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

“quote to be inserted”

(The voice of children, young people and families in Wiltshire)
A message from the Chair of the Wiltshire Health and Wellbeing Board

Now is the time to radically accelerate the pace of change to bring about improved mental health and wellbeing outcomes for children and young people in Wiltshire. Building on our achievements, this plan offers a comprehensive and whole system approach to transforming child and youth mental health care through a forward-thinking vision and long-term strategy for change.

It is well documented that one in four people on average experience a mental health problem, with the majority of these beginning in childhood. Half of adult mental health problems start before the age of fifteen and seventy five per cent before the age of eighteen. Early identification and treatment is critical to preventing costly and more serious problems later in life, including unemployment, crime and substance misuse.

75% of mental health issues emerge by age 18.

We know that children and young people in Wiltshire are generally happy and healthy, with 69% telling us they are happy and satisfied with their life. However, we know that health inequalities exist, with lower levels of satisfaction reported amongst some groups of children and young people, for example Year 10 girls (50%) and post-secondary young people who are eligible for free school meals (56%).

Children, young people and families need the right help, in the right place, at the right time to prevent mental health difficulties such as anxiety, low mood, depression, conduct and eating disorders reaching crisis point and stopping them from achieving positive life outcomes.

Locally, we have been leading the way to deliver tangible improvements - from the development of a single point of access to CAMHS; to supporting and up skilling school staff through our healthy schools programme and mindfulness training; to enabling young people to raise awareness of mental health and tackle stigma through the development of a mental health charter.

This however is not enough and we need to be bolder and more ambitious if we want to create a Wiltshire where all children and young people have the opportunity to thrive and enjoy good mental health and wellbeing now and throughout their lifetimes – a Wiltshire where children and young people with mental health needs can seek the right support and recover in welcoming, inclusive and supportive communities.

We will only be able to achieve our goals with the strong commitment of all partners. We need to work together. By doing so, we can 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.

By re-designing how we do business, removing barriers to services, taking time to understand the needs of our population (especially the most vulnerable and disadvantaged) and investing more upstream in early help and prevention, we will give more children and young people the support they need, more quickly and more effectively, protecting them from the personal, social and economic costs of mental ill health.

In keeping with our local Emotional Wellbeing and Mental Health Strategy shaped by children, young people and their families, the key objectives of this transformation plan are to:

- Promote good mental health, build resilience and identify and address emerging mental health problems early on;
- Provide children, young people and families with simple and fast access to high quality support and treatment;
- Improve 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.

Let’s continue what we have started, seize the moment and help steer our children and young people on the road to safe, healthy and happy futures.

Jane Scott OBE
Involved all schools and colleges in a survey of children and young people’s health and wellbeing with nearly 7,000 responses.

More than 2,000 Children and young people have received CAMHS support and treatment.

Embedded a single point of access for all CAMHS referrals.

Continued to provide access to school counselling for primary age children via a joint funding agreement with schools.

77 schools engaged with the Wiltshire healthy schools programme, which supports them to take a holistic, whole school approach to the emotional wellbeing and mental health needs of pupils, 54 have accreditation.

Distributed Wiltshire’s Little Book to children, young people, parents/carers and professionals, providing information about local services and support.

Supported young people to promote their Mental Health Charter which is helping to raise awareness of mental health issues and tackle stigma and discrimination.

We have been embedding IAPT principles of service user engagement, evidence based practice and routine outcome monitoring.

Skilling up the children’s services workforce through health promotion and multi-agency training (Mindfulness, Youth Mental Health First Aid (53 adults trained), PSHE courses and CAMHS school training.)
Achievements since April 15...

Launching a perinatal mental health pathway with health visitors and midwives.

Invested in the development of a web-based tool to support GPs and school staff to deal with self-harm.

Brought together 130 Special Educational Needs Coordinators (SENCOs) representing approximately 100+ local primary and secondary schools to equip them with the knowledge and skills they need to build resilience in pupils.

‘What’s worrying you?’ leaflet and poster developed as a free resource for schools providing information to children and young people on nationally available support and self-help tools and resources.

Piloting self-referral to CAMHS for 16/17 year olds in Trowbridge.

Working with our local CAMHS provider (Oxford Health NHS Foundation Trust) to develop our innovative and evidence-based eating disorder service through a joint commissioning arrangement with Swindon and Bath and North East Somerset (BANES).
1. Introduction

1.1 Similar to the national picture, locally there is a high and growing demand for child and youth mental health services, with over two thousand children and young people accessing Wiltshire CAMHS in the last year.

1.2 Professionals, particularly GPs and school staff are reporting more children and young people with 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. This has resulted in an increase in referrals to CAMHS but many do not qualify for the level of service provided and are in need of a lower level intervention. This is frustrating for children and their families who are looking for help, who often feel ‘bounced’ around the system until problems get worse and reach a crisis point.

1.3 At the same time, increasing numbers of visits by children and young people to A&E and hospital admissions signal insufficient access to timely emotional wellbeing and mental health support within communities. Many children are being discharged following low level interventions. Consequently, large numbers of these visits and admissions 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 emotional wellbeing or mental health problem.

1.4 Emotional wellbeing and mental ill health is complex and increased demand may be explained by a number of influencing factors including rising stress on families, parenting problems, poverty and disadvantage, educational pressures, bullying (including using social media), peer pressure and other social influences. Wiltshire’s children and young people continue to highlight emotional wellbeing and mental health as a key issue, demanding improved access to services and better support in schools. In a recent survey, nearly half of secondary school aged girls asked for more support in managing stress at school.

1.5 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 focused downstream at costly specialist services where problems have reached a crisis point. This is ethically and morally wrong but also makes no sense economically as research shows that addressing problems early on saves the taxpayer significant financial and societal costs down the line.

1.6 Nationally, there is a high profile emphasis on this agenda with the Government committed to making tangible improvements in child and youth mental health services – including a requirement for local areas to develop transformation plans for children and young people’s mental health and wellbeing. This is supported by additional investment. At a local level, we have been driving improvements through the ongoing implementation of our Emotional Wellbeing and Mental Health Strategy. This was recently developed through engagement with a wide range of stakeholders and is led by the multi-agency Children’s Trust Emotional Wellbeing and Mental Health Sub Group, which brings together partners from across the whole system, including children, young people and parents/carers. Key priorities include:

**Priority 1 – Promote positive mental health and build resilience in children and young people.**

**Priority 2 – Build capacity and knowledge in the children’s services workforce and primary care.**

**Priority 3 – Improve access to primary and specialist CAMHS.**

**Priority 4 – Ensure effective access, referral routes and pathways to services.**
2. What is this plan about?

2.1 This transformation plan sets out a 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.

2.2 The plan reflects the national ambition and aspirations for improving children and young people’s mental health and wellbeing (*Future in Mind*). It has been developed within a local framework of existing strategies and initiatives, namely the multi-agency Children’s Trust Emotional Wellbeing and Mental Health Strategy (2014-17). The plan has been developed in collaboration with partners from across education, health and social care, and importantly children and young people.

“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 who have participated in focus groups)*

Our local vision

2.3 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’.

2.4 Our vision will deliver the following outcomes:

- More children and young people will have good emotional wellbeing and mental health; they are resilient and equipped to manage the ups and downs which life throws at them.
- More children and young people with emotional wellbeing and mental health needs are identified early and supported in community settings, particularly schools, reducing the need for access to more specialist mental health services.
- Parents/Carers and professionals in universal settings such as schools and primary care are more confident and able to respond to emotional and mental health needs and are clear about when and how to access additional help.
- All children and young people with emotional wellbeing and mental health needs (including those who are vulnerable and disadvantaged) have timely access to the right support close to home and recover in welcoming, inclusive and supportive communities.
- More children and young people with emotional wellbeing and mental health needs have a positive experience of care and support which is good quality, empowers them, is tailored to their individual needs and provides access to treatment that works.

2.5 Our local services and support for children and young people with emotional wellbeing and mental health needs will be underpinned by the following 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*
3. Where are we now?

A tiered model

3.1 Locally, Child and Adolescent Mental Health Services (CAMHS) are delivered through an operational delivery model with four distinct tiers.

3.2 These services are available for 0-18 year olds who are referred by their GP, health visitor, school or hospital doctor.

3.3 As is the case in many local areas, this traditional CAMHS model was useful at the time of its development in the 90’s for helping to differentiate between the forms of support that might be available to children and young people; however, national research has revealed some significant downsides. These include:

- The development of divisions between services
- Unnecessary waits between the various tiers
- Children and young people having to re-tell their stories to different teams/professionals
- A lack of clarity about thresholds

3.4 Ultimately, the tiered model has often resulted in children, young people and their families being ‘bounced’ around the system without timely access to the support or treatment they need. Children and those who care for them have also complained that the model is too difficult to navigate and understand.

Funding

3.5 Primary and Specialist Child and Adolescent Mental Health Services are provided by Oxford Health NHS Foundation Trust.

3.6 PCAMHS is funded by Wiltshire Council to provide targeted support for children and young people with mild to moderate mental health needs. Specialist CAMHS is funded by the Wiltshire Clinical Commissioning Group (CCG) to provide treatment to those with more severe mental health problems. NHS England funds highly specialist support and treatment for those with severe mental health difficulties (inpatient services).
3.7 Although Oxford Health is the key provider of CAMHS it’s important to recognise that a wide range of other services from across the public, private and voluntary/community sector contribute to promoting and supporting the emotional wellbeing and mental health needs of children and young people.

3.8 The overall local annual spend for 2014-15 on core Child and Adolescent Mental Health Services was £5.63m. This equates to approx £49 per head of the 0-19 child and youth population. The majority of funding is spent on specialist services (89%).

A focus on counselling services - the local charity Relate is the main provider of community and school based counselling services in Wiltshire. *Time to Talk* provides counselling in a number of primary schools for children aged 6-11 years. This is part funded by Wiltshire Council (£30k per year) along with additional funding from schools, charitable trusts and the National Lottery. *Talkzone* supports young people aged 7-18 years who are experiencing emotional distress, with counselling provided at home, in school or other community setting. This is funded by the Wiltshire CCG (£12k per year) with additional funding from external sources. Many schools also purchase counselling services directly from Relate or other organisations or employ their own counsellors.

Local financial picture

<table>
<thead>
<tr>
<th>Description</th>
<th>Annual spend 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health promotion and training for professionals in universal settings (Mindfulness, Self-Harm decision making tool and Youth Mental First Aid)</td>
<td>£22k from Wiltshire Council Public Health</td>
</tr>
<tr>
<td>Primary Child and Adolescent Mental Health Service including school and community based counselling services</td>
<td>£598k from Wiltshire Council Children’s Services (£60k for counselling) £12k from Wiltshire CCG</td>
</tr>
<tr>
<td>Specialist Child and Adolescent Mental Health Service</td>
<td>£3.6m from Wiltshire CCG</td>
</tr>
<tr>
<td>CAMHS Tier 4 Inpatient beds, including the Inpatient Service at Marlborough House, Swindon</td>
<td>£1.4m from NHS England (£732k for Inpatient Service at Marlborough House)</td>
</tr>
</tbody>
</table>

Other areas of spend...

<table>
<thead>
<tr>
<th>Description</th>
<th>Annual spend 2014/15</th>
</tr>
</thead>
<tbody>
<tr>
<td>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)</td>
<td>£2.97m from Wiltshire Council Children’s Services £4.41m from schools via Dedicated Schools Grant</td>
</tr>
<tr>
<td>Early Intervention in Psychosis service for (14-60 year olds) provided by Avon and Wiltshire Mental Health Partnership NHS Trust</td>
<td>£486k from Wiltshire CCG</td>
</tr>
</tbody>
</table>

**A well functioning child and youth mental health system that puts children, young people and their families first requires primary care, CAMHS, schools and hospitals to work together.**
CAMHS structure and organisation

3.9 The primary service is 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. This includes the provision of counselling – delivered through a partnership between Oxford Health and the charity Relate. 60 WTE staff are employed by the Trust in specialist CAMHS (Community CAMHS and OSCA) addressing more complex and severe mental health problems. Further information about the CAMHS workforce (including skills and capabilities) is included in Appendix A.

3.10 Specialist CAMHS includes 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 in 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 particular 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.

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.

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 treatment 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.

3.11 Oxford Health operates a Single Point of Access into both primary and specialist CAMHS. This ensures that children and young people get immediately to the right level of service.

3.12 Approximately two hundred referrals are handled on a monthly basis. Urgent and priority referrals are routed directly to the specialist service which is available 24 hours a day, 7 days a week. The Trust has a dedicated website for children and young people.

CYP IAPT Programme status

3.13 Oxford Health has been involved with the Children and Young People’s Improving Access to Psychological Therapies Programme (CYP IAPT) since its conception - a national service transformation programme delivered by NHS England that aims to improve existing CAMHS working in the community, involving the NHS and partners from the Local Authority and Voluntary and Community Sector that together form local area CAMHS Partnerships. Oxford Health is the lead partner for the Oxford and Reading collaborative. Routine Outcome Monitoring has already been rolled out to Wiltshire CAMHS teams to help improve the quality and experience of services for children and young people. More information is available at www.cypiapt.org
Wiltshire Child and Adolescent Mental Health Service (CAMHS) data

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

Routine referrals into the Single Point of Access

<table>
<thead>
<tr>
<th>Source of referral</th>
<th>No</th>
<th>2012-13</th>
<th>2013-14</th>
<th>2014-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education – LEA</td>
<td>288</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accident &amp; Emergency</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community based paediatrics</td>
<td>161</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Drug service (non-statutory)</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GPs</td>
<td>1236</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LA social services</td>
<td>99</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialist CAMHS</td>
<td>44</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital paediatrics</td>
<td>148</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>106</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Police</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-Referral</td>
<td>35</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Youth Offending Service</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>2138</strong></td>
<td><strong>1892</strong></td>
<td><strong>2063</strong></td>
<td><strong>2138</strong></td>
</tr>
</tbody>
</table>

(Average of 178 referrals per month)

Where are the referrals coming from?

<table>
<thead>
<tr>
<th>Number of referrals</th>
<th>2012-13</th>
<th>2013-14</th>
<th>2014-15</th>
</tr>
</thead>
</table>
| 13% increase in referrals over 3 years, most are from GPs
| 29% of referrals do not qualify for the level of service provided
| Waiting times are up
| Adolescents make up the bulk of caseloads
| The volume of work has increased sharply - caseload for PCAMHS up by 30%

What happens to the referrals?

<table>
<thead>
<tr>
<th>Referral outcome</th>
<th>No of referrals (2014-15)</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accepted into Tier 2</td>
<td>797</td>
<td>37%</td>
</tr>
<tr>
<td>Not accepted</td>
<td>610</td>
<td>29%</td>
</tr>
<tr>
<td>Signposted to Tier 3</td>
<td>664</td>
<td>31%</td>
</tr>
<tr>
<td>Waiting decision</td>
<td>67</td>
<td>3%</td>
</tr>
</tbody>
</table>

Demands for services are rising. 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.

How many children are CAMHS working with?

<table>
<thead>
<tr>
<th>Caseload average</th>
<th>2012-13</th>
<th>2013-14</th>
<th>2014-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 2</td>
<td>Tier 3</td>
<td>Tier 2</td>
<td>Tier 3</td>
</tr>
<tr>
<td>264</td>
<td>755</td>
<td>324</td>
<td>794</td>
</tr>
</tbody>
</table>

The age profile of the CAMHS caseload

‘A recent project undertaken by the CCG (August 2015) confirmed high numbers of referrals being rejected from GPs and other universal settings. This is a potential indicator of confusion as to what pathway is in place for these children, including what services are available and how these can be accessed’.
4. What are the needs of children and young people in Wiltshire?

Working together to build a comprehensive local picture of need

4.1 The Wiltshire Joint Strategic Assessment (JSA) provides information on the current and future health and wellbeing needs of people in Wiltshire. Locally, Health and Wellbeing Board partners also undertake a specific joint assessment for health and wellbeing, which includes a focus on children and young people.

4.2 The Wiltshire Health and Wellbeing Pupil Survey asked nearly 7,000 children and young people around 300 questions about their health and wellbeing. This intelligence is being used to inform the future development and commissioning of local services.

The prevalence of child and youth mental health problems in Wiltshire

4.3 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>Conduct disorders</th>
<th>Aged 5-10</th>
<th>Aged 11-16</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Emotional disorders inc depression and anxiety</th>
<th>Aged 5-10</th>
<th>Aged 11-16</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hyperkinetic (hyperactivity) disorders</th>
<th>Aged 5-10</th>
<th>Aged 11-16</th>
</tr>
</thead>
<tbody>
<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>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other (less common disorders, such as ASD and eating disorders)</th>
<th>Aged 5-10</th>
<th>Aged 11-16</th>
</tr>
</thead>
<tbody>
<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>


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
Hospital admissions and self-harm

4.4 Similar to 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. In 2014-15 there were 6,409 attendances in Wiltshire for the 11-18 age group across the three hospital trusts for all diagnosis (566 were coded as deliberate self-harm). The local rate (per 10,000) of admissions to hospital (for 2013/14) caused by unintentional and deliberate injuries in children and young people aged 15-24 years is above the national average (Wiltshire 155.6, England 136.7).

4.5 The admission rate for self-harm in Wiltshire for children and young people aged 10-24 years is higher than the England average. Nationally, levels of self-harm are higher among young women than young men.

Vulnerable and disadvantaged children

4.6 There are some children and young people who have greater vulnerability to mental health problems, including for example looked after children, those with special educational needs and/or disabilities, those in contact with the youth justice system and those living in poverty.

Requires Improvement

Rising numbers of visits to A&E and hospital admissions signal insufficient access to timely mental health support within communities. Many 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.

4.7 These children, young people and their families may find it more difficult to access appropriate help and support because of their personal circumstances.

- Just over 12,717 children with SEN; 1,775 have a Statement/Education, Health and Care Plan (EHCP). Majority of SEN pupils are in primary schools (above the national average). Learning Difficulties is the main reason for statementing. 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.*
- At the end of March 2014 there were 395 Looked After Children compared to 445 in the previous year.**
- The rate of youth offending is low. The majority of young people who do formerly enter the youth justice system are aged 17.**
- 11.4% of children live in poverty, with highest levels located in the towns of Trowbridge, Melksham, Chippenham, Salisbury, Calne and Amesbury.***
- 5.3% of children are from minority ethnic groups (most are Other White or Mixed Background).#
- 8.2% of the school population are from military families. #
- At least 1,306 children under 18 are at risk of alcohol and/or drug related harm because they live with a parent with a substance misuse problem #
- Hospital admissions for drugs and alcohol misuse are above the national average. #
- Estimated 2.723 young carers aged 24 and under (2011 ONS Census)

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

* Wiltshire 2015-18 SEN Strategy
** Wiltshire Service Snapshot - CAMHS, ChiMat, 2014
*** Wiltshire Child Poverty Needs Assessment, 2014
# Wiltshire Joint Strategic Assessment, 2013/14
5. Engagement and partnership

The views of key stakeholders

5.1 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 within the Emotional Wellbeing and Mental Health Strategy at www.wiltshirepathways.org

Pupil Health and Wellbeing Survey

5.2 The 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, the data also highlights inequalities. For example, 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 get 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/worried about their school work.
- 76% of primary age pupils felt confident about their future, falling to 47% by post-secondary school age.

The big issues

5.3 The recent development of our local Emotional Wellbeing and Mental Health Strategy was shaped around the views of children and young people. This consultation work was led by Wiltshire Council’s voice and influence team. CAMHS service users and Looked After Children also had their say, highlighting the following...

- Better mental health awareness, education and support (including counselling) is needed in schools.
- Easier access to help and support as close to home as possible (having someone to talk to in confidence is important).
- Protection from bullying (particularly cyber-bullying).
- Improved information on what support is available locally.
- Good access to positive activities helps to improve health and emotional wellbeing.
- More needs to be done to raise awareness of mental health and tackle stigma.
- More help to build our self-esteem and confidence.

5.4 We heard the views of around forty professionals from across the whole system (including education, health, social care and the voluntary and community sector) at a local workshop. They said...

- 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.
- Better 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 improved care and support during key transitions.
- Improve access to CAMHS and school counselling.
- Focus on building resilience in children and families.
- Tackle bullying.

5.5 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.

Requires Improvement

Better access to help and support is needed in schools and other community settings.
Joint working between local partners

5.6 Responsibility for children and young people’s mental health and wellbeing rests with the multi-agency Children’s Trust Emotional Wellbeing and Mental Health Sub Group.

5.7 With accountability to the collaborative Children’s Trust Commissioning Executive, Wiltshire CCG and Health and Wellbeing Board, this group 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 Emotional Wellbeing and Mental Health Strategy for children and young people.

5.8 The group is chaired by the Wiltshire Council Associate Director for Children’s Services Commissioning, Performance and School Effectiveness – a joint funded / shared role with the Wiltshire Clinical Commissioning Group. A young person from the Wiltshire Assembly of Youth is represented, along with a rep from the Wiltshire Children and Families Voluntary Sector Forum. There are also clear links with the local CAMHS user participation group, young commissioners and youth-led Mental Health Charter.

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

- Joint CAMHS meetings take place with social care to review pathways, processes and share best practice for children in care.
- Joint CAMHS and education meetings (including school representatives) discuss individual cases and any particular concerns.
- CAMHS are a key member of the Risk Management Group which allocates resources to reduce risks and vulnerabilities for children.
- CAMHS sit on the Wiltshire Council Children’s Services Gateway Panel to put in place and review tailored packages of care and support to vulnerable children.

Mental Health Crisis Care Concordat

5.10 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.

5.11 A wide range of stakeholders have been involved in the development of this transformation plan. Details of this consultation activity can be found in Appendix B.
6. Achieving our vision

6.1 Three key objectives will drive the delivery of our transformation plan for children and young people’s mental health and well-being. These steps are based on the needs and views of children and young people. They also reflect the broader strategic direction set out in the local Emotional Wellbeing and Mental Health Commissioning Strategy for children and young people.

Key objectives

- Promote good mental health, build resilience and identify and address emerging mental health problems early on;
- Provide children, young people and families with simple and fast access to high quality support and treatment;
- Improve 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.

6.2 These objectives and their priorities will provide swift transformation across the whole local child and youth mental health system and deliver measurable, tangible results over the next 5 years. They support the comprehensive change required to ensure the provision of an effective, efficient and accountable system of services which are focused on improving the emotional wellbeing and mental health of children and young people. Key benefits include:

- Better mental health awareness and reduced stigma, resulting in more children seeking support
- A clear, coordinated and easily accessible local pathway and offer of support and services
- Improved capacity and understanding in universal settings to identify and address emotional wellbeing and mental health needs early on

Making wise use of additional investment

6.3 The Wiltshire Clinical Commissioning Group has been awarded an additional £854,489 per year to spend on supporting the implementation of this transformation plan. Of this, £243,924 per year has been specifically allocated by the government to establish or develop a local eating disorder service. Use of the remainder is for local discretion, with further funding yet to be allocated to support improvements in perinatal mental health care.

6.4 This section outlines how we will use this additional resource to best effect, to fund local priorities which will help deliver our key objectives and improve outcomes. Full costings can be found in Appendix C.

Wiltshire CCG funding allocation:

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation of a</td>
<td>£243,924</td>
</tr>
<tr>
<td>community eating</td>
<td></td>
</tr>
<tr>
<td>disorder service</td>
<td></td>
</tr>
<tr>
<td>Additional CAMHS</td>
<td>£610,566</td>
</tr>
<tr>
<td>funding</td>
<td></td>
</tr>
</tbody>
</table>

CAMHS and Schools Link Pilot Scheme

6.5 To accelerate our plans for change, Wiltshire submitted a proposal to a national pilot scheme sponsored by NHS England and the Department for Education, with the aim of improving joint working between schools and locally funded CAMHS (July 2015). With matched funding from the CCG and the sign up of ten local schools, we applied for £50k to establish Thrive Hubs. Further to this, we applied for £100k to fund and co-locate two mental health practitioners within Wiltshire Council Children’s Services teams that are delivering support to Looked After Children and those with learning difficulties and autism.
Objective 1 - Promote good mental health, build resilience and identify and address 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 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.

We will identify children and young people in need of support as early as possible and intervene early by delivering the following local priorities:

- Develop a network of GPs as locality perinatal, infant, child and youth mental health ‘Champions’ under the leadership of the CCG children’s mental health lead.
- Establish ‘Thrive Hubs’ in schools to help build children and young people’s resilience, support parents/carers and promote mentally healthy schools.
- Develop, expand and promote the local web based mental health decision making tool (self-harm) for professionals, to include a wider range of mental health problems and tailor it to provide information, support and signposting to parents/carers (£6,000 additional investment).
- Provide training and education to GPs and other primary care staff to support their role in supporting children and young people with mental health issues, linking with Wiltshire Council Children’s Services.
- Provide additional mentoring to children in primary schools who are at risk of developing social and emotional behavioural difficulties with £30,000 of additional investment.
- Make better use of digital services to give children and young people improved access to information, support and self-care tools and resources. We will invest £68k per year into developing a web based one stop shop for mental health (to include use of podcasts, twitter and Instagram) and work with neighbouring local authorities to provide young people with access to online counselling.
- Work with the voluntary sector, public health and GPs to encourage social prescribing for more children and young people with emerging emotional wellbeing and mental health problems.
- Work with schools and children’s centres to establish an Emotional Wellbeing and Mental Health ‘Champion’ who has undertaken additional training.

GP CHAMPIONS - supported with specialist training
GP ‘Champions’ will be established in each locality across Wiltshire. With close links with CAMHS they will have a key role in providing information and advice to other GPs on child and youth mental health issues in their local area. This initiative will be supported by £55,000 of additional investment.

Thrive Hubs bring together all those professionals that have a role in supporting the emotional wellbeing and mental health needs of pupils both in and out of school (e.g. school pastoral staff, parent support advisors, school counsellor and nurse etc). Building on the success of our healthy schools programme Thrive Hubs will create a setting where mental health is as important as physical health. Utilising the expertise of CAMHS, the Hubs will provide a one stop shop within a community for information, advice and support (including the provision of evidence-based parenting programmes) for children with emerging emotional and mental health difficulties. Each Hub will be supported by a specialist CAMHS liaison worker who will be based regularly on the secondary school site providing consultation and advice as well as up skilling other professionals. Funded by £105,206 of additional investment the Hubs will be located in those areas where child poverty is greatest.
Objective 2 – Provide children, young people and families with simple and fast access to the high quality support and treatment they need

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.

We will improve the coordination of services, build capacity and provide better and faster access by delivering the following local priorities:

- Learning from the nationally recognised THRIVE model we will develop a new comprehensive and integrated CAMHS model focused on reducing health inequalities. This will provide a system without tiers and make the pathway for children and young people with emotional wellbeing and mental health needs much clearer and more defined.

- We will establish one front door for children and young people with emotional wellbeing and mental health needs. With £76,978 of additional investment we will integrate the CAMHS Single Point of Access with the Wiltshire Council Children’s Services Single Point of Contact. This will ensure a consistent and timely response to families and stop them from ‘bouncing’ around the system.

- Roll out CAMHS self-referral to older adolescents (16/17 year olds) across the county.

- Invest an additional £60k in community and school based counselling, to reach more children and young people (expanding Time to Talk and Talkzone).

- Provide CAMHS brief access and walk in clinics within community settings.

- Build closer ties between education and specialist CAMHS by making sure every secondary school has a named CAMHS worker to provide expertise and consultation.

- Recognising the link between physical and mental health, we will aim to pilot a dedicated CAMHS liaison team at Salisbury hospital using new national funding announced by the Department of Health for Acute Liaison Services.

- Co-locating CAMHS mental health workers within Wiltshire Council Children’s Services Early Help teams to help CAMHS respond more quickly to problems early on. This will be supported by £95,206 of additional investment.

- We will jointly commission Oxford Health to develop our trailblazing eating disorder service with Swindon and Bath and North East Somerset. Details are set out in Appendix D.
Our new offer of child and youth mental health care and support – a system without tiers

Working together with partners from across the whole system including the voluntary and community sector as well as children, young people and their families we will implement a comprehensive integrated CAMHS service delivery model. The aim is to eliminate barriers between tiers, encourage improved coordination between all agencies and ultimately radically improve the experience for children, young people and their families. This will make sure they are better able to navigate services and get swift access to the right help (no more bouncing around the system).
Objective 3 – Improve care and support for the most vulnerable and disadvantaged children by closing critical service gaps, improving support at key transitions 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 but also face bigger challenges accessing the help they need. This includes Looked After Children and Care Leavers, those with Special Educational Needs and/or Disabilities, young offenders, 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. We will also provide 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.

We will close critical service gaps for vulnerable and disadvantaged children and work with them to make the best start in life by delivering the following local priorities:

- Extend CAMHS services for the most vulnerable children and young people to ‘stability’ (early adulthood where this is required), particularly for those who would continue to benefit from CAMHS, are not ready to make the transition to adult services or do not meet the threshold for an adult mental health service.

- Enhancing our CAMHS Outreach Service for Children and Adolescents (OSCA) which targets priority groups of young people (including Looked After Children) whose needs are more complex and have difficulties in engaging with traditional services.

- Provide more flexible access to CAMHS through the use of digital services (web chat, Face Time, Skype etc) and by offering more face to face appointments in community settings.

- Embed a specialist CAMHS mental health practitioner in the Wiltshire Council Children's Services MASH (Multi-Agency Safeguarding Hub)

- Co-locate mental health practitioners within teams working with vulnerable children and young people.

- Strengthen multi-agency arrangements for vulnerable children through the use of shared assessment, case management and regular multi-agency case review processes.

- Fast tracking those who are in need of crisis intervention – through the use of existing resources, we will co-locate a mental health clinician within the MASH so that specialist CAMHS are represented. This will help to improve coordination between services and identify those children and young people who would benefit from a swift referral to CAMHS assessment, support and treatment.
7. Making it happen

7.1 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, the next step is to begin implementing this plan with a focus on early intervention and support for children and young people. We have developed a comprehensive action plan which sets out how we will deliver on our local priorities. This is a ‘live’ document which will be reviewed quarterly (Appendix E).

Governance

7.2 The development and delivery of our local transformation plan for children and young people’s mental health and wellbeing will be overseen by the multi-agency Children’s Trust Emotional Wellbeing and Mental Health Sub Group. This group has clear reporting lines to the Children’s Trust Commissioning Executive, Wiltshire Clinical Commissioning Group and Health and Wellbeing Board. To further ensure effective joint working both within and across all sectors, we are reviewing the terms of reference and membership of the group to include representation from NHS England, local Healthwatch and Youth Justice.

Equalities and diversity

7.3 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

7.4 Through the work of the Emotional Wellbeing and Mental Health Sub 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 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..

Ensuring accountability and transparency

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

- Continue co-production with key stakeholders on the ongoing development, delivery and review of this plan;
- Publish an annual report card on card and youth mental health, setting out key achievements, areas for improvement and required action;
- 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 A - Wiltshire CAMHS – workforce information, no’s of staff inc. whole time equivalents, skills and capabilities

<table>
<thead>
<tr>
<th>Snapshot (taken Aug 2015)</th>
<th>Whole Time Equivalents &amp; Headcount (includes managers and admin staff)</th>
<th>Roles</th>
<th>Skills and capabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary CAMHS</strong></td>
<td>9.85 WTE (13 headcount)</td>
<td>Registered Mental Nurses (RMNs); Occupational Therapists; Social Workers and Mental Health Practitioners; Community Support Workers; Admin staff.</td>
<td>All team managers have a professional clinical background and current registration. IAPT principles of service user engagement, evidenced-based practice and routine outcome monitoring have been rolled out and embedded across all teams. Staff are trained to work with vulnerable and disadvantaged groups (e.g. learning disabilities and looked after children) and deliver the following evidence-based therapies: - Eating disorders e.g. CBT – E, Multi Family Therapy (MFT) - Systemic Family Practice (SFP) - Interpersonal Therapy (IPT) - Cognitive Behavioural Therapy (CBT) - Dialectical Behaviour Therapy (DBT) - Other therapies e.g. Multi Family Therapy, Drama Therapy, etc Nurses are able to provide non medical prescribing and there are staff trained to address neuro- developmental disorders</td>
</tr>
<tr>
<td><strong>Specialist CAMHS</strong></td>
<td>60.00 WTE (70 headcount)</td>
<td>Clinical Team Managers; Consultant Child &amp; Adolescent Psychiatrists; Clinical Psychologists, Systemic Family Therapists; Child Psychotherapists; Registered Mental Nurses (RMNs); Occupational Therapists; Social Workers with mental health training; and admin staff.</td>
<td></td>
</tr>
<tr>
<td><strong>Outreach Service for Children and Adolescents (OSCA)</strong></td>
<td>Included in Specialist CAMHS figure above.</td>
<td>Clinical Team Manager; Consultant Child &amp; Adolescent Psychiatrist; Systemic Family Therapist; Senior Mental Health Practitioners (RMNs/Occupational Therapists/Social Workers); and Community Support Workers.</td>
<td>All staff are registered with relevant regulatory bodies and subject to professional codes of conduct. For re-registration or validation, all staff need to demonstrate continuing professional development for fitness to practice. This means their professional training is managed via a governance framework and their training needs are reviewed annually by Oxford Health NHS Foundation Trust.</td>
</tr>
</tbody>
</table>
## Appendix B – Consultation activity record

<table>
<thead>
<tr>
<th>Stakeholder Group</th>
<th>Date</th>
<th>Sign off by Chair</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children in Care Council</td>
<td>14 October</td>
<td></td>
</tr>
<tr>
<td>Children’s Trust Commissioning Executive</td>
<td>17 September</td>
<td></td>
</tr>
<tr>
<td>Children’s Trust Emotional Wellbeing and Mental Health Sub Group</td>
<td>9 September</td>
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<tr>
<td>General Practitioners</td>
<td>From 9 to 16 September via e-mail</td>
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<tr>
<td>Healthwatch</td>
<td>TBC</td>
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<tr>
<td>Health and Wellbeing Board</td>
<td>24 September</td>
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<tr>
<td>NHS England Specialised Commissioning</td>
<td>16 September</td>
<td></td>
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<tr>
<td>Oxford Health NHS Foundation Trust</td>
<td>18 August</td>
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<tr>
<td>Primary Heads Forum</td>
<td>24 September</td>
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<tr>
<td>Wiltshire Assembly of Youth</td>
<td>16 October</td>
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<tr>
<td>Wiltshire Association of Secondary School Headteachers</td>
<td>15 October</td>
<td></td>
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<tr>
<td>Wiltshire Children and Families Voluntary Sector Forum</td>
<td>29 September</td>
<td></td>
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<tr>
<td>Wiltshire Council Children’s Services</td>
<td>2 September (Extended Leadership Team) 21 September (Social Care Managers Forum)</td>
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<tr>
<td>Youth Offending Team Executive</td>
<td>25 September</td>
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## Appendix C - Costings

<table>
<thead>
<tr>
<th>Local priority item</th>
<th>Costings</th>
<th>Total (per annum)</th>
</tr>
</thead>
</table>
| Develop network of GPs as locality and youth mental health champions                  | GP practices to audit and target patients with repeat admissions with mental health as primary or secondary A&E admissions code  
57 practices @£250 per practice = £14,250  
Education, Training and GP practice support  
57 practices @£500 per practice = £28,500  
Training and support for GP Champions under leadership of Dr Debbie Beale  
£12,250                                                                                         | £55,000.00          |
| Develop, expand and promote the local web based mental health decision making tool (self-harm) for professionals, to include a wider range of mental health problems and tailor it to provide information, support and signposting for parents/carers. | Expand and roll out web based decision tool  
£6,000                                                                                           | £6,000.00          |
| Provide peer mentoring to children and young people in primary schools who are at risk of developing social, emotional and behavioural difficulties. | 0.75 FTE Coordinator @ £40,000 (including on costs and overheads)                                                                                   | £30,000.00        |
| Make better use of digital services to improve access to information, support and self-care tools and resources. | Website development, hosting and maintenance  
£10,000  
Online counselling (100 hours per month package)  
£58,000                                                                                      | £68,000.00        |
| Establish Thrive Hubs in secondary schools                                            | 2 FTE practitioners serving 6 schools @ £47,603 (including on costs and overheads)  
Provision of evidence-based parenting programmes @ £10,000                                                                                      | £105,206.00       |
| Establish one front door for children and young people with emotional wellbeing and mental health needs | 1 FTE practitioner @ £47,603 (including on costs and overheads)  
1 FTE admin support @ £29,375 (including on costs and overheads)                                                                                     | £76,978.00        |
| Expand Time to Talk and Talkzone counselling services                                  | Time to Talk – 714 hours @ £42 per hour (£29,988)  
Talkzone – 625 hours @ £48 per hour (£30,000)                                                                                          | £59,988.00        |
| Co-locate CAMHS mental health practitioners within Wiltshire Council Children’s Services Early Help Service | 2 practitioners @ £47,603 (including on costs and overheads)                                                                                                  | £95,206.00        |
| Establish a community based eating disorder service                                  | Refer to Appendix D for breakdown of costings.                                                                                                           | £317,425.00       |
| Coordination and implementation resource                                              | 0.75 FTE Lead Commissioner @ £48,500 (including on costs and overheads)                                                                                               | £36,375.00        |
| **GRAND TOTAL FOR 2015/16**                                                          |                                                                                                                                                              | **£850,178**      |
Appendix D – Eating Disorder Service Delivery Model

A service example of good practice

1.1 Funded through a joint commissioning arrangement between local authority areas covering the geography of Wiltshire, Swindon and Bath and North East Somerset, Oxford Health NHS Foundation Trust’s service delivery model for meeting the needs of children and young people with eating disorders has been recognised by NHS England and the National Collaborating Centre for Mental Health as an example of good practice.

1.2 Established in 2010/11, the community eating disorder service for children and young people consists of four highly specialised eating disorder clinics (BANES, Swindon & Marlborough, Melksham and Salisbury). These are comprised of multi-disciplinary teams which include a consultant child psychiatrist, therapist, psychologist and other clinical staff.

The skills and competences of staff

1.3 With the principles of the Children and Young People’s Improving Access to Psychological Therapies programme (CYP IAPT) embedded in practice across the teams, staff are trained to deliver a number of evidence-based interventions that work, including systemic family practice and CBT-E. All staff are either CYP IAPT or Maudsley trained. A key part of the model includes an outreach service for home treatment which operates 7 days a week and provides assistance with home feeding.

1.4 The service meets the standards and principles of recommended practice set out in the Access and Waiting Time Standard for Children and Young People Commissioning Guide and has had a positive impact on local outcomes (lower hospital admission rates for eating disorders – both with regard to the frequency of inpatient admissions and length of stay). All children are seen for assessment within 24 hours and those that require acute service provision are assessed the same day. There are good links between the teams and paediatricians, with the service able to admit to paediatric beds at local district general hospitals for short periods (1-3 weeks) where medical stabilisation is necessary.

CBT-E is a variation of Cognitive Behavioural Therapy specifically designed for young people with eating disorders.

Needs Assessment

1.5 In the UK in 2009, the incidence of eating disorders amongst males, aged 10-19 was 31 per 100,000. For girls, it was 120 per 100,000 (Micali et al). When applying this research to the latest population estimates for Wiltshire, Swindon and BANES, it estimates there would be 16 new cases per year for males (9 for just Wiltshire) and 61 for females (33 for just Wiltshire). However, as is the case national, local figures show a sharp increase in the numbers of children and young people with eating disorders. In the last year 2014/15, there were a total of 153 referrals across the Wiltshire, Swindon and BANES areas to the eating disorder service. There is evidence to show that eating disorders are affecting young children with several aged 8-12 currently receiving treatment for anorexia nervosa.

What is the Maudsley family based treatment for eating disorders?

An intensive outpatient treatment where parents play an active and positive role to help restore their child’s weight to normal levels, hand control over eating back to the young person concerned and encourage them to develop a healthy identity.
The views of children and their families

1.7 To meet this increased demand and continue the provision of a viable service delivery model which is able to meet the Access and Waiting Time Standard, we need to make further investment in developing the current successful service delivery model. In doing this, we also need to take into account the views of children and their families who tell us they want support within their community and value this being provided by a consistent professional they know rather than a number of different professionals which is current case due to limited capacity.

Enhancing our service delivery model

1.8 Led by the Wiltshire CCG and continuing with the joint commissioning arrangement across Wiltshire, Swindon and BANES, new funding available for eating disorders allocated by NHS England to Clinical Commissioning Groups will be used to enhance the current eating disorder service, ensuring it has the resources to meet demand, maintains the principles and standards set out in the Access and Waiting Time Standard and responds to the needs of children and their families. We will achieve this by:

- Increase the overall staff resource in the service from twelve to twenty three whole time equivalents.
- Providing support, training and education for professionals in universal settings, including primary care and schools. 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 the specialist eating disorder teams.
- Add multi-family therapy to the choice of evidence-based interventions that are available.
- Provide children and families who are receiving treatment with a consistent group of specialist staff.
- Offer every appropriate family the Maudsley Family Based Therapy approach.
- Provision of parenting groups
- Self-referral option

1.9 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. Furthermore, the enhanced model will release capacity in the general community CAMHS teams to support those children and young people who self-harm and/or are in crisis.

Multi-Family Therapy - part of the Maudsley model, this involves several families coming together for intensive group therapy where they are able to use their own resources and build on strengths to help overcome their child’s eating problem. The programme takes place over four whole days.

1.10 All referrals for eating disorders will come directly into the specialist service and triaged by telephone within 24 hours. High risk cases will be seen within 24 hours, urgent cases within 5 days and routine cases directed to their GP for medical assessment and then seen within 14 days if a routine case is confirmed.

3.11 More information about the enhanced service delivery model including key aspects, benefits and financial costings is provided in the documents below. A recruitment and retention strategy and training plan are also included.

<table>
<thead>
<tr>
<th>Key aspects of model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial costings</td>
</tr>
<tr>
<td>Benefits realised plan</td>
</tr>
<tr>
<td>Recruitment &amp; Retention Strategy</td>
</tr>
<tr>
<td>Training Plan</td>
</tr>
</tbody>
</table>
### Appendix F - Scorecard

#### Outcome 1 - More children and young people will have good emotional wellbeing and mental health; they are resilient and equipped to manage the ups and downs which life throws at them

<table>
<thead>
<tr>
<th>Key Performance Indicator</th>
<th>Baseline</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>% children and young people who are satisfied with their life</td>
<td>69%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Reported every 2 years (next data due 2017)</td>
</tr>
<tr>
<td>% children and young people who feel they have someone to turn to when they are worried</td>
<td>22%</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Reported every 2 years (next data due 2017)</td>
</tr>
<tr>
<td>No of children and young people from secondary schools in areas of greatest deprivation (30% or more children living in poverty) referred to Single Point of Access for additional help (Thrive Hub success measure)</td>
<td>New measure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No of children and young people seeking support via joint Children’s Services/CAMHS Single Point of Access where emotional wellbeing/mental health is a primary concern</td>
<td>New measure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No of visits to local one stop shop for emotional wellbeing and mental health website for children and young people</td>
<td>New measure</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

#### Outcome 2 - More children and young people with emotional wellbeing and mental health needs are identified early and supported in community settings, particularly schools, reducing the need for access to more specialist services

<table>
<thead>
<tr>
<th>Key Performance Indicator</th>
<th>Baseline</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>No of children and young people with emerging emotional wellbeing and mental health needs being supported by early help service</td>
<td>New measure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>250 cases</td>
</tr>
<tr>
<td>No of online counselling hours accessed by children and young people</td>
<td>New measure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,440 hours</td>
</tr>
<tr>
<td>No of children and young people reached through school and community based counselling (Time to Talk and Talk zone)</td>
<td>162</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>270</td>
</tr>
<tr>
<td>No of community and school-based counselling hours (Time to Talk and Talk zone) delivered</td>
<td>964</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,633</td>
</tr>
<tr>
<td>% of primary school age children with improved behaviour and academic outcomes as a result of mentoring support</td>
<td>New measure</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>No of primary school age children with behaviour needs requiring CAMHS support</td>
<td>New measure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital admissions caused by unintentional and deliberate injuries</td>
<td>155.6</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>137</td>
</tr>
<tr>
<td>Hospital admissions for mental health conditions</td>
<td>58.0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>52.0</td>
</tr>
<tr>
<td>% admission rate for self harm (10-24 years)</td>
<td>523.2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>412</td>
</tr>
<tr>
<td>No of 11-18 year olds attending A&amp;E where mental health is a primary or secondary diagnosis</td>
<td>New measure</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Outcome 3 - Parents/Carers and professionals in universal settings are more confident and able to respond to emotional and mental health needs and are clear about when and how to access additional help</td>
<td>% inappropriate referrals to CAMHS</td>
<td>29%</td>
<td></td>
<td></td>
<td>20%</td>
<td></td>
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<td>---</td>
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<tr>
<td></td>
<td>% GP referrals to CAMHS which are rejected</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>No’s of professionals from universal settings who have been trained in Mindfulness and/or Youth Mental Health First Aid</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Outcome 4 - All children and young people with emotional wellbeing and mental health needs have timely access to the right support close to home and recover in welcoming, inclusive and supportive communities</td>
<td>Key Performance Indicator</td>
<td>Baseline</td>
<td>Q1</td>
<td>Q2</td>
<td>Q3</td>
<td>Q4</td>
</tr>
<tr>
<td>---</td>
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<tr>
<td>% referrals to CAMHS assessed within 4 weeks</td>
<td></td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>% of referrals which are self-referrals</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Average no of cases supported by CAMHS</td>
<td>1,123</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>% of eating disorder cases that received NICE concordant treatment within the standards timeframes</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>% children and young people from one or more vulnerable and/or disadvantaged group accessing CAMHS</td>
<td>New measure</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% children subject to social care involvement including Looked After Children and those who are adopted who are fast tracked to CAMHS</td>
<td>New measure</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>% of children with learning disabilities and autism supported by CAMHS</td>
<td>New measure</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Average length of stay in inpatient care</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No of admissions for eating disorders</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Average length of stay in inpatient care for eating disorders</td>
<td></td>
<td></td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Outcome 5 - More children and young people with emotional wellbeing and mental health needs have a positive experience of support which is good quality, empowers them, is tailored to their individual needs and provides access to treatment that works</th>
<th>% children and young people who complete treatment</th>
<th></th>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>% children and young people who at the end of CAMHS service report main presenting problem has improved</td>
<td>New measure</td>
<td></td>
<td></td>
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<tr>
<td>% re-referrals to CAMHS within 12 months</td>
<td>New measure</td>
<td></td>
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<tr>
<td>No of complaints</td>
<td></td>
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</tbody>
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