

## **Children and Young Peoples Mental Health Services**

### **Purpose of Report**

1. This report is to provide information on the current provision of services for children and young people with mental health needs and plans for future service design.

### **National Context**

2. NHS England survey Mental Health of Children and Young People in England, 2023, Wave 4, which was a follow up to the survey in 2017, found that rates of probable mental health disorders for 8 to 25 years was about 1 in 5. This was 20.3% of 8 to 16 yr olds, 23.3% of 17 to 19 yr olds and 21.7% of 20 to 25 yr olds.
3. These rates remained stable in all age groups following a rise in prevalence between 2017 and 2020. In correlation to this, referrals to Children's and Young People's Mental Health services have risen to their highest rates.
4. It is widely accepted and recognised that half of all mental health conditions are established before the age of fourteen and that early intervention can prevent problems escalating and therefore bring individual and societal benefits. This is evidenced by organizations such as, Foundations: What works for Centre for Children and Families (formerly known as Early Intervention Foundation).
5. There are national mandated standards for accessing mental health support for children and young people which vary dependent on the presenting need or condition.

### **Local Context**

6. The draft BSW ICB Mental Health Strategy 2024-2029 highlights that there has been an increase in mental ill health, including anxiety and self-harm, amongst children and young people since the pandemic.
7. This manifests across our system in high rates of attendance at emergency departments of children who have self-harmed, long lengths of stay in paediatric wards for children and young people who have co-presenting physical and mental health needs, and increasing referrals to children and young people's mental health services.
8. A cyber-attack affected Oxford Health's computer systems in 2022 which impacted their performance reporting ability. This includes mental health statistical data set reporting (MH SDS) and localised aggregate reporting. Repairs to their systems have been ongoing.

9. As of July 2024, data reporting has begun to be shared with the Integrated Care Board, and commissioners are currently working with the provider to improve data sharing and reporting further.
10. However, from the data provided we note the high level of need: between 1<sup>st</sup> April 2023 and 30<sup>th</sup> June 2024 Wiltshire's Child and Adolescent Mental Health service received 11,115 referrals. The cyber-attack impacts on comparative data, but the levels are above pre pandemic numbers in line with national increases.
11. To support with a more coherent approach to management of children's mental health services, from February 2024 Children and Young Peoples Mental Health Services (CYPMH) commissioning returned to Families and Children Commissioning to develop and enhance synergies across families and children's services

### **CYPMH Current Model**

12. In Wiltshire the iThrive framework is used to develop a robust universal offer that ensures prevention and early intervention, as well as a timely response when children and young people require specialist intervention.
13. The THRIVE Framework is an integrated, person centred and needs led approach to delivering mental health services for children, young people and families which conceptualises need in five categories; Thriving; Getting Advice and Signposting; Getting Help; Getting More Help; Getting Risk Support.
14. In addition to this the Five to Thrive approach in Wiltshire is used to ensure families are supported via Health Visiting, Family Hubs, Family Help, and Early Years settings to develop positive mental health and reduce the risk of childhood trauma.
15. Children can access mental health support in schools and/or via online platforms. Oxford Health operate a single point of access that supports children and families to navigate the system.
16. A range of interventions are in place to support children and young people and ensure they can access services within the community. This includes:
  - DSR (Dynamic Support Register) and Mental Health Support Workers
  - PINS (Partnerships for Inclusion of Neurodiversity in Schools)
  - Development Trauma Informed Practice supported by education settings
  - Children Looked After Pilot
  - Parenting Courses
  - HCRG Community Counselling Services
  - Primary Mentoring
  - Mental Health First Aid training for schools
  - School MHSTs

### **Commissioned Services**

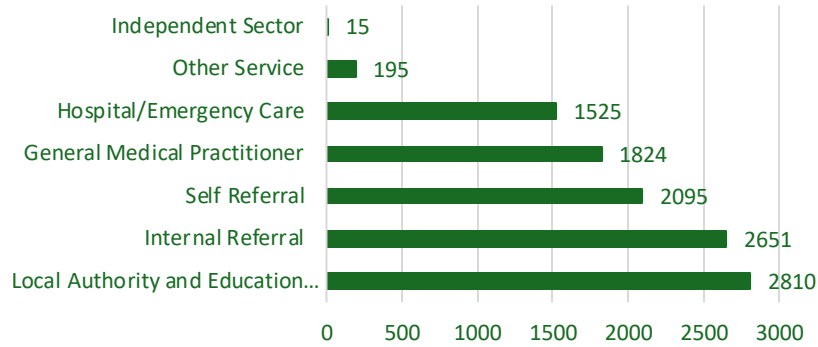
17. The BSW ICB fund a range of services which are commissioned through Wiltshire Council to support our local communities.
18. The ICB provide £515,000 of funding for these services.

19. These services are primarily aimed at early intervention and supporting early help and include Community Counselling Services.
20. The Children and Young People Emotional Wellbeing service has clear referral pathways, access to a professional on a daily duty system, and better involvement of children and young people (CYP) from the start of their care and referral to the service. CYP as well as their parents/carers are involved from the outset, allowing them to feel more in control of their support options.
21. These pathways support service users to access the right intervention at the right time, with early signposting and risk assessment in place. Feedback from school nurses who have interacted with parents and children/young people (CYP) who have received support from the Emotional Wellbeing (EWB) service has been overwhelmingly positive. They particularly commented on the gratitude expressed for quick initial contact and the support offered during the first interaction and assessment (often referred to as the 'front door' of the service) even when there was a wait for intervention, this supports "waiting well"
22. Child and Adolescent Mental Health Services (CAMHS in Wiltshire are jointly commissioned between Wiltshire Council, Bath and Northeast Somerset Council and the Bath and Northeast Somerset, Swindon, and Wiltshire Integrated Care Board (BSW ICB) and are provided by Oxford Health NHS Foundation Trust (OHFT).
23. The service started in April 2018 with a contract duration of 7-years, meaning it is due to end in March 2025.
24. Wiltshire Council's contribution accounted for 2.8% or £518,000 of the total financial package with Bath and North Somerset Council contributing 1.7% or £316,725. The remaining 95.5% or £18,341,991 was funded by the Integrated Care Board.
25. CAMHS Prioritise referrals coming in to ensure those with the highest risks are seen quickest.
26. Wiltshire Single Point of Access (SPA) contacts all routine referrals in Wiltshire within 28 days (as of June 24), if the referral is more urgent, they will make contact on the same day, if it is a priority within 7-10 days.
27. All referrals receive a response from the SPA whether this be a letter or direct contact via phone or virtual meeting.
28. SPA share details of how to access more urgent help if a young person's mental health deteriorates whilst they are waiting for an initial assessment.

### **CYPMH – Current Performance**

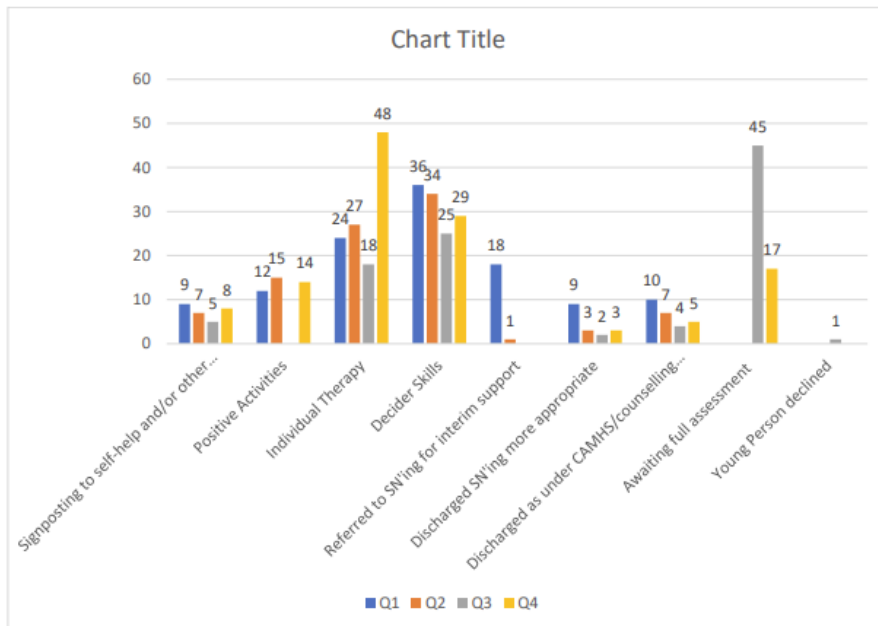
29. As noted above referrals into CAMHS have been at record high levels and come from a range of referrers. The below table shows the source of referrals:

## Referral Source for the Period 1st April 2023 - 30th June 2024



30. Oxford Health are working hard to try and reduce waits by reviewing the demand and capacity within each of teams, improving recruitment and thinking about alternative offers such as our new partnership with Barnardos, funded by Oxford Health, in Wiltshire to bring link workers who will offer social prescribing to young people coming through CAMHS assessment clinics.
31. The performance of our Emotional Wellbeing Service is also closely monitored and is seeing increased demand which is being managed with increased levels of effectiveness following recent recruitment to fill vacant positions.
32. The Emotional Wellbeing Service has seen increased use of individual therapies (see below table) over the first year of the service in line with need, and is reducing the numbers awaiting full assessment.

### Details of new referrals and outcome of assessments:



## Stakeholder Feedback

33. Where children and young people, parents and carers are able to access services, the feedback is very positive, as has been evidenced through surveys by providers and Wiltshire Council:
- “You have really helped. Someone to be there and listen. Become a trusted person to confide in”. (CAMHS)
  - “Thank you so much for today hearing your voice and advice was fantastic, me as a parent of a young adult with autism with mental health issues at the moment you were a breath of fresh air, you really helped today and it meant so much” (HCRG)
34. However, further engagement activity with parents and carers, children and young people highlighted:
- Families not being aware of range services
  - Thresholds for access to services to high
  - Long wait times
  - Sense of a lack of parental support

### **Commissioner Activity**

35. In response to stakeholder feedback, increased levels of demand and the commitment of the local area to support children and young people with early help a range of activity has been undertaken to develop a broader understanding of need including:
- Deep-dive reviews of all commissioned services
  - Ensuring clarity of offer – how Wiltshire and ICB define their responsibilities
  - Assessing universal offer
  - Building wider engagement with the third sector
  - More engagement activities with parents and carers, children and young people
  - Promoting the range of services more widely
  - Ensuring clarity of information and data
36. This work has informed the development targeted activity focused on meeting need, supported by the SEND Transformation programme. Areas currently being explored include:
- Coordinating response to right service first time - look at website based approach. but would require input for ‘navigation’ type role for MH
  - Single point of access service with navigator role that crosses all services for EHWP (voluntary, HCRG/CAMHS) to ensure CYP were assessed once but well (while recognising EHWP are dynamic)
  - Increased Psychoeducation for colleagues (i.e. teachers) and parent/carers to recognise the spectrum of ‘normal’ within all child development including emotional health.
  - Engagement of the voluntary sector/charity sector in an Asset Based Community - Development approach to support the work of mental health services.

- Greater engagement of and reaching those vulnerable groups who we know are more likely to develop a MH need in the future

### **Next Steps**

37. Following on from this work an options appraisal has been developed for review in September to support commissioning intentions
38. There will be further development of SEND Transformation workstream to support mental health early intervention.
39. As the current contracts for children and young peoples mental health services come to an end the focus will be on the alignment of services to deliver our early help and early intervention model

### **Conclusion**

40. Local authority Children and Young Peoples Mental Health services work in tandem with Health provision to ensure a fully aligned offer.
41. Increasing levels of demand, which is part of a national picture, have created challenges for all services and a review of the local area approach has been undertaken.
42. As the current contracts for children and young peoples mental health services come to an end the focus will be on the alignment of services to deliver our early help and early intervention model.

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