. As the task group sits across two select committees, Health Select Committee will consider the report as they meet first on 18 December 2018 and Children's Select will receive the Executive Response on 15 January 2019. Members of Children's Select will be sent a copy electronically of the task group's final report and Health Select's comments, following 18 December meeting.

Terms of reference

11. The following terms of reference (ToR) for the task group were endorsed by the Children's Select and Health Select Committees.

- a) Consider the governance arrangements for the recommissioned CAHMS service;
- b) Explore and understand the new CAHMS model in comparison to the existing model and consider the evidence base for any changes. Then where appropriate, make recommendations to support its implementation and effectiveness;
- c) Look at existing data and ensure that the new model's performance will be robustly monitored and benchmarked against this by the council, partners and by the proposed future scrutiny exercise;
- d) Consider access and referral points within the new CAHMS model and, as appropriate, make recommendations to maximise take-up by children and young people in need of support;
- e) Explore where CAMHS sits within the overall landscape of children and young people's mental health and, within this, consider whether prevention services are effective.

As noted above, only ToRs B, D and E are being considered in this final report and its recommendations. The 'future scrutiny exercise' from ToR C relates to when the task group will resume their work, from September 2019.

Membership

12. The task group comprised the following membership:

Cllr Phil Alford (Chairman)
 Cllr Clare Cape
 Cllr Gordon King
 Cllr Fred Westmoreland

Cllr Hayley Spencer was originally a member of the task group but stepped down in April 2018.

Methodology

13. The task group is grateful to the following witnesses for contributing to the scrutiny review:

Cllr Laura Mayes	Cabinet Member for Children, Education and Skills
Cllr Pauline Church	Former Portfolio Holder for Children's Safeguarding
Terence Herbert	Corporate Director for Children and Education, Wiltshire Council
Lucy Townsend	Director for Families and Children's Services, Wiltshire Council
Helen Jones	Director of Commissioning, Wiltshire Council
Susan Tanner	Former Head of Commissioning, Wiltshire Council

James Fortune	Former Lead Commissioner, Wiltshire Council
Michelle Maguire	Former Head of Service - Swindon, Wiltshire and Bath & North East Somerset, Oxford Health
Judith Westcott	Head of Commissioning, Wiltshire Council
Judy Edwards	Acting Lead Commissioner, Wiltshire Council
James Fortune	Head of Service - Swindon, Wiltshire and Bath & North East Somerset, Oxford Health

As the task group agreed that it was important to hear from a range of stakeholders as part of their review, they also conducted interviews. These interviews mainly focused on accessibility to mental health services and referral points, as well as where CAMHS fits into Wiltshire's overall mental health offer and whether prevention services are effective. In the interests of confidentiality, the individuals who participated in the interviews will not be named, but the task group is grateful to them for their time and contributions.

The task group is grateful to the following organisations and institutions for their input as part of the interviews:

- General Practitioners (GPs) serving the Wiltshire area
- The Wiltshire Parent Carer Council
- Hardenhuish School, Chippenham (pupils and teachers)
- Springfields Academy, Calne (teacher)
- Both former and current CAMH service users
- An Education Welfare Officer (EWO), Wiltshire Council
- Social Workers from Support and Safeguarding, as well as Children in Care, Wiltshire Council
- Social Workers from the Special Educational Needs and Disability (SEND) Service, Wiltshire Council
- CAMHS clinicians, Oxford Health
- CAMHS Wellbeing Team, Oxford Health
- CAMHS Thrive Hub Practitioner, Oxford Health

14. Best practice as recommended by the Centre for Public Scrutiny states that scrutiny reviews should aim to triangulate their evidence, as far as possible. In adhering to this principle, the task group also considered data from Oxford Health's CAMHS Quarterly Report for Quarter One 2018-19 and Oxford Health's CAMHS Service User feedback from April 2018 to September 2018.
15. The task group met 10 times between November 2017 and November 2018.

Evidence

16. [CAMHS](#) refers to all services that work with children and young people experiencing emotional, behavioural or mental health difficulties. CAMHS professionals are tasked with identifying the problem, understanding the causes and advising about what steps to take moving forward. CAMHS is a multi-agency service to ensure it is flexible and responsive to a locality's needs and, as a result, a multi-agency approach to commissioning is required. CAMHS is also organised around a four tier system, which is described in more detail below.
17. Half of the task group's evidence has come from the Executive at Wiltshire Council and the senior management team responsible for the CAMH service. The other half of the evidence that has been collected has originated from interviews, which represents data from the frontline, or those 'on the ground'. The task group are thus confident that their evidence is composed of an appropriate collection of high level and frontline detail.

High-Level Evidence

18. The task group heard that the re-commissioned CAMHS model aims to deliver on the following:
- More children and young people recovering from mental health illness through the use of evidence based interventions
 - Less children and young people requiring specialist and/or long-term mental health treatment
 - Easier accessibility to mental health services for those with a diagnosable mental health condition
 - Shorter waiting times
 - More care being delivered within community settings
 - Better experience of care and support
 - Improved levels of happiness among children and young people
19. Different parts of the model will become live at different times and the first area of the re-commissioned model to become operational commenced on 1 April 2018.
20. In regard to the funding of CAMHS, the following table sets out Wiltshire Council's contribution versus the Wiltshire CCG's contribution:

Funding Amount (2018/19)	Provision	Funding Provider
£550,000	Primary CAMHS	Wiltshire Council
£4,000,000	Specialist CAMHS	Wiltshire CCG

CAMHS received Transformation Funding in 2017/18 to help with the delivery of the Transformation Plan; this was given to the CCG and was for £1m, with an additional £244,000 per year being provided for the Eating Disorder Service (EDS). The EDS has the greatest demand from Wiltshire.

21. The recommissioning of the CAMH service was led by the Wiltshire Council Joint Commissioning and Planning Team within Children's Services. However, the accountability for the CAMH service as a whole ultimately lies with the Wiltshire CCG and not with Full Council or the Council's Cabinet. The re-commissioning of the CAMH service did not include in-patient services, as these are the responsibility of NHS England Specialised Commissioning.

Key Objectives and Aims of the Re-commissioned CAMHS model:

22. Nationally, reducing waiting times to access CAHMS is a key objective and the task group heard that Wiltshire were faring well in this area and that national target times were being met for the EDS, as well as other CAMH services. GPs play a key role in helping to identify eating disorders early on and referring the child/young person to CAMHS.
23. Within CAMHS there is a four tier strategic framework. Tiers One to Three are community or outpatient-based and commissioned by clinical commissioning groups and local authorities. Tier Four is comprised of essential tertiary level services for children and young people with the most serious problems, such as day units, highly specialised outpatient teams and in-patient units. Again, nationally, there are a shortage of Tier Four hospital beds and there is a need for more mental health workers. In Wiltshire, the rate of admission to in-patient beds is low. However, despite there being in-patient beds in Wiltshire, there are occasions when children/young people will be placed in a bed far away from their home, such as in Manchester or Edinburgh.
24. NHS England are responsible for Tier Four beds and there is no benchmarking data available here, which is a concern that the commissioners are actively seeking to address. Conversely, CAMHS liaison workers are available in each of Wiltshire's acute hospitals (Salisbury, Swindon and Bath), yet this is not a 24 hour service.
25. As part of the re-commissioned model, support will be available up to the age of 25 for those who are deemed most vulnerable; for care leavers and children and young people with SEND. However, such individuals will already need to have been known to CAMHS prior to their 18th birthday to access this specific pathway of support (up to age 25), otherwise they would be considered for support by adult mental health services. The task group felt that allowing looked-after children and children and young people with SEND to access CAMHS up until age 25, even if they approached the service after their 18th birthday, would provide an even greater level of service.
26. Currently under the CAMH service, children and young people with Autism Spectrum Disorder (ASD) do not require a mental health response. This is the approach across the CAMH service nationally. There is a paediatric pathway which has been designed to identify signs of ASD in children under five and Health Visitors play a key role in identification. However, it is difficult to confirm

ASDs in toddlers and it is anticipated that early identification will continue to be a challenge going forward. Again, this is not a Wiltshire-specific issue but is a concern nationally. Importantly, an additional £80,000 has been provided from the CCG, to help improve support for children with ASD.

27. The Thrive Hubs in Wiltshire will be further rolled-out across Wiltshire's schools, as part of the re-commissioned CAMH service. The aim of the Hubs is to create emotionally healthy schools, to work with the school to increase knowledge and skills in supporting pupils with emotional and mental health difficulties and ensure that mental health needs are understood and supplied by all those in the school, as well as to provide brief intervention to pupils with mental health difficulties. In essence, the Thrive Hubs are intended to help deliver positive outcomes for children and young people's mental health and have been recognised as a successful initiative.
28. There is an outreach mental health service available for those not in mainstream education such as, in some cases, refugee children and Gypsy and Traveller children.
29. Wiltshire offers 'Places of Safety'; which are used if an individual is detained by police under the Mental Health Act and are designed to avoid a placement in police custody. These are not permanent solutions and the young person can only stay here for a maximum of 24 hours.

Frontline Evidence

30. The task group heard that preventative services need to be better advertised and promoted amongst children and young people and their parents/carers; as many interviewees felt that young people reached crisis point before they received any form of support. Had access to preventative services been easier, or had these services been better advertised, the consensus was that the 'crisis point' would not have been reached.
31. Those Wiltshire Council services which have a CAMHS worker embedded within the team demonstrated much more co-ordination with the CAMH service and reported that, since this change had been implemented, they felt they had a better understanding of CAMHS as a system and its referral process. Essentially, good relationships between key workers, such as Education Welfare Officers and Social Workers, and CAMHS meant that there was a higher chance of any referrals being accepted by CAMHS. Those services without such relationships with CAMHS appeared to have fewer of their referrals accepted into CAMHS.
32. However, the establishment of the Access Team within CAMHS helped to alleviate this somewhat. This Team helped to provide referrers, which gave children/young people and their parents/carers a better understanding of and explanation for why any referrals may not have been accepted and thus, their role to the successful functioning of CAMHS cannot be underestimated.

33. The Wiltshire Parent Carer Council (WPCC) commented how the re-commissioned model had been coupled with high staff turnover at management level and, as a result, the WPCC had lost connections with some of their key contacts and felt that it was a present struggle to provide the same level of support to their community. The WPCC suggested that if they were included as a statutory consultee in the regular feedback/monitor reporting for the CAMH service, then they would be able to continue to provide the same service to their stakeholders. The task group raised this with the Cabinet Member for Children, Education and Skills and the Director for Commissioning and learnt that the WPCC would always be involved in any qualitative work around CAMHS. It was stated that the WPCC are included in the 12 monthly review of service users and that the Commissioners and Cabinet Member regard this organisation as one of the key partners and voices in the overall CAMH service. The task group therefore felt that a recommendation for the WPCC to be included in quarterly reporting on CAMHS would not help to add value and officers were encouraged to build on the existing relationships.
34. It was consistently reported that children and young people with SEND often faced greater challenges in benefitting from the CAMH service. For example, it was reported that CAMHS often finds it a challenge to provide effective support to those children/young people who are non-verbal or co-morbid and, as a result, the task group heard that these children and young people do not always receive the same quality of service from CAMHS as those who do not have SEND.
35. Additionally, specialist services attached to CAMHS, such as for eating disorders or sexually harmful behaviour, often have different organisational cultures and thus, a varying level of service is offered across CAMHS' specialist services.
36. The task group heard how schools are often a focal point for the services that children and young people receive. Where schools play a key role and are involved in their pupils' mental health needs, more positive outcomes are delivered for children and young people. Often parents/carers of CAMH service users would benefit from support too, in order to help support their child in the best way possible. However, this is often overlooked.
37. The importance of effective transition arrangements between CAMHS and adult mental health services was consistently emphasised. Almost every interviewee highlighted the need for a transition arrangement to be put in place between CAMHS and adult mental health services. Indeed, the task group heard distressing evidence regarding a case in which an 18 year-old, who had been receiving support from CAMHS, had not been able to access any support from adult mental health services.

38. In addition, Healthwatch Wiltshire recently conducted a survey centred on young people's mental health. One of the questions asked whether a Healthwatch priority should be improving the transition arrangements between CAMHS and adult mental health services.

Conclusions

39. The task group agreed that when comparing the re-commissioned model with the former CAMHS model, the changes to the service have been made in the appropriate areas and the commissioners have clearly been very forward-thinking in their efforts. Although there is still work to be done to truly capitalise on these changes and deliver even greater mental health outcomes for children and young people in Wiltshire, progress is being made.
40. The key areas where the task group felt that CAMHS could deliver an even greater service related to: accessibility, communication and transition arrangements between CAMHS and adult mental health. These areas are where the task group's recommendations are focused.
41. After considering their evidence, the task group felt that the intention and ambition to provide excellent care to children and young people was apparent, however, it was clearly a challenge to coordinate and join-up each different agency within the CAMH service and this, unfortunately, had a negative impact on the service user.
42. The task group agreed that CAMHS is a very professional service and this is largely due to the excellent job that its employees do. The challenge for children and young people appears to be 'getting in' to CAMHS. However, once inside the system, the task group predominantly heard examples of outstanding care being delivered.

Proposal

43. To endorse the report of the Task Group and refer it to the Cabinet Member for Children, Education and Skills and the Wiltshire CCG for response at the Children Select Committee's next meeting.

Recommendations

That the Cabinet Member for Children, Education and Skills and the Wiltshire CCG consider implementing the following recommendations:

- 1) In order to reduce the numbers of children and young people who reach crisis point before receiving help and support for their mental health, to consider:**
 - a) Developing a specific "prevention partnership" between schools, CAMHS, social workers and EWOs which seeks to offer and prioritise holistic help and support for those children and young people suffering with low-level mental health problems**

- b) Ensuring that more online resources are available for children and young people to access, if they are struggling
 - c) Ensuring that low-level support is well advertised and delivered in the community; so that mental health support receives strong promotion amongst young people, such as at schools, afterschool and community events and online, to ensure that children and young people are aware of the support available
 - d) Direct support and adequate sign-posting to be provided to all those who are making a referral to CAMHS on behalf of the child/young person, to help better manage expectations and alleviate the challenge of accessing CAMHS, whilst at the same time helping to ensure that children and young people can access the right help when they need it.
- 2) Research and identify if children and young people who are considered as LAC or with SEND are more likely to have a mental health need and this information to be used as part of service improvement through:
- a) For CAMHS therapists/clinicians/practitioners to be given greater training around engaging with children and young people with SEND, especially those who are non-verbal
 - b) For LAC and children and young people with SEND to be treated by CAMHS up to the age of 25, if they first approach CAMHS when they are in full-time education.
- 3) For there to always be continuity of care and the child/young person to be placed at the centre of any decisions which may arise due to boundary issues:
- a) Review if those children and young people who receive education in a different county to their home address are disadvantaged in their mental health care
 - b) Actively ensure that relationships are established with other local authorities, so that there is always continuity of service, despite any boundary issues that the child/young person may encounter.
- 4) Positive outcomes appear to have been achieved in all areas where a CAMHS worker has been embedded within the team. Therefore, to consider that where possible, all Wiltshire Council services that have regular contact with CAMHS to have a designated CAMHS worker embedded within the team, in order to encourage:
- Greater communication
 - Good working relationships
 - Understanding of mutual service demands and structures
 - Placing the child/young person at the heart of care delivery and decision-making.

- 5) **CAMHS to create a blue-print Mental Health Strategy, which all Wiltshire schools should use to develop/update their own Mental Health Strategy, based on the school's needs and in partnership with the Wiltshire Healthy Schools initiative.**
 - 6) **As a matter of urgency, a pathway to be created which smooths the transition between CAMHS and adult mental health; so that continuity of care and support is achieved.**
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Cllr Phil Alford, Chairman of the CAMHS Task Group

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Appendices

Appendix 1 – Summary of interview responses

Appendix 2 – Government's response to the Green Paper on Transforming Children and Adolescent Mental Health and how this aligns with the task group's recommendations

Background documents

Links have been provided within the body of the report to background documents

Appendix 1 – Summary of Interview Responses

Background:

During the summer and early autumn of 2018 the CAMHS task group conducted interviews with a range of individuals, in order to gain insight on the referral points of CAMHS, the accessibility of CAMHS and where CAMHS sits within the overall mental health offer for children and young people in Wiltshire. The interviews were conducted around the following Terms of Reference of the task group, as set out below:

- d) *Consider access and referral points within the new CAMHS model and, as appropriate, make recommendations to maximise take-up by children and young people in need of support;*
- e) *Explore where CAMHS sits within the overall landscape of children and young people's mental health and, within this, consider whether prevention services are effective.*

The task group has spoken with the Lead Commissioner and relevant Oxford Health management, GPs, CAMHS psychotherapists, the Wiltshire Parent Carer Council (WPCC), teachers and pupils at Hardenhuish School (as requested by the Cabinet Member for Children, Education and Skills), those who have accessed CAMHS, as well as professionals from the Council's SEND service, Springfields Academy, Calne, Social Workers from Support and Safeguarding and Children in Care, an Education Welfare Officer (EWO) and CAMHS Thrive Hub Practitioners.

The key themes that have arisen from these interviews are set out below and can be categorised under the following headings:

- General
- Mental Health Offer
- Referral Points
- Accessibility

Glossary:

CYP = children and young people

C/YP = children or young people

SEND = Special Educational Needs and Disabilities

ASD = autism spectrum disorder

MASH = Multi-Agency Safeguarding Hub

LAC = looked-after children

General:

These points relate to issues that the majority of interviewees raised, however, as they cannot be easily categorised together – they have been designated as 'General'.

- Prioritise a holistic approach to CAMHS

- Unaware of consultation on the re-commissioned model and would have liked to have been involved
- Greater mental health training is needed on preventative strategies for those who work closely with CYP, this will help to ensure that CYP are not later escalated to crisis point
- Greater mental health training is needed for CAMHS workers who work with CYP with SEND
- Public health and SEND to be aligned closer within the Council, to help ensure that sensory assessments are completed before the age of 10 (issue with support for CYP with ASD under the age of 5)
- Re-commissioned model has come with high staff turnover and it is taking time for relationships to be built and established with new professionals
- Could WPCC be included as part of the regular feedback/monitoring mechanism of the re-commissioned CAMHS contract?

Source of feedback: EWO, WPCC, SEND professionals, teachers and pupils at Hardenhuish School, social workers.

Mental Health Offer:

- Thrive Hubs are helping to deliver positive outcomes for CYP's mental health
- Thrive Hub CAMHS practitioner to be embedded in the strategic and operational aspect of the relevant school(s)
- CAMHS workers ought to be embedded within teams that work closely with CAMHS (e.g. SEND service, social workers, etc.) and the areas where this has already happened have brought about greater service co-ordination and demonstrate examples of collaborative decision making
- Need for greater array of preventative tools for CYP to access – a combination of face-to-face and online tools. If these tools exist, they need to be advertised and their existence communicated better
- Schools to be required to develop a Mental Health Strategy, in consultation with a mental health specialist
- For CYP with co-morbidity, environment to be considered alongside additional treatment when a way forward for support is agreed upon
- Unaccompanied Asylum Seeking Children (UASC): greater training to be given to CAMHS therapists, to help respond to the needs of these CYP
- Expectations need to be better managed between schools and CAMHS about what the Thrive Hub practitioner can deliver
- Referrals that do not meet thresholds are now passed to an Access Team (within the Wellbeing Team) and positive feedback has been received from families about the creation of this team and the role that they play
- Support to be offered (or sign-posted) for the parents/carers of those CYP who are accessing CAMHS

Source of feedback: WPCC, EWO, GPs, SEND professionals, social workers, Springfields Academy, teachers and pupils at Hardenhuish School, CAMHS Thrive Hub Practitioners, CAMHS service users.

Referral Points:

- If CYP don't meet the threshold, then it be to communicated why threshold was not met and what other types of support are available, along with how to access this type of support
- Communication to be improved between schools and CAMHS: so that teachers can put appropriate support mechanisms in place
- It is harder for CYP not in education to access CAMHS, due to referrals tending to be drafted by the parent/carer of the CYP
- Referrals can occur via: the health sector, a SEND professional or a self-referral
- MASH team make referrals to CAMHS
- For CYP not in education, the service is relying on individuals telling the Council about a C/YP – this service needs to take a more proactive approach
- If a C/YP is not engaging, CAMHS to look at the reason why this might be and then assess whether to stop engagement. Consideration of reason why a C/YP might not be engaging to be comprehensively assessed, before contact is stopped

Source of feedback: WPCC, EWO, SEND professionals, teachers and pupils at Hardenhuish School, social workers.

Accessibility:

- Transition pathway from CAMHS to adult mental health (e.g. 16-25) needs to be urgently put in place and special attention needs to be given to children in care, as there is with CYP with SEND
- More care needs to be done in the community – e.g. through after-school clubs, community halls, GP surgeries. CAMHS services/preventative tools to also be advertised here with how a CYP can access the service/tool
- A CYP with SEND could be likely to have a mental health condition, as a result of their additional needs (anecdotal evidence) and potentially special provision needs to be put in place, or the threshold lowered here – so that these individuals can access CAMHS
- Explanation to be communicated for why CAMHS and adult mental health thresholds are different
- Support specialist and acute services to be commissioned from the same provider or to share the same culture
- Waiting times to be improved – if this is not feasible, expectations to be better managed of CYP and parent/carer in the interim “waiting” period
- Special provision to be afforded under CAMHS for CYP who attend school in a different county to their home, so that care can be joined-up and provided in the best interests of the young person
- Special provision to be afforded under CAMHS for LAC: these CYP are more likely to have a mental health condition, due to their experiences (anecdotal evidence)

- CAMHS to consider treating CYP with co-morbidity
- CAMHS to consider treating CYP with attachment disorder
- As part of the Thrive Hub initiative, schools could bridge the gap between communicating between the Thrive Hub practitioner and the pupil's family and, if applicable, social worker to help improve communication around CAMHS

Source of feedback: WPCC, SEND professionals, social workers, Springfields Academy, teachers and pupils at Hardenhuish School, GPs, CAMHS psychotherapists, CAMHS Thrive Hub Practitioners.

Appendix 2

Government's response to the Green Paper on Transforming Children and Young People's Mental Health and how this aligns with the task group's recommendations

In the [Government's response](#) (July 2018) to the Green Paper on Transforming Children and Young People's Mental Health, several of the task group's recommendations are echoed by what the Government is intending to do for children and young people's mental health services.

Greater multi-agency working (trailblazer schemes) – recommendation: 1A

- 1) **In order to reduce the numbers of children and young people who reach crisis point before receiving help and support for their mental health, to consider:**
 - a) **Developing a specific “prevention partnership” between schools, CAMHS, social workers and EWOs which seeks to offer and prioritise holistic help and support for those children and young people suffering with low-level mental health problems**

Better advertisement of mental health services - recommendation: 1C

- 1) **In order to reduce the numbers of children and young people who reach crisis point before receiving help and support for their mental health, to consider:**
 - c) **Ensuring that low-level support is well advertised and delivered in the community; so that mental health support receives strong promotion amongst young people, such as at schools, afterschool and community events and online, to ensure that children and young people are aware of the support available**

More resources available, so that those not in mainstream education are not disadvantaged – recommendation: 1B

- 1) **In order to reduce the numbers of children and young people who reach crisis point before receiving help and support for their mental health, to consider:**
 - b) **Ensuring that more online resources are available for children and young people to access, if they are struggling**

Special attention given to the needs of LAC and children with SEND – recommendation: 2

- 2) **Research and identify if children and young people who are considered as LAC or with SEND are more likely to have a mental health need and this information to be used as part of service improvement**

The Government is aware of the challenge that comes from geography, i.e. mental health services and education not being in the same LA jurisdiction – recommendation: 4

4) To consider if those children and young people who receive education in a different county to their home address are disadvantaged in their mental health care

The Government is committed to Designated Mental Health Leads in schools, who would have a strategic role to play in their schools – recommendation: 6

6) CAMHS to create a blue-print Mental Health Strategy, which all Wiltshire maintained schools should use to develop/update their own Mental Health Strategy, based on the school's needs.