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

“Healthy Mind, Healthy Life”

(The voice of children and young people in Wiltshire)

Updated November 2016
PREFACE

Our key achievements and impact during 2015/16........................................................................................................3
A message from the Chair of the Wiltshire Health and Wellbeing Board.................................................................5
Supporting the B&NES, Swindon and Wiltshire Sustainability and Transformation Plan...........................................7
The voice and influence of children and young people (CYP).......................................................................................8

CONTENTS

1. Introduction ............................................................................................................................................................... 10
2. What is this plan about? ............................................................................................................................................ 11
3. Our local vision ........................................................................................................................................................ 12
4. Where are we now - A tiered model ..................................................................................................................... 13
5. Funding.................................................................................................................................................................... 14
   5.1 Overall financial picture .................................................................................................................................. 14
   5.2 Key mental health and wellbeing services for CYP commissioned by the public sector ................................ 16
   5.3 Additional funding to implement transformation plans ................................................................................. 17
6. Primary and Specialist CAMHS structure and organisation ....................................................................................... 18
   6.1 Single Point of Access ...................................................................................................................................... 18
   6.2 Services and staffing ....................................................................................................................................... 18
7. Wiltshire Child and Adolescent Mental Health Service (CAMHS) performance data ................................................ 19
   7.1 Referrals .......................................................................................................................................................... 19
   7.2 Service caseloads ............................................................................................................................................ 20
   7.3 Waiting Times ................................................................................................................................................. 21
   7.4 Community based eating disorder service ..................................................................................................... 22
8. Improving access to NHS-funded community services .............................................................................................. 24
   8.1 Building capability and capacity across the CAMHS whole system workforce ............................................... 25
   8.2 Improving Access to Psychological Therapies Programme (CYP IAPT) ........................................................... 25
   8.3 Involving CYP and parents/carers in the development of CAMH services ..................................................... 26
   8.4 Summary ......................................................................................................................................................... 26
9. Transition to Adult Services ....................................................................................................................................... 27
10. What are the needs of children and young people in Wiltshire? ............................................................................ 28
   10.1 Working together to build a comprehensive local picture of need ................................................................. 28
   10.2 High level messages about the health and wellbeing needs of CYP in Wiltshire .......................................... 29
   10.3 Key themes and recommendations identified from the Health Needs Assessment ........................................ 29
   10.4 Prevalence of child and youth mental health problems in Wiltshire ............................................................. 31
   10.5 Hospital admissions and self-harm ............................................................................................................... 32
   10.6 Vulnerable children and young people ........................................................................................................ 33
11. Engagement and partnership ................................................................................................................................... 35
  11.1 The views of key stakeholders ........................................................................................................................ 35
  11.2 What children and young people say? ............................................................................................................ 35
  11.3 The voice of those who work with/care for CYP, including parents and carers ............................................. 36
12. Joint working between local partners ....................................................................................................................... 37
  12.1 Children’s Trust Emotional Wellbeing and Mental Health sub group ............................................................ 37
  12.2 Consultation on this plan ................................................................................................................................ 38
  12.3 Evidence of effective joint working at an operational level ........................................................................... 38
  12.4 Mental Health Crisis Care Concordat .............................................................................................................. 39
  12.5 Improving health based places of safety ........................................................................................................ 39
  12.6 Strengthening links with NHS England specialised commissioning .............................................................. 40
  12.7 24/7 urgent and emergency mental health services for CYP ......................................................................... 41
  12.8 Health and Justice ........................................................................................................................................... 42
13. Achieving our vision ................................................................................................................................................. 45
14. Key priorities for 2016/17 ........................................................................................................................................ 47
  14.1 Our new offer of child and youth mental health care and support ................................................................. 48
  14.2 Re-commissioning CAMHS across B&NES, Swindon and Wiltshire .......................................................... 49
15. Making it happen ...................................................................................................................................................... 50
  15.1 Level of ambition ............................................................................................................................................ 50
  15.2 Governance ..................................................................................................................................................... 50
  15.3 Equalities and diversity ................................................................................................................................... 50
  15.4 Ensuring accountability and transparency ...................................................................................................... 51

APPENDIX
1. Benefits realisation plan ........................................................................................................................................ 52
2. Waiting time reduction proposals .......................................................................................................................... 54
3. Transformation plan funding budgeted proposals and costings ........................................................................... 55
4. Wiltshire Oxford Health Primary and Specialist CAMHS Workforce Information ............................................ 56
5. Consultation Activity Record .............................................................................................................................. 57
A message from the Chair of the Wiltshire Health and Wellbeing Board

The very welcome and big national focus on children and young people’s mental health and wellbeing is continuing to provide a perhaps once in a lifetime opportunity to deliver large scale service transformation that should significantly improve outcomes for children, young people and their families.

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.

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, around 1 in 3 are not and 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 and post-16’s who are eligible for free school meals.

In Wiltshire, we are committed to making sure all children, young people and their families get access to the right help in the right place at the right time. A joint agency approach including action to intervene early and build resilience as well as improving access to high quality evidence based treatment for children, young people and their families is critical to preventing costly and more serious problems in later life including unemployment, poor health, crime and substance misuse.

By 2020/21, the national aspiration is that significant expansion in access to high quality mental health care will result in at least 70,000 additional children and young people receiving treatment each year – representing an increase in access to NHS funded community services to meet the needs of at least 35% of those with a diagnosable mental health condition. To meet this objective locally, we have expanded, refreshed and republished this transformation plan for children and young people’s mental health and wellbeing. The plan details how we will use the extra funds committed to this agenda to support our ambitions for change across the whole system.

We’ve achieved a great deal in the first year of delivering our local transformation plan and our priorities have focused on responding to the views of children, young people, parents/carers and professionals. During the development of our initial plan they told us:

• “There needs to be more support in schools”
• “More help is needed for those children and young people who do not meet the threshold for CAMHS”
• “Digital services should be used to help improve access to information and support”

In response we have:

✓ Established Thrive Hubs in six secondary schools in areas of greatest need encouraging stronger partnership working between CAMHS and school staff
✓ Enhanced the provision of face to face counselling within communities and commissioned an online counselling service for teenagers
✓ Developed a dedicated website for children and young people’s emotional wellbeing and mental health

---

1 Mental health in children and young people, Murphy M and Fonagy P, 2012
These developments and others have been supported through our increased investment in CAMHS from £5.7m in 2014-15 to £6.5m in 2015-16. We expect spend to reach £7m for 2016-17.

Although we have made good progress we are not complacent. We know 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 all children and young people with mental health needs can seek the right support and recover in welcoming, inclusive and supportive communities.

Through the delivery of our refreshed transformation plan we will continue to improve access to evidence based mental health wellbeing services by:

- Building capacity and capability across the whole children’s workforce to identify and respond to the emotional wellbeing and mental health needs of children and young people;
- Continuing to enhance early intervention and prevention in our schools, early years and primary care settings;
- Making better use of digital services to improve information and access to the right help as well as tackle stigma and discrimination;
- Enhancing the provision of evidence based talking therapies and interventions including counselling;
- Re-commissioning a modern fully integrated community Child and Adolescent Mental Health Service without tiers and that is more visible in local communities;
- Enhancing 24/7 CYP mental health liaison and support within Accident and Emergency Departments;
- Rolling out self-referral to CAMHS across the county;
- Improving pathways and provision for children and young people who are more at risk of developing mental health problems including Looked After Children.
- Implementing initiatives to reduce waiting times for treatment by 10% by 31 March 2017.
- Embedding our enhanced community based eating disorder service;
- Working in partnership with NHS England Specialised Commissioning to reduce CAMHS Tier 4 admissions and length of stay.

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

Let’s continue 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
Our key achievements and impact during 2015/16

- Enhanced capacity and capability within Oxford Health NHS Foundation Trust CAMHS by recruiting an additional 13.6 whole time equivalent therapists and further embedding CYP IAPT – 2,700 children and young people accessed the service in the last year. The latest performance data available at the time of writing this plan shows considerable improvement in waiting times for both the primary and specialist service.

- Launched Thrive Hubs in six secondary schools in areas of greatest need. Supported by a named CAMHS therapist, these schools are providing better early and preventative support for those pupils with emerging mental health problems.

  “Can I just reiterate the positivity and impact that the THRIVE hub project is having here at Abbeyfield for our students, their families and staff”. Ian Tucker, Headteacher

- Commissioned Kooth to provide an online counselling service for teenagers. In the first 3 months, 196 young people registered for the service. They accessed 133 chat sessions, 448 support messages and 450 thread views on moderated peer support forums. 98% of young people would recommend the service to a friend.

  "... because of how bad my trust issues are ... I've been testing you. Not once have you ever gone back on a promise. You've always been here for me... I'm done testing. After this I can say I do more than just fully trust you instead of 100 percent I trust you like 200000 percent. happy tears on this end . :)")"

- Launched an enhanced community based eating disorder service which includes early intervention, self-referral and multi-family therapy. 79% of routine cases are receiving treatment within 4 weeks. 75% of urgent cases are receiving treatment within 1 week.

- Children and young people in Wiltshire developed and launched a local dedicated website for emotional wellbeing and mental health called ‘Onyourmind’. The site is all about making it much easier to get the right help at the right time in the right place.

- Enhanced face to face counselling services reaching 695 children and young people with nearly 4,000 hours of provision.

- Embedded CAMHS therapists within local authority children’s services with a focus on improving access to timely emotional wellbeing and mental health support. 100% of children and young people that do not meet the threshold for CAMHS are now being provided with an offer of early help where appropriate.

- Trained six staff from schools, the local authority and CAMHS as Youth Mental Health First Aid trainers which has enabled us to develop a sustainable offer of Youth Mental Health First Aid Training for children and young people professionals.
• Updated and distributed our ‘What’s worrying you?’ leaflet and poster to all secondary schools, GP surgeries and hospitals. This signposts children, young people, parents/carers and professionals to free nationally available sources of support including self-help.

• Embedded a senior psychological therapist within our multi-agency safeguarding hub for 2 days per week to ensure faster access to CAMHS for those children and young people who are in crisis.

• The Ministry of Parenting are training multi-agency staff from across health, education and social care (including the voluntary and community sector) to provide evidence-based parenting courses for parents/carers of teenagers with emotional wellbeing and mental health problems.

• 103 schools are now part of the Healthy Schools programme (up from 77 in 2015). This is all about developing school environments that support pupil health and Wellbeing: www.wiltshirehealthyschools.org.

• Kidscape have been funded to support a number of secondary schools to develop in house peer mentoring programmes for pupils.

• Established a mentoring scheme across 12 primary schools which involves volunteers befriending and supporting 8-11 year olds to build resilience and overcome emerging social, emotional and mental health difficulties. 8 volunteers have been recruited to date.

• Young people have designed and launched an Anti-Bullying Charter which sets out a local approach to preventing and tackling bullying.
Supporting the B&NES, Swindon and Wiltshire Sustainability and Transformation Plan (STP)

Leaders of health and care organisations from Bath and North East Somerset (B&NES), Swindon and Wiltshire have worked together to develop a ‘Sustainability and Transformation Plan’ (STP). The overall aim of the plan is to improve the health and wellbeing of the local population, improve service quality as well as deliver financial stability.

The plan sets out a joint approach that will help to deliver the aims of the [NHS Five Year Forward View](#) and is in line with other important national guidance such as the [GP Forward View](#), Mental Health Taskforce Report and [National Maternity Review](#). There are five key priority areas outlined within the plan. These are supported by the commissioning intentions and local priorities which are set out within this Local Transformation Plan for Children and Young People’s Mental Health and Wellbeing. The five priorities are:

- To provide improved person-centred care by strengthening and integrating the specialist services that support primary care – we will re-commission a new full integrated CAMH service across the STP.
- To shift the focus of care from treatment to prevention and proactive care – we will enhance the provision of early intervention for children and young people with emotional wellbeing and mental health issues in our communities.
- To redefine the ways we work together as organisations to deliver improved individual/patient care – our local priorities for CAMHS transformation have been developed by health, education and social care (including the voluntary and community sector working together). This also includes children, young people and their parents/carers.
- To ensure we offer staff an attractive career and build a flexible, sustainable workforce - we will develop a joint agency CAMHS workforce development plan.
- To strengthen collaboration across organisations to directly benefit acute and urgent care services – we will enhance 24/7 all age mental health liaison within our acute hospital trusts.
The voice and influence of children and young people

What children and young people say

Wiltshire Assembly of Youth and UK Youth Parliament members tell us that emotional wellbeing and mental health is a top priority.

To help promote good mental health, young people have developed a mental health charter.

Key messages

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

How have children and young people been involved in CAMHS transformation

✓ Took part in a discussion with local leaders about how best to prevent and tackle bullying. This informed the development of an Anti-Bullying Charter which will be launched during Anti-Bulling week in November 2016.
✓ Worked with professionals to design and launch a ‘What’s worrying You?’ leaflet and poster which provides useful information to young people, parents/carers and professionals about nationally available services.
✓ Invited and held to account the Lead Commissioner for children and young people’s mental health and wellbeing at a Wiltshire Assembly of Youth event.
✓ Formed part of a Digital Services Task and Finish Group to develop a dedicated local website for children and young people’s mental health and wellbeing called ‘Onyourmind’.
✓ Designed a youth friendly version of the local transformation plan for children and young people’s mental health and wellbeing.
✓ The views of children and young people are now a standing item on the multi-agency Children’s Trust Emotional Wellbeing and Mental Health Sub Group.
✓ Members of Wiltshire Assembly of Youth, Children in Care Council, Healthwatch Young Listeners and the Oxford Health CAMHS User Participation Group are continuing to work with the CCG, Police, Healthwatch and Wiltshire Council on a Youth Summit which will take place in early 2017.
✓ Young people are being involved in the evaluation of bids for the re-commissioning of CAMHS.
✓ Participated in a workshop to inform the development of the local Health Needs Assessment for children and young people’s emotional wellbeing and mental health.
1. Introduction

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

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

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

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

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

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

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

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

In Wiltshire, we’ve achieved a lot in our first twelve months. These achievements have been made possible through the strong partnerships we have in place through our local multi-agency Children’s Trust.

---

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

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

2. What is this plan about?

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

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

(The voice of Wiltshire children and young people)

The plan reflects the national ambition and aspirations for improving children and young people’s mental health and wellbeing as set out in Future in Mind and the Five Year Forward View for Mental Health. It has been developed within a local framework of existing strategies and initiatives. The plan has been developed in collaboration with partners from across education, health and social care, the voluntary and community sector, and importantly children, young people and parents/carers.
3. Our local vision

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

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

Our vision will deliver the following outcomes:

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

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

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

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

As is the case in many local areas, this traditional CAMHS model was useful at the time of its development in the 1990’s for helping to differentiate between the various 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;
- A complex system to navigate from the point of view of everyone involved;
- Children, young people and their families feeling ‘bounced around’.

In common with the national picture, this tiered system for supporting children and young people’s mental health and wellbeing has led to a patchy and incoherent offer of help which has led to significant issues in relation to access, consistency and understanding of pathways. Children, young people, parents/carers and professionals have increasingly become unclear about where to go for the right help.

This confusion has led to a situation where specialist CAMHS providers have become the ‘go to’ point for all children and young people where there are concerns about their emotional wellbeing and mental health. This has placed significant strain on these services that, following assessment discover many of these children and young people do not require a specialist mental health response. This has exacerbated waiting times for assessment and treatment.

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

In Wiltshire, primary and specialist CAMH services are provided by Oxford Health NHS Foundation Trust. These services are available for 0-18 year olds who are referred by their GP, health visitor, and school or hospital doctor. 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.
The service wall below provides information about key services for children and young people’s emotional wellbeing and mental health in Wiltshire. It includes estimated numbers of local children and young people at each level of need according to the Child and Maternal Health Observatory (ChiMat) 2014.

5. Funding

5.1 Overall financial picture

The overall local annual spend for 2015-16 on Child and Adolescent Mental Health Services was £6.5m. This represents a 14.5% increase in expenditure on last year (£5.7m in 2014-15). These figures mean that Wiltshire now spends around £57 per head of the 0-19 Wiltshire child and youth population (as per the Office for National Statistics 2015 mid-year estimates). The majority of funding continues to be spent on specialist services (84%). However,
through the implementation of our local transformation plan, a higher percentage of the overall funding is now being spent on primary CAMHS and early intervention in universal and primary care settings (up 5%).

<table>
<thead>
<tr>
<th>Description</th>
<th>Expenditure 2015/16</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Tier 1 – Early intervention and prevention in universal and primary care settings</strong></td>
<td>£23k from Wiltshire Council Public Health</td>
</tr>
<tr>
<td></td>
<td>£297k from Wiltshire CCG</td>
</tr>
<tr>
<td><strong>Tier 2 – Primary CAMHS including school and community based counselling services</strong></td>
<td>£518k from Wiltshire Council Children’s Services</td>
</tr>
<tr>
<td></td>
<td>£162k from Wiltshire CCG</td>
</tr>
<tr>
<td><strong>Tier 3 - Specialist CAMHS</strong></td>
<td>£80k from Wiltshire Council</td>
</tr>
<tr>
<td></td>
<td>£4m from Wiltshire CCG</td>
</tr>
<tr>
<td><strong>Tier 4 – Highly specialist CAMHS including inpatient beds</strong></td>
<td>£1.4m from NHS England Specialised Commissioning</td>
</tr>
<tr>
<td></td>
<td>(£732k for Inpatient Service at Marlborough House)</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Description</th>
<th>Expenditure 2015/16</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</td>
</tr>
<tr>
<td></td>
<td>£4.41m from schools via Dedicated Schools Grant</td>
</tr>
<tr>
<td></td>
<td><strong>Please note this data is provisional and is currently in the process of being updated</strong></td>
</tr>
<tr>
<td>Early Intervention in Psychosis service for 14-60 year olds provided by Avon and Wiltshire Mental Health Partnership (AWP) NHS Trust</td>
<td>£743k from Wiltshire CCG*</td>
</tr>
<tr>
<td></td>
<td>(includes £104k of Parity of Esteem funding)</td>
</tr>
<tr>
<td></td>
<td>*Estimate based on most recent AWP resource mapping exercise</td>
</tr>
<tr>
<td>Adult Improving Access to Psychological Therapies Service for those aged 16 and over provided by Avon and Wiltshire Mental Health Partnership (AWP) NHS Trust</td>
<td>£2m from Wiltshire CCG</td>
</tr>
</tbody>
</table>

**KEY CHALLENGE: Improving outcomes for children and young people and achieving better value for money by directing more resources upstream on early intervention and prevention.**
5.2 Key mental health and wellbeing services for CYP commissioned by the public sector

Core community CAMHS
As noted earlier in this plan, primary and specialist CAMHS are currently provided by Oxford Health NHS Foundation Trust. Primary CAMHS is funded by Wiltshire Council to provide interventions and treatment for children and young people with mild to moderate mental health needs. Specialist CAMHS is funded by the Wiltshire Clinical Commissioning Group to provide interventions and treatment for those children and young people with more severe mental health problems. NHS England Specialised Commissioning funds highly specialist interventions and treatment for those with the most severe mental health difficulties which includes the provision of inpatient beds and services.

More information about primary and specialist CAMHS is included in section 6 of this report.

Counselling
The charity Relate is the main provider of community and school based counselling services in Wiltshire. Time to Talk provides counselling across a number of primary schools for children aged 6-11 years. Talkzone supports young people aged 7-18 years with counselling provided at home, in school or other suitable community setting. Many schools purchase their own counselling provision from Relate or other organisations. Some schools directly employ their own counsellors. Kooth is the local provider of online counselling to teenagers. This service commenced on 1 April 2016.

Early Intervention in Psychosis (EIP)
The Avon and Wiltshire Partnership provide the Early Intervention in Psychosis Service for 14-60 year olds in Wiltshire. This comprises a multi-disciplinary team that includes mental health nurses, occupational therapists, psychology, non-medical prescribers and community mental health support workers. The service offers a three year pathway for those individuals experiencing first episode psychosis or who are in their first three years of experiencing psychosis. The pathway can be extended to five years in some cases.

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

The EIP service also provides access to help for those in an at risk mental health state, for example presenting with some kind of hallucinogenic mental health concern. A Hearing Voices Group has been setup in response to concerns related to the numbers of 18-25 year old females reporting experiences of hallucinations.

Capacity in the overall service will soon be enhanced with an additional £309k per year of funding. This will provide consultant psychiatry into the multi-disciplinary teams.

Demand for the service has increased significantly from an average of 7-10 referrals per month to 217 from September 2016. The latest performance data snapshot shows that 91.7% of cases receive treatment within 2 weeks of diagnosis – this is better than the national waiting time standard target of 50%.

Adult Improving Access to Psychological Therapies Service
Provided by the Avon and Wiltshire Mental Health Partnership, the adult IAPT service provides a stepped care model for those aged 16 and over who are experiencing mild to moderate anxiety or depression. The service is accessed via self-referral. The service offer is comprised of step 2 and step 3 interventions. Step 2 includes short-term Cognitive Behavioural Therapy (CBT) based interventions and treatment from low intervention therapists. Step 3 includes between 8-20 pure CBT sessions.
5.3 Additional funding to implement transformation plans

The increase in local CAMHS spend has been the result of additional investment from NHS England to support the delivery of local transformation plans. The funding grows year on year until 2020/21 and is included within the overall CCG budget allocation. The table below provides a summary of this funding, its purpose and the forecasted uplift (please note the figures from 2017/18 are draft and are subject to confirmation from NHS England).

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Early Intervention</td>
<td>£610,565.00</td>
<td>£973,840.00</td>
<td>£1,149,131.20</td>
<td>£1,390,448.75</td>
<td>£1,557,302.60</td>
</tr>
<tr>
<td></td>
<td>(59% uplift)</td>
<td>(18% uplift)</td>
<td>(21% uplift)</td>
<td>(12% uplift)</td>
<td></td>
</tr>
<tr>
<td>Eating Disorders</td>
<td>£243,924.00</td>
<td>£245,000.00</td>
<td>£245,000.00</td>
<td>£245,000.00</td>
<td>£245,000.00</td>
</tr>
</tbody>
</table>

One-off funding to reduce waiting times and improve crisis resolution, liaison and home treatment

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

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

Wiltshire is forecast to receive £205k of this funding and this plan sets out how we intend to use this to improve average waiting times for treatment by March 2017.

Health and Justice funding

Following a review of health and justice pathways, the Health and Justice Commissioner wrote to CCG’s in October 2016 inviting bids for recurrent spend to address gaps in service provision for children and young people in contact with directly commissioned health and justice services. These are Liaison and Diversion, Secure Children’s Homes and Sexual Assault Referral Centres. Working in collaboration with Bath & North East Somerset and Swindon, Wiltshire submitted a total of three bids with an overall value of £120k per year. Plans for the use of this funding are set out later in this plan.

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

In 2015/16 commissioning arrangements for CYP IAPT changed – national funding to support staff training started to flow through CCG’s rather than direct to providers as had been the case previously. Consequently, CCG’s are now responsible for working with local CAMHS providers to identify training needs and the investment required to support this. Further changes to funding are anticipated (outlined in section 8.2 of this plan).

In 2015/16 Wiltshire CCG spent £11,250 on supporting Oxford Health NHS Foundation Trust staff to access CYP IAPT. A memorandum of understanding is in place between the CCG and NHS England to ensure that national funding for CYP IAPT is transferred to the CCG budget for this purpose.
Summary
Investment in Child and Teenage Mental Health is increasing locally with increased emphasis on improving access to earlier support which is available within universal and primary care settings. Taking into account the uplift in transformation funding and one-off monies for reducing waiting times, the overall spend on CAMHS is expected to grow to an estimated £7m for the 2016-17 financial year.

6. Primary and Specialist CAMHS structure and organisation

6.1 Single Point of Access
Oxford Health NHS Foundation Trust operates a Single Point of Access into both primary and specialist CAMHS for referrals. This ensures that children and young people get immediately to the right level of service. Around 220 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.

6.2 Services and staffing
The primary CAMH 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. The primary service also includes the provision of counselling – delivered through a partnership between Oxford Health and the charity Relate. Furthermore, it now also includes a new emotional wellbeing team which is staffed by 7.0 WTE staff offering consultation, liaison and training to professionals working in universal and primary care settings as well as direct short-term early interventions for children and young people.

The specialist CAMH service (including Community CAMHS and Outreach Service for Children and Adolescents) is staffed by 66.60 WTE staff offering assessment and interventions for those children and young people with more complex and severe mental health problems. Further information about the CAMHS workforce (including skills and capabilities) is included in Appendix 4.

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

- **Community Services** for children and young people with more severe, complex and persistent mental health difficulties.
- **Family Assessment and Safeguarding Service (FASS)** – a specialist multi-disciplinary service providing child and parenting assessment and treatments for families where there is a high risk of severe parenting problems.
- **Therapeutic support for family placements** - a Clinical Psychologist and Child Psychotherapist are seconded wholly to Looked After Children 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.
- **Learning Disability Service** offers assessment for children and young people with Special Educational Needs and/or Disabilities.
- **Community Eating Disorder Service** – highly specialised multi-disciplinary eating disorder teams provide evidence-based interventions to children and young people with eating disorders. This includes an outreach service for home treatment which operates seven days a week assisting with home feeding.
• **Inpatient Service** in Swindon, called Marlborough House is a self-contained unit on the hospital site and offers both inpatient and day patient facilities including an on-site school. The inpatient unit has 12 beds.

7. **Wiltshire Child and Adolescent Mental Health Service (CAMHS) performance data**

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

7.1 **Referrals**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine referrals into Single Point of Access</td>
<td>1892</td>
<td>2062</td>
<td>2138</td>
<td>1974</td>
</tr>
<tr>
<td>All referrals</td>
<td>2828</td>
<td>2740</td>
<td>2742</td>
<td>2734</td>
</tr>
</tbody>
</table>

Where are the referrals coming from (all referrals)?

<table>
<thead>
<tr>
<th>Source of referral (all referrals)</th>
<th>2014-15</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accident &amp; Emergency</td>
<td>19</td>
<td>69</td>
</tr>
<tr>
<td>Carer</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Community-based paediatrics</td>
<td>163</td>
<td>182</td>
</tr>
<tr>
<td>Drug treatment service</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Education</td>
<td>294</td>
<td>260</td>
</tr>
<tr>
<td>GPs</td>
<td>1248</td>
<td>1212</td>
</tr>
<tr>
<td>Hospital-based paediatrics</td>
<td>284</td>
<td>61</td>
</tr>
<tr>
<td>Children’s Social Care</td>
<td>118</td>
<td>0</td>
</tr>
<tr>
<td>Other</td>
<td>528</td>
<td>292</td>
</tr>
<tr>
<td>Police</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Self-referral</td>
<td>60</td>
<td>43</td>
</tr>
<tr>
<td>Specialist Nurse</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>Youth Offending Team</td>
<td>10</td>
<td>3</td>
</tr>
<tr>
<td>Local Authority</td>
<td>-</td>
<td>65*</td>
</tr>
<tr>
<td>Oxford Health NHS Foundation Trust CAMHS</td>
<td>-</td>
<td>535*</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2742</td>
<td>2734</td>
</tr>
</tbody>
</table>

KEY CHALLENGE: Too many referrals to CAMHS do not meet the criteria for a specialist mental health response. Better information and training is therefore needed for professionals so that they are able to refer or signpost children and young people to the right help they need.

*These categories are new for 2015-16. They have been added because a computer system change caused incorrect coding against Oxford Health NHS.
Demand for primary and specialist CAMHS is rising across Wiltshire – although a slight reduction was seen in the total number of referrals for 2015-16 in comparison to the previous year. Referrals come from a wide range of sources, the most common being GPs. Children and young people can self-refer but currently only in Trowbridge.

18% of referrals made in 2015-16 were not accepted as they did not meet the threshold for a CAMH Service. A CCG audit project in August 2015 found that high numbers of rejected referrals came from GPs and universal settings – an indication that there is potential confusion about referral pathways and services available.

It should be noted that through the implementation of the local transformation plan in 2015/16, Oxford Health have recruited an Access Coordinator. Consequently, ‘not accepted’ referrals are now contacted to discuss their problem and are directed to the right service that can help them. This should mean that going forward, everyone referred to Wiltshire CAMHS should get the right help they need, either from Oxford Health or another suitable service.

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

### 7.2 Service caseloads

For those children and young people who make it into CAMHS, the average service caseload across Wiltshire has risen since 2013-14, in particular for the specialist service. Although the data below only gives an overall service caseload, this alongside recommended CAMHS workforce modelling suggests that CAMHS are currently overloaded. This will likely be having a detrimental impact on CAMHS ability to respond quickly, flexibly and offer evidenced based treatments for long enough in order for them to be effective.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tier 2</td>
<td>Tier 3</td>
<td>Tier 2</td>
<td>Tier 3</td>
</tr>
<tr>
<td>Caseload average</td>
<td>264</td>
<td>755</td>
<td>324</td>
<td>794</td>
</tr>
<tr>
<td>No of direct contacts</td>
<td>1569</td>
<td>9752</td>
<td>3060</td>
<td>11396</td>
</tr>
</tbody>
</table>

**Age breakdown of caseload (snapshot as at March 2016)**

The largest number cases in current caseloads are in the 16 to 18 year age bracket followed by the 12 to 15 year age group. This will need to be taken into account in the planning for the provision of services.
7.3 Waiting Times

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

How long is the wait for help?

From referral to assessment

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Tier 2</td>
<td>Tier 3</td>
<td>Tier 2</td>
<td>Tier 3</td>
</tr>
<tr>
<td>4 wks</td>
<td>91%</td>
<td>96%</td>
<td>61%</td>
<td>88%</td>
</tr>
<tr>
<td>8 wks</td>
<td>N/A</td>
<td>97%</td>
<td>N/A</td>
<td>94%</td>
</tr>
<tr>
<td>12 wks</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

From assessment to treatment

<table>
<thead>
<tr>
<th></th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>No of CYP who received treatment across all CAMHS teams</td>
<td>1068</td>
</tr>
<tr>
<td>Average Waiting Time for CYP who received treatment across all CAMHS teams</td>
<td>52 days</td>
</tr>
<tr>
<td>% of CYP treated within 12 weeks across all CAMHS teams</td>
<td>81%</td>
</tr>
</tbody>
</table>

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

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

We will address the waiting time challenge through the following actions:

- Work with our CAMHS provider to develop a comprehensive waiting time reduction plan
- Take urgent actions in year supported by one-off funding (£205k) which has been made available by NHS England to reduce waiting times for treatment in 2016/17. Our aim is reduce the wait for treatment by 10% by 31 March 2017 through a multifaceted approach and by working in partnership with our commissioning partners in Bath & North East Somerset and Swindon. A summary of key waiting time initiatives, including a rationale for each proposal as well as estimated costings, is included as Appendix 2 & 3. The table below provides a summary of the current position and target reductions in relation to waiting times for treatment.

---

3 Treatment is defined as a child or young person who has received a second contact with an NHS funded community service.
<table>
<thead>
<tr>
<th></th>
<th>December 2016</th>
<th>March 2017</th>
<th>Target % reduction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of CYP waiting for treatment</td>
<td>153</td>
<td>138</td>
<td>10%</td>
</tr>
<tr>
<td>Average waiting time from referral to treatment (days)</td>
<td>69</td>
<td>62</td>
<td>10%</td>
</tr>
</tbody>
</table>

### 7.4 Community based eating disorder service

By 2020/21, evidence-based community eating disorder services for children and young people need to be in place in all areas, ensuring that 95% of children and young people receive treatment within four weeks of referral for routine cases; and one week for urgent cases.

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

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

#### Referrals made

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

The aim of the provision of community eating disorder services is to ensure evidence-based treatment at the earliest stage of the illness, therefore helping to reduce demand for specialist services and admissions.

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

- A multi-disciplinary team (including a consultant child psychiatrist, therapist, psychologist and other clinical staff) in each base offering NICE-concordat treatment (including systemic family practice and CBT-E. All staff are either CYP IAPT or Maudsley trained).
• Eating Disorder parenting groups
• Links with acute paediatrics at District General Hospitals
• Time-limited home re-feeding via CAMHS OSCA teams which operates 7 days a week
• Twice yearly Swindon, Wiltshire and B&NES Eating Disorder network meetings
• Teaching and training to partner agencies

Through transformation funding we have enhanced the service further through a joint commissioning arrangement with Bath and North East Somerset and Swindon. Wiltshire CCG is the Lead Commissioner.

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

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

The performance data below shows that the mean wait time has increased slightly in 2015-16. In respect of the 95% national access and waiting time target, the latest submission to NHS England reported that 79% of children and young people had received treatment within 4 weeks for routine cases and 75% had received treatment within 1 week for urgent cases.

<table>
<thead>
<tr>
<th>Mean wait time</th>
<th>2012-13</th>
<th>2013-14</th>
<th>2014-15</th>
<th>2015-16</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mean wait time</td>
<td>36 days*</td>
<td>12 days</td>
<td>15 days</td>
<td>17 days</td>
</tr>
</tbody>
</table>

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

Waiting and access time standard

<table>
<thead>
<tr>
<th>% of urgent cases treated within 1 week</th>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>50%</td>
<td>75%</td>
<td>95%</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>% of routine cases treated within 4 weeks</th>
<th>Quarter 1</th>
<th>Quarter 2</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td>77%</td>
<td>79%</td>
<td>95%</td>
<td></td>
</tr>
</tbody>
</table>

Information about evidence-based treatments for eating disorders

<table>
<thead>
<tr>
<th>CBT-E</th>
<th>A variation of Cognitive Behavioural Therapy specifically designed for young people with eating disorders.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Maudsley approach</td>
<td>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.</td>
</tr>
<tr>
<td>Multi-Family Therapy</td>
<td>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.</td>
</tr>
</tbody>
</table>

A Service Development Improvement Plan (SDIP) is in place as part of the specialist CAMHS contract to improve performance further. It is our aim to meet the access and waiting time standard in respect of routine and urgent
cases by July 2017. The service has joined the national quality improvement and accreditation network for community eating disorder services (QNCC ED) so that improvements can be monitored and demonstrate quality of service delivery.

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

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

These developments will provide all the essential elements of a comprehensive eating disorder service and further reduce the number of and length of stay in inpatient admissions. A copy of the Service Development Improvement Plan and Benefits Realisation Plan is included below.

8. Improving access to NHS-funded community services

To address the challenge of increased demand and ensure children and young people get the right help they need, more investment to build capacity and capability across the whole system is critical to improving access to community mental health services. Within this context, by 2020-21 the national target for NHS England is to reach at least 70,000 additional children and young people each year who will receive evidence based mental health treatment. This is expected to deliver increased access from meeting around 25% of those with a diagnosable condition locally, based on current estimates, to at least 35%. These additional children and young people will be treated by NHS-funded community services.

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

The table below sets out an indicative trajectory for increased access both nationally and locally. This is based on prevalence estimates for mental health disorders in children aged 5-19 years (Wiltshire CAMHS Service Snapshot, ChiMat, 2014). Please note that this data comes with a health warning in that there may be some duplication in the numbers of 16 year olds according to the prevalence data provided. Further to this the data provided by ChiMat is
estimated and may not truly reflect local need. In addition the treatment baseline data for 2014-15 is based on 5-18 year olds and only includes those CYP who have been treated by Oxford Health NHS Foundation Trust. Commissioners are working with local NHS-funded community services to update this information to ensure accuracy.

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded service</td>
<td>28% 1919 CYP for Wiltshire</td>
<td>30% 2056 CYP for Wiltshire</td>
<td>32% 2194 CYP for Wiltshire</td>
<td>34% 2331 CYP for Wiltshire</td>
<td>35% 2399 CYP for Wiltshire</td>
</tr>
<tr>
<td>Number of additional CYP treated over 2014/15 baseline</td>
<td>21,000 851 CYP for Wiltshire</td>
<td>35,000 137 CYP for Wiltshire</td>
<td>49,000 138 CYP for Wiltshire</td>
<td>63,000 137 CYP for Wiltshire</td>
<td>70,000 68 CYP for Wiltshire</td>
</tr>
</tbody>
</table>

8.1 Building capability and capacity across the CAMHS whole system workforce

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

Through the implementation of our local transformation plan we have already taken steps to grow the CAMHS workforce by recruiting an additional 13.6 WTE therapists in 2015-16. Through the delivery of our local priorities for 16/17 we plan to recruit a further 9.5 WTE therapists in 2016-17.

<table>
<thead>
<tr>
<th></th>
<th>2014-15</th>
<th>2015-16</th>
<th>2016-17</th>
</tr>
</thead>
<tbody>
<tr>
<td>CAMHS staff whole time equivalents</td>
<td>69.85</td>
<td>83.45</td>
<td>92.95</td>
</tr>
<tr>
<td>Increase in staff whole time equivalent numbers</td>
<td>N/A</td>
<td>+13.60</td>
<td>+9.50</td>
</tr>
</tbody>
</table>

8.2 Improving Access to Psychological Therapies Programme (CYP IAPT)

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

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

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

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

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

The funding for CYP IAPT implementation (to fund staff training) is in the process of transferring to Health Education England and CCGs (as part of Local Transformation Plan allocations). This will be completed by 2018. Consequently, in order to continue Wiltshire’s ongoing involvement as well as to support the wider children’s workforce in accessing the programme we shall allocate a dedicated budget to CYP IAPT training and development from 2017/18.

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

8.3 Involving CYP and parents/carers in the development of CAMH services

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

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

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

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

8.4 Summary

We will improve access to children and young people’s mental health services by growing and improving our workforce as well as continuing to engage in the implementation of CYP IAPT. Working with our multi-agency
partners we will develop a whole system CAMHS workforce development plan that will clearly outline the steps we will take to build capacity and capability across children’s services.

Through the delivery of this plan we shall recruit a further 9.5 WTE CAMHS staff in 2016/17. This shall include 3 WTE Psychological Wellbeing Practitioners – a new post for CYP Mental Health announced by Health Education England in August 2016. These posts shall be employed by Oxford Health NHS Foundation Trust with training commencing in January 2017. The roles will be trained to deliver one of the NICE concordat therapies which are currently being offered by the six CYP IAPT collaboratives. They will be focused on early intervention.

Other key actions include:

- Establishing a dedicated CYP IAPT training and development fund which will support professionals to access training opportunities.
- Taking full advantage of the new CYP IAPT training opportunities which are available and ensure these are offered to the wider multi-agency CAMHS workforce (including the voluntary and community sector).
- Improving CYP and parent/carer participation by embedding the 9 participation priorities developed by YoungMinds as well as engaging with MYAPT and implementing the Parent Say Toolkit.
- Making sure all CYP who access CAMHS have a Mental Health Passport.

9. Transition to Adult Services

In Wiltshire, children and young people who are receiving CAHMS services and are approaching their 18th birthday will usually be transferred across to the adult mental health service provider AWP (Avon and Wiltshire Mental Health Partnership). It is well known that this is a difficult transition for young people and some will not meet the threshold for an adult mental health service. The other key issue highlighted by young people is that adult mental health services tend to work with the individual rather than the family as a whole.

In 2015-16 Oxford Health NHS Foundation Trust was took part in a CQUIN4 which included an audit of patients who transitioned to adult services in AWP. The audit examined the numbers referred to AWP and accepted. The Audit showed that out of 35 referrals only 17 (49%) were accepted into adult services. For those who were over 18 and didn’t meet the criteria for adult services, they were usually helped as much as possible and signposted towards alternative services like the adult IAPT service.

Further data about transition to adult services will be gathered as part of the Wiltshire Adult Mental Health Needs Assessment which will be produced during the autumn and winter of 2016.

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

Improving the transition of young people from CAMHS to adult mental health services is a key area for development.

We will take the following steps to improve transition:

- Representatives from Oxford Health CAMHS and AWP will attend a monthly transitions panel chaired by the local authority to ensure young people are identified early and supported.
- Embed the recently revised and updated transitions protocol.
- Service Managers from Oxford Health and AWP will meet monthly to share concerns and improve practice.

---

4 Commissioning for Quality and Innovation (CQUINs) payments framework encourages care providers to share and continually improve how care is delivered and to achieve transparency and overall improvement in healthcare. For you – the patient – this means better experience, involvement and outcomes.
• AWP will explore the development of a ‘transitions worker’ job role within its organisational structure either as a dedicated full time role or shared across named staff within locality areas.
• The requirement for CAMHS to work with Care Leavers up to age 25 and those with significant Special Educational Needs and/or Disabilities (SEND) will be included within the service specification for the new integrated community CAMH Service which will go live on 1 April 2018.

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

10.1 Working together to build a comprehensive local picture of need

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.

Coordinated through the multi-agency Children’s Trust, the Wiltshire Council Public Health Team has worked with key stakeholders to develop a Health Needs Assessment (HNA) which specifically focuses on the mental health and wellbeing of children and young people aged 0-19. A copy of the full HNA is included below and has been developed for the purpose of informing the development of this refreshed transformation plan as well as the re-commissioning of CAMHS.

![CYP EWMH HNA 2016.pdf](image)

The HNA’s contents are derived from national and local indicators, informed by the evidence base of protective and risk factors for emotional wellbeing and mental health. The report considers service level data and self-reported measures from local surveys and consultations. The full scope of the HNA includes:

• Demographic data relating to children and young people aged 0-25 where available
• Protective factors for emotional wellbeing and mental health
• General population risk factors for emotional wellbeing and mental health
• High risk groups for mental disorder and low wellbeing
• Prevention of poor emotional wellbeing and mental health
• Overview of current service provision and demand
• What children and young people say about services

The assessment takes into account results from the latest Wiltshire Health and Wellbeing Pupil Survey which asked nearly 7,000 children and young people around 300 questions about their health and wellbeing.

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

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

10.3 Key themes and recommendations identified from the Health Needs Assessment

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

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

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

Prevalence of poor emotional wellbeing and mental health

- There are a few areas where Wiltshire has a higher than national average rate of estimated prevalence of poor emotional wellbeing and mental health amongst children and young people aged 16-24. These include eating disorders, ADHD and children and young people requiring Tier 3 and 4 CAMH Services.

- Current information about hospital attendances and admissions for children and young people is limited although data indicates Wiltshire has a higher than average rate of admissions to hospital for self-harm and self-poisoning by alcohol. A research proposal to look at children and young people hospital admission avoidance for mental health conditions and self-harm is being developed by the Wiltshire Council Public Health Team and Wiltshire CCG. This may help to address the gap in local intelligence.

Service mapping and demand

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

Inequalities, deprivation and child poverty

Wiltshire compares well against the rest of the country in terms of overall deprivation. However, the county has seen an increase in relative deprivation since 2004. For the first time, Wiltshire now has one Local Super Output Area (LSOA) in the 10% most severely deprived LSOAs in England; Salisbury St Martin – central which is now also in the 10% most deprived in England with regards to health deprivation and disability. The map below shows levels of deprivation for all of Wiltshire’s LSOA’s.

The Wiltshire Child Poverty Needs Assessment 2014 reported that an analysis by Her Majesty’s Revenue and Customs (HMRC) demonstrated that in 2011 Wiltshire had 11,610 children living in poverty, which represents 11.4% of children, according to their data, and an increase in 400 children in Wiltshire since 2008. This compares well with other local authority areas in the South West of England. The rate of children living in poverty is highest within the community areas of Westbury, Trowbridge and Melksham.

Children living in poverty

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

10.4 Prevalence of child and youth mental health problems in Wiltshire

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

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

<table>
<thead>
<tr>
<th>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>
</tr>
</thead>
<tbody>
<tr>
<td>Boys &amp; Girls</td>
</tr>
<tr>
<td>Boys</td>
</tr>
<tr>
<td>Girls</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Hyperkinetic (hyperactivity) disorders</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys &amp; Girls</td>
</tr>
<tr>
<td>Boys</td>
</tr>
<tr>
<td>Girls</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Other (less common disorders, such as ASD and eating disorders)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys &amp; Girls</td>
</tr>
<tr>
<td>Boys</td>
</tr>
<tr>
<td>Girls</td>
</tr>
</tbody>
</table>
10.5 Hospital admissions and self-harm

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.

National data

The crude rate per 10,000 for emergency hospital admissions for 15-24 year olds following injury (2012-15) is above the national average (Wiltshire 153.00; England 131.7). The crude rate per 100,000 (age 0-17) for hospital admission for mental health conditions (2014-15) is below the national average (Wiltshire 57.7; England 87.4). The directly standardised rate per 100,000 (age 10-24) for emergency hospital admissions for self harm (2014-15) is above the national average (Wiltshire 478.3; England 398.8). Nationally, levels of self-harm are higher among young women than young men.

Local data

The table below shows the number of 11-18 year old hospital admissions for mental health and self-harm over the last three years across the three acute hospitals covering the Bath & North East Somerset, Swindon and Wiltshire geography.

<table>
<thead>
<tr>
<th>Provider</th>
<th>Type of admission</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>2013/14</td>
</tr>
<tr>
<td>Great Western Hospital, Swindon</td>
<td>Mental Health</td>
<td>68</td>
</tr>
<tr>
<td></td>
<td>Self-harm</td>
<td>64</td>
</tr>
<tr>
<td>Royal United Hospital, Bath</td>
<td>Mental Health</td>
<td>138</td>
</tr>
<tr>
<td></td>
<td>Self-harm</td>
<td>119</td>
</tr>
<tr>
<td>Salisbury Hospital, Wiltshire</td>
<td>Mental Health</td>
<td>92</td>
</tr>
<tr>
<td></td>
<td>Self-harm</td>
<td>66</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>547</td>
</tr>
</tbody>
</table>
Key messages:

- The average number of hospital admissions over the last 3 years for the 11-18 year old age group is 573 per year.
- The estimated average cost for an admission is £795 per person (16/17 values). The cost to the public purse for these admissions is currently £455,535 per year.
- The biggest increase in admissions has been seen at Salisbury Hospital in relation to self-harm.
- Females make up the majority of admissions.
- Intentional self-poisoning is the main presenting issue.
- Admissions peak during the months of May, June and July each year.
- Most admissions are 102 days.

The implementation of the local priorities set out within this refreshed transformation plan and investment in community services will have a positive impact on reducing demand for costly CYP hospital attendances and admissions. Targets for reducing 11-18 year old hospital admissions for self-harm and mental health conditions over the next 4 years are given below:

<table>
<thead>
<tr>
<th></th>
<th>% reduction</th>
<th>No of admissions</th>
<th>Est saving</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017/19</td>
<td>3.5%</td>
<td>20</td>
<td>£15,900.00</td>
</tr>
<tr>
<td>2018/19</td>
<td>4.5%</td>
<td>25</td>
<td>£19,875.00</td>
</tr>
<tr>
<td>2019/20</td>
<td>5.5%</td>
<td>31</td>
<td>£24,645.00</td>
</tr>
<tr>
<td>2020/21</td>
<td>6.5%</td>
<td>36</td>
<td>£28,620.00</td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td>112</td>
<td>£89,040.00</td>
</tr>
</tbody>
</table>

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

Tier 4 CAMHS admissions

In 2014/15 there were 13 Wiltshire CAMHS admissions and 1,747 bed days. Although the number of CAMHS Tier 4 admissions are low there are increasing numbers who are being placed out of county and far from home because of a shortage in the supply of the right Tier 4 CAMHS beds. This is of deep concern to local leaders and must be addressed.

**KEY CHALLENGE:** Addressing the shortage in the supply of the right Tier 4 inpatient beds to stop children and young people having to be treated far from home.

### 10.6 Vulnerable children and young people

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 and those in contact with the youth justice system. These children, young people and their families may find it more difficult to access appropriate help and support because of their personal circumstances.

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

**Special Educational Needs and Disabilities (SEND)**
There are just over 12,717 children with SEND; 1,775 have a Statement/Education, Health and Care Plan (EHCP). The 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.*

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

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

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

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

**Children and young people living with parents who are misusing drugs or alcohol**
The rate of parents in drug treatment (rate per 100,000) children aged 0-15) is below the national average. The same picture is true in relation to the rate of parents who are in alcohol treatment.+ 

**Drug and alcohol abuse**
The rate (per 100,000) of young people hospital admissions due to substance misuse aged 15-24 is above the national average.+ Child hospital admissions due to alcoholic specific conditions: rate per 100,000 aged under 18 are also above the national rate.+ 

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

**Children and young people from minority ethnic groups**
9.8% of school children are from minority ethnic groups

**Military families**
8.2% of the school population are from military families. # This will increase in light of the Regular Army Rebasing Plan.
Relationship breakdown
The rate of adults whose current marital status is separated or divorced is slightly above the national figure.+

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

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

Sources for the data referred to above:
* Wiltshire 2015-18 SEN Strategy
** Wiltshire Service Snapshot - CAMHS, ChiMat, 2014,
*** Wiltshire Child Poverty Needs Assessment, 2014
# Wiltshire Joint Strategic Assessment, 2013/14
+ Public Health Children and Young People Mental Health and Wellbeing Profiles

Without help, children and young people can spiral downwards:
- Needing high levels of support at school and college
- Going to A&E and being admitted to hospital
- Ending up in children’s social care or youth justice services
- Living in families which are under pressure and struggling to cope

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

11.2 What children and young people say?
The Pupil Health and Wellbeing Survey, completed in 2015 by approx 7,000 children in local primary and secondary schools found that 69% of children and young people were satisfied with their life. Whilst it is positive that the majority of children and young people are happy, around 1 in 3 surveyed were not satisfied. Furthermore, the data highlighted inequalities, for example, only 57% of Free School Meal children (Yr 8+) and 50% of Year 10 girls reported being satisfied or happy with their life. Sleep is an important behaviour to protect health – the survey found that our children are not getting enough sleep across all age ranges and that 37% of secondary and Yr 12 pupils are often so worried about something that they cannot sleep at night. Generally wellbeing fell in a range of measures as children got older:
- 12% of primary and 30% of secondary pupils said they had no one to talk to.
- 71% of pupils said they are proud of what they have achieved in their life, decreasing to 51% for Yr 12’s.
- 56% felt stressed about their school work.
- 76% of primary age pupils felt confident about their future, falling to 47% by post-secondary school age.
- 9% of secondary and post-16 pupils said they had self-harmed daily, weekly or monthly. The rate was significantly higher for young carers and those with SEND.
Through engagement and consultation with the Wiltshire Assembly of Youth, Children in Care Council and Young Listeners, young people have provided us with the following messages in respect of Emotional Wellbeing and Mental Health...

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

11.3 The voice of those who work with/care for CYP, including parents and carers

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

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

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

Key messages over the last 12 months have included:

- More support is needed for those children and young people who do not meet the threshold for CAMHS
- More evidence based talking therapies including counselling should be made available, particularly in schools and communities via GP surgeries
• More support is needed for children, young people and families with Autism
• Parenting programmes can help to improve health and wellbeing outcomes for children and young people
• There is a gap in help for children and young people who display risky behaviours as well as those who have experienced trauma
• Better CAMHS children and young people mental health liaison support is needed within Accident and Emergency Departments
• There is a gap in the provision of help for children and young people who are experiencing family breakdown and/or domestic abuse

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

12. Joint working between local partners

12.1 Children’s Trust Emotional Wellbeing and Mental Health sub group

Responsibility for child and youth mental health and wellbeing rests with the multi-agency Children’s Trust Emotional Wellbeing and Mental Health Sub Group - with accountability to the 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 strategy (this transformation plan) to improve the emotional wellbeing and mental health for children and young people.

The group is chaired by the Wiltshire Council Associate Director for Children’s Services Commissioning, Performance and School Effectiveness – a joint funded / shared post with the Wiltshire CCG. The group regularly listens to and
takes into account the views of local children and young people – a young person from Wiltshire Assembly of Youth and UK Youth Parliament is a full member and is supported to take part in meetings. There are also links to other child and youth participation groups including the Children in Care Council and the Oxford Health NHS Foundation Trust led CAMHS user participation group.

Over the last year children and young people have been involved in the work of this group and the transformation plan in the following ways:

- Participated in a workshop to inform the development of the local Health Needs Assessment for children and young people’s emotional wellbeing and mental health;
- Taken part in a discussion with local leaders about how best to tackle and prevent bullying. This informed the development of an Anti-Bullying Charter which will be launched during Anti-Bullying week in November 2016.
- Worked with professionals to design and launch a ‘What’s worrying You?’ leaflet and poster which provides useful information to young people, parents/carers and professionals about nationally available services.
- Formed part of a Digital Services Task and Finish Group to develop a dedicated local website for children and young people’s mental health and wellbeing called ‘Onyourmind’. The group is now in process of looking at how to enhance the use of digital services even further to help improve access to information and support.
- Designed a youth friendly version of the local transformation plan for children and young people’s mental health and wellbeing.
- The views of children and young people are now a standing item on the multi-agency Children’s Trust Emotional Wellbeing and Mental Health Sub Group.
- Invited and held to account the Lead Commissioner for children and young people’s mental health and wellbeing at a Wiltshire Assembly of Youth event.
- Members of Wiltshire Assembly of Youth, Children in Care Council, Healthwatch Young Listeners and the CAMHS User Participation Group are continuing to work with the CCG, Police, Healthwatch and Wiltshire Council on a Youth Summit which will take place in early 2017.

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

### 12.2 Consultation on this plan

Facilitated by the Emotional Wellbeing and Mental Health Sub Group a wide range of stakeholders from across the whole child and youth mental health and wellbeing system have been involved in the development of this plan. Details of stakeholders that were consulted and when can be found in Appendix 5.

### 12.3 Evidence of effective joint working at an operational level

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

- Joint CAMHS meetings take place with both social care and education to review pathways, processes, share best practice and discuss individual cases;
- Oxford Health are a key member of the local Children’s Services Risk Management Group which allocates resources to reduce risks and vulnerabilities for children;
- Oxford Health is also represented on the Wiltshire Council Children’s Services Gateway Panel which puts in place and reviews tailored packages of care and support to vulnerable children (including the management of ‘step up’ and ‘step down’ from children’s social care).
- Operational relationships and joint working have been significantly enhanced over the last 12 months through CAMHS workers being embedded within Wiltshire Council Operational Children’s Services. This includes the
provision of regular consultation, liaison and training to multi-disciplinary professionals. One CAMHS therapist is now co-located within the Multi Agency Safeguarding Hub (MASH).

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

12.4 Mental Health Crisis Care Concordat

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

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

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

<table>
<thead>
<tr>
<th></th>
<th>S136 detentions - U18s Wiltshire only</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Taken to Health Based Place of Safety</td>
</tr>
<tr>
<td>2014/15</td>
<td>3</td>
</tr>
<tr>
<td>2015/16</td>
<td>9</td>
</tr>
</tbody>
</table>

The sharp increase in the numbers of children and young people taken to a Health Based Place of Safety is the result of the repeated detention of one individual.

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

12.5 Improving health based places of safety

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

A second wave of funding was announced in September 2016 which included the opportunity to develop Places of Calm. Wiltshire submitted a bid to develop a Place of Calm for young people and young adults in Chippenham and on site at Salisbury Hospital. A bid was also developed by adult services to develop a place of calm for people aged 18 and over in Chippenham.
The rationale for these bids was to provide an alternative to hospital attendance and admission; police detention and local authority care for young people who are in emotional or mental health distress. Local intelligence reveals that admission to a paediatric or adult ward for older adolescents is not always appropriate and is costly to the public purse. A place of safety would therefore provide young people with the opportunity to get the right help they need as well as provide time for agencies to work together to put in place an appropriate package of community based support.

Unfortunately, the bids were unsuccessful; however, we endeavour to take this proposal forward by exploring alternative funding streams.

Key actions we will therefore take to improve crisis care for children and young people include:

- Enhancing the provision of Street Triage so that this is available 24/7
- Take action to support the Police in responding to young people who display aggressive behaviour
- Enhancing 24/7 crisis resolution, liaison and home treatment for children, young people and adults (see section below)
- Explore alternative funding opportunities to develop a Place of Calm

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

**12.6 Strengthening links with NHS England specialised commissioning**

Since 2012, NHS England Specialised Commissioning has been responsible for procuring CAMHS inpatient beds on behalf of CCGs.

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

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

Through joint working and delivery of the actions below we aim to further reduce the use of inpatient beds both in respect of CAMHS Tier 4 beds as well as admissions to beds within acute hospitals for CYP who present with self-harm and/or mental health conditions:

- Continuing to make investment in community mental health and wellbeing services with emphasis on early intervention;
- Exploring opportunities to develop a Place of Calm to provide an alternative to hospital admission where it is safe to do so;
- Developing improved ways of working between the local drug and alcohol treatment service for children and young people (Motiv8), Oxford Health CAMHS and Acute Hospital Trusts to prevent re-admissions in respect of drug and alcohol misuse;
• Re-commission a new fully integrated community CAMH service to remove tiers and improve access to help within community settings. To include further enhancement of our Outreach Service for Children and Adolescents, which is already helping to facilitate quicker discharge by providing treatment in home settings.

• Strengthening support for children and young people with special educational needs and/or disabilities through our trailblazing integrated 0-25 SEND service. We have expanded our Children’s Learning Disability Nursing Service (from July 2015) with an additional investment of £300k per year. This is improving help and care for families (including with sleep, continence and challenging behaviour), helping to prevent unplanned hospital admissions and the need for overnight respite and additional support in the family home;

• Embedding our nationally recognised best practice community based eating disorder service which includes highly specialised eating disorder clinics and an outreach service for home treatment. This model is already been helping to reduce the need for hospital admission as well as facilitate early discharge;

• Through enhancement of our eating disorder service we have released capacity in general CAMHS teams to focus more support on those children and young people who are self-harming and/or are in crisis. In September 2016, a CAMHS worker has joined the multi-agency safeguarding hub for two days per week to provide consultation and liaison to ensure vulnerable young people get prompt access to the emotional wellbeing and mental health support they need.

• Influencing NHS England Specialised Commissioning to grant the CCG and its commissioning partners in Bath and North East Somerset and Swindon to have greater control over Tier 4 services.

12.7 24/7 urgent and emergency mental health services for CYP

NHS England requires that CCG’s commission 24/7 urgent and emergency mental health services for children and young people that can effectively meet the needs of diverse communities. These should provide crisis resolution, liaison and home treatment.

| KEY CHALLENGE: Improving 24/7 crisis resolution, liaison and home treatment for those children and young people who are in mental health crisis. |

Oxford Health NHS Foundation Trust already provides a specialist CAMH service which is available 24 hours a day, 7 days a week. This includes crisis resolution, liaison and home treatment across the Bath & North East Somerset, Swindon and Wiltshire geography. The Avon and Wiltshire Partnership provide mental health liaison and intensive support to acute hospitals for those aged 18 and over.

Through the implementation of this transformation plan we will enhance crisis resolution, liaison and home treatment through the recruitment of an additional 3 WTE Band 6 CAMHS therapists. Line managed by Oxford Health these staff shall be co-located within AWP’s mental health liaison teams, providing timely good quality mental health liaison and support to acute trusts. 2 staff shall be deployed to work at Salisbury Hospital. The other worker shall be deployed to the Royal United Hospital in Bath. This enhanced support will release capacity within specialist CAMHS teams to provide enhanced community and home based treatment.

| TO SUPPORT BETTER PARTNERSHIP WORKING AND IMPROVE OUTCOMES FOR CHILDREN AND YOUNG PEOPLE WE WILL WORK WITH NHS ENGLAND SPECIALISED COMMISSIONING TO DEVELOP COLLABORATIVE COMMISSIONING PLANS BY DECEMBER 2016. THIS WILL INCLUDE LOCALLY AGREED TRAJECTORIES FOR ALIGNING INPATIENT BEDS TO MEET LOCAL NEED, AND WHERE THERE ARE REDUCTIONS RELEASING RESOURCES TO BE REDEPLOYED IN COMMUNITY-BASED SERVICES. |

| KEY CHALLENGE: Stopping children and young people having to go out of county far away from home for inpatient care. |
12.8 Health and Justice

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

This refresh of our local transformation plan seeks to respond to the review’s key findings and recommendations.

Liaison and Diversion (L&D)

Liaison and Diversion services aim to improve early identification of a range of vulnerabilities in people coming into contact with the youth or criminal justice systems. These include but are not limited to mental health, substance misuse, personality disorder, learning disabilities and neurological disabilities. Further to identification and assessment, individuals can be referred to appropriate treatment services so contributing to an improvement in health and social care outcomes, which may in turn positively impact on offending and re-offending rates. At the same time, the information gained from the intervention can inform the operations of the justice system.

Effective L&D provision for CYP requires:

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

Current provision

L&D service provision for CYP is provided by the Avon and Wiltshire Partnership allowing for a team approach covering Avon, Somerset, Wiltshire and Swindon. The Wiltshire Youth Offending Team undertakes some L&D work, but no longer have an embedded CAMHS worker but a key link worker.

Areas for development

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

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

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

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

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

**Action to drive improvement**

We will endeavour to address gaps in L&D provision by:

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

- Ensure that the re-commissioning of integrated CAMHS across the B&NES, Swindon and Wiltshire STP takes into account and responds to the specific needs of CYP who display risky and/or harmful behaviours.

- Submitting bids to the Health and Justice Commissioner for recurrent funding to:
  - Enable CAMHS to provide a psychological perspective to the assessment and planning for those children and young people who display harmful or problematic sexual behaviours who are identified by the criminal justice system, children’s social care or education settings. To include CAMHS leading on the implementation of a best practice framework ([AIM framework](#)) to enable good quality assessment and planning and ensure professionals feel supported through consultation, information, advice and training. This shall be commissioned jointly between Wiltshire and Bath and North East Somerset.
  - Enable CAMHS to provide psychological interventions for adolescents who display risky behaviours. To include helping professionals within the new Wiltshire Adolescent Support Team to work systemically in order to effect change in young people and their families (as recognised within the Monroe Report).

**Sexual Assault Referral Centres (SARC)**

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

SARC services comprise sexual assault forensic medical examinations, independent sexual violence advisory support, and onward referrals to other health and social care services according to need. SARC services are not commissioned to meet the full range of needs around sexual assault; the expectation is that for many of these needs they will refer
elsewhere. Consequently, it is important to distinguish between what the SARC can provide and what the full range of needs might be for victims of sexual assault.

As one of the principles of the CAMHS Transformation is to consider what is needed from the child’s perspective, the gap analysis undertaken by the Health and Justice Commissioner considered the full range of what might be considered mental health and wellbeing needs in the child sexual assault pathway, including those that are not the responsibility of the SARC or of NHS England Health and Justice, but to which the SARC would hope to be able to refer.

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

Current provision

Wiltshire shares the SARC provision with Swindon and which is based at Gablecross Police Station, Swindon.

- There is patchwork of provision available
- A counselling service is available for young people aged 16+. One off additional funding was recently secured to provide counselling to children and young people.
- There are links with the Wiltshire multi-agency Child Sexual Exploitation Team (Emerald Team). This includes an embedded CAMHS worker providing consultation, liaison, training and some direct interventions.
- Support is available through the NSPCC for 4-17 year olds who are resident in Swindon but this is reported to be currently full.

Key areas for development

- All children and young people who have experienced sexual assault should be assessed for emotional, psychological or mental health support. However, there is concern that this is not currently the case. The damage and trauma involved as a result of sexual assault may in itself cause psychological trauma and mental health problems, as well as exacerbate existing issues.
- Mental health, learning disability and neuro disability problems all increase vulnerability and risk factors for child sexual exploitation and child sexual abuse and assault. As a result, these vulnerabilities may already exist in CYP presenting to the SARC.
- Evidence is that timely interventions at an early stage can significantly reduce subsequent post-traumatic stress disorder (PTSD), mental health problems, relationship problems, and suicide as well as enhance criminal justice outcomes.
- CYP who come into contact with the SARC have difficulty accessing assessment and support from CAMHS. The reason for this is that many do not meet the threshold for a CAMH service.
- Although there are Independent Sexual Violence Advisors (ISVA’s) available to work with victims, there is no one dedicated to work specifically with children and young people. This would require substantive funding for such a post.
- Support for parents/carers is underdeveloped
- More support and accessible interventions are needed for children and young people under 16 across the Swindon and Wiltshire geography.

We will endeavour to address gaps in provision for children and young people who are victims of sexual assault including Child Sexual Exploitation and Abuse by:
- Working jointly local partners from across Swindon and Wiltshire to undertake a review of the pathway and support for CYP who have been victims of sexual assault. This will be facilitated through a multi-agency workshop that will take place in January 2017. The findings will be used to inform the development and commissioning of services and support. The aim will be to ensure a clear and effective pathway for this group of CYP.

- Ensure that the re-commissioning of integrated CAMHS across the B&NES, Swindon and Wiltshire STP takes into account and responds to the specific needs of CYP who have been victims of child sexual abuse and/or exploitation.

- Put the embedded CAMHS therapist within the CSE and LAC Health Teams on a sustainable footing.

- Ensure that any re-commissioning of counselling provision for children and young people includes the provision of specialist talking therapy for this vulnerable group.

- Submitting a bid to the Health and Justice Commissioner and Police and Crime Commissioner to enable CAMHS to provide a psychological contribution to existing multi-agency assessments for this client group so that their emotional wellbeing and mental health needs are quickly identified and addressed. This will be jointly commissioned between Swindon and Wiltshire with Wiltshire taking on the role as Lead Commissioner.

**Summary**

We will ensure that the refresh of this transformation plan and its priorities improve local Health and Justice Pathways and provision. This requires effective partnership working and improved interface of services that we directly commission and those commissioned by NHS England and other commissioning bodies. These services are Liaison and Diversion (all age services), Secure Children Homes and SARCS. We will seek to pull this work together through the development of a joint Health and Justice Commissioning Strategy covering the Bath & North East Somerset, Swindon and Wiltshire STP geographical footprint.

In August 2016, NHS England (Health and Justice) invited CCG’s to submit expressions of interest and bids for various lots of £25k and £40k. This funding is recurrent. Details of the bids that have been submitted are outlined above and cover gaps in relation to risky and/or harmful behaviours and CYP who have been victims of child sexual exploitation or abuse. The bids are reflective of the main gap identified across the region, namely access to age appropriate psychological therapies for CYPs at risk of contact with criminal justice services.

KEY CHALLENGE: Improving pathways and address gaps in provision for CYP who come in contract with the health and justice system.

### 13. Achieving our vision

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

- The Children and Young People’s Plan
- Health and Wellbeing Strategy
- Suicide Prevention Strategy
Promoting good mental health, building resilience and identifying and addressing emerging mental health problems early on

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

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

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

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

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

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

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

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

14. Key priorities for 2016/17

More prevention and early intervention
Enhance early intervention and prevention within schools, early year’s settings and primary care by:
• Expanding the number of Thrive Hubs from six to twelve secondary schools in areas of greatest need;
• Developing a coherent sustainable offer of parenting programmes for parents/carers of children of all ages;
• Continuing to invest in CAMHS Learning Disability support;
• Enhancing the role of the voluntary and community sector to improve support for children, young people and families with autism as well children and young people who have experienced family breakdown or domestic abuse;
• Bringing together a coherent offer of mentoring and befriending support (to include peer mentoring) for children and young people with a focus on those groups who are known to be at higher risk of developing emotional wellbeing and mental health problems.

Improved access - the right type, at the right time, in the right way
• Further enhance the development of digital services including the local OnYourMind website to provide improved information and access to right help. To include better use of social media to raise awareness of mental health and tackle stigma and discrimination utilising the Five Ways to Wellbeing framework.
• Further enhance primary CAMH services (including the provision of counselling) to provide improved access to the right support for those children and young people who do not require a specialist mental health intervention. This will involve:
  o Increased support and signposting for CYP who do not meet the criteria for community CAMHS
  o Enhanced provision of evidence based talking therapies and interventions, to be delivered from GP surgeries
  o Growth in the provision of online counselling
  o Better support for Looked After Children and those who are victims of Child Sexual Exploitation
• Supervised by community CAMHS this will be pulled together into a coherent offer of targeted emotional wellbeing and mental health support.
• Roll out self and online referral to CAMHS across the whole county.
• Enhance 24/7 children and young people’s mental health crisis resolution, liaison and home treatment by acute hospitals.
• Embed our enhanced community based eating disorder service which is an example of national best practice.
• Implement local initiatives as agreed with NHS England in order to reduce waiting times for CAMHS treatment by 10% by 31 March 2017.
• Improve transition for young people through better joint working between CAMHS and adult mental health services, embedding of an updated transition protocol as well as working with the Avon and Wiltshire Mental Health Partnership to explore new ways of working (staff roles focused on young people’s transition).
• Enhance the current specialist CAMH Service to provide improved access to consultation, liaison and psychological interventions for children and young people who display risky and/or harmful behaviours and/or who are victims of child sexual exploitation and/or abuse.
Collaborative service delivery

- Develop a joint agency workforce plan detailing how we will build capacity and capability across the whole CAMHS system including the provision of dedicated budget to enable continued investment in Children and Young People’s IAPT.
- Develop and implement an effective communication and stakeholder participation strategy to ensure stakeholders are continually empowered in the development of the local transformation plan and the re-commissioning of CAMHS in a meaningful way.
- Re-commission a new integrated CAMH Service across the Bath & North East Somerset, Swindon and Wiltshire Sustainability and Transformation Plan geographical footprint. To include the removal of tiers, closer integration across Children’s Services, more visible support within communities and a cultural shift from a medical/clinical based model to a psycho-social model.
- Explore alternative funding opportunities to establish a Wiltshire Place of Calm at Salisbury Hospital to help prevent and reduce unnecessary hospital attendances and admissions.
- Develop a collaborative commissioning plan with NHS England Specialised Commissioning to ensure the right supply of inpatient CAMHS Tier 4 beds, enhance community based treatment services and reduce length of stay.

14.1 Our new offer of child and youth mental health care and support

A coordinated 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 develop a modern comprehensive integrated community CAMHS service delivery model. The aim is to eliminate 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).

WILTSHIRE’S ONE COMMUNITY CAMHS INTEGRATED SERVICE DELIVERY PATHWAY
14.2 Re-commissioning CAMHS across B&NES, Swindon and Wiltshire

The development of this new local system will be dependent on the successful re-commissioning of primary and specialist CAMHS across Bath and North East Somerset, Swindon and Wiltshire. Through a joint commissioning approach we aim to secure a service to work in close partnership with education, health and social care (including the voluntary and community sector) to improve outcomes for children and young people who are experiencing mental health problems. The service will provide an accessible, integrated community and flexible targeted and specialist mental health service to children and young people aged under 18 (up to 25 for Care Leavers and young people aged up to 25 with significant Special Educational Needs and/or Disabilities where appropriate) in Bath & North East Somerset, Swindon and Wiltshire.

In response to feedback from GP’s, other professionals and importantly children, young people and their families, the key principles which will underpin the service include:

- **Integration:** a fully integrated service for primary and specialist mental health services – “no more tiers”.
- **Access and meeting demand:** a single point of access for all referrals, providing a timely response which gives the right help at the right time in the right place (including self-referral). Services will be community and evidence based.
- **Meeting demand across the whole system:** there will be a clear and good quality support offer for multi-agency partners to build their skills and capacity, with the aim of stopping emerging emotional wellbeing and mental health needs for CYP escalating.
- **Empowerment of children and young people:** involved every step of the way in the design, development and review of the new service. More choice in how, when and where they are treated.
- **Help is available at times when children and young people need it:** 24/7 mental health liaison and crisis resolution and support available during evenings and weekends.
- **Outcomes focus:** new service to demonstrate how children and young people’s outcomes will be improved and enable service users to set their own goals for improvement (CYP IAPT).
- **Family focus and prioritising need:** all children and young people with mental health needs should access the service as appropriate. Vulnerable children and young people and those with higher level concerns prioritised for assessment.
- **Voluntary and community sector involvement:** A greater role for the voluntary and community sector in providing help for children and young people requiring lower level interventions.

By shifting from a ‘clinical’ to a ‘social’ based model which focuses on early intervention, the service will provide improved access for children and young people to the right support they need (to include information & advice as well as specialist interventions).

**Timetable**

- Sep 16 – CAMHS Procurement Board (CYP and Clinical Ref Groups)
- Nov 16 – Advert and tender documentation released
- Jan 17 – Tender stage evaluation to identify successful bidder
- Feb - May 17 – Preferred bidder period and development of service specification with stakeholders
- Jun 17 – Formal award
- Jul 17 to Mar 18 – Mobilisation
- Apr 18 – New service commencement ’Go Live"

The service provider will be required to work with children and young people, parents/carers and multi-agency professionals to establish the particular service outcomes and shape the operational service delivery model (including locations, days/hours of operation, referral and discharge processes and care pathways).
15. Making it happen

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

15.1 Level of ambition

Given our current service strengths, we are committed to ensuring that new investment in the priorities we have identified accelerates transformation across the whole child and youth mental health system. We aim to go beyond current Key Performance Indicators and ensure our proposed changes make a real tangible difference to the lives of children, young people and their parents/carers, improving outcomes and their experience. The table in Appendix 1 sets out clearly our local direction of travel, including the high level actions and changes we will be making and the key benefits they will achieve.

15.2 Governance

With robust accountability to the Wiltshire CCG Governing Body (which is ultimately responsible for decision making), the development and delivery of our local transformation plan for children and young people’s mental health and wellbeing will be facilitated by the multi-agency Children’s Trust Emotional Wellbeing and Mental Health Sub Group. As already outlined earlier in this plan the group includes representation from the voluntary and community sector (Children and Families Voluntary Sector Forum) and importantly children and young people (Wiltshire Assembly of Youth) and parents/carers (Wiltshire Parent Carer Council and CAMHS User Participation Group). The group is chaired by the Wiltshire Council Associate Director (Joint with CCG) for Children’s Services Commissioning, Performance and School Effectiveness and also has accountability to the Health and Wellbeing Board.

To further ensure effective joint working both within and across all sectors on the implementation of our transformation plan, we undertook a review of the terms of reference and membership of the group in early 2016. This led to the establishment of a Digital Services Task and Finish Group which has been driving digital service developments.

Resource to coordinate and manage the transformation plan will continue to be provided by the Wiltshire Council Children’s Services Commissioning and Joint Planning Team under the leadership of the Children’s Services Associate Director (Joint with CCG).

15.3 Equalities and diversity

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

Through the work of the 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 (EIA) prior to the re-commissioning and/or procurement of services.
• Understanding the needs of our local population and identifying those experiencing the poorest health outcomes.
• Establishing specific Key Performance Indicators which are focused on monitoring health inequalities.

15.4 Ensuring accountability and transparency

To ensure accountability to children, young people and their families for the successful delivery of this plan, we have developed an outcomes scorecard which sets out clear measurable, ambitious key performance indicators which support delivery of our locally defined outcomes. This can be found in Appendix 1. Further to this we will:

• Re-publish this plan on local websites including the CCG, local authority and Children’s Trust and continue co-production with key stakeholders on the ongoing development, delivery and review of this plan. This will include the development of an updated child and youth friendly version of the plan for children and young people.
• Publish an annual report card on child and youth mental health, setting out key achievements, areas for improvement and required action;
• Require commissioned mental health and wellbeing services to develop and publish on an annual basis, quality improvement plans;
• Enhance the involvement of children, young people and families in the whole commissioning process.
### Appendix 1: Benefits realisation plan

<table>
<thead>
<tr>
<th>Current model/Issues</th>
<th>Proposed changes (high level actions)</th>
<th>Expected benefits</th>
</tr>
</thead>
</table>
| **Rising demand**    | - Develop a joint agency workforce development plan detailing how we will build capacity and capability across the whole CAMHS system. This will help to ensure that adults who work with children and young people are better able to spot and respond to emerging emotional wellbeing and mental health needs. Those professionals who work in primary and specialist CAMHS will be trained to deliver evidence based interventions and treatments that work.  
- Provide children, young people and their parents/carers with access to good quality information, advice, training and self-help tools and resources through the use of digital services.
- Invest more in early intervention and prevention within universal settings and primary care to include improved support within schools, face to face and online counselling services, mentoring, evidence based talking therapies and interventions, parenting programmes and an enhanced role for the voluntary sector.
- Enhance the provision of 24/7 children and young people’s mental health liaison and crisis resolution within Accident and Emergency Departments.
- Embed service developments within the community based eating disorder service to provide earlier intervention, self-referral and evidence based treatment within the context of the whole family.
- Implement local initiatives as agreed with NHS England to reduce waiting times for CAMHS treatment by 10% by 31 March 2017.
- Explore opportunities to establish a Place of Calm at Salisbury Hospital to help prevent and reduce unnecessary hospital attendances and admissions. | - Staff working in universal settings (including GPs and other primary care staff) are more competent and confident to identify and address emerging emotional wellbeing and mental health needs. The CAMHS workforce as a whole has the capacity and capability to meet demand and provide access to evidence based interventions and treatments that work.  
- Parents/carers feel better able to manage and support their child’s emotional wellbeing and mental health problems.  
- Less frustration for children, young people and their families (they don’t get turned away and instead get access to the right help they need).  
- Reduced demand on GPs, Primary and Specialist CAMHS and A&E Departments (including A&E attendances and admissions).  
- Improved waiting times for both assessment and treatment. |
| **An outdated model** | - Re-commissioning a new integrated CAMH Service across the Bath & North East Somerset, Swindon, and Wiltshire geographical footprint. To include the removal of tiers, closer integration across Children’s Services, more visible support within communities and a cultural shift from a medical/clinical based model to a psycho-social model.  
- Develop and implement an effective communication and stakeholder participation strategy to ensure stakeholders are informed about local pathways and support and are able to help shape the development of services in a meaningful way.  
- Continue to invest in and embed CYP IAPT.
- Roll out self-referral to all children and young people across the county as well as online referral for professionals. | - Pathways and provision are clearly understood so that children and young people get access to the right help they need at the right time in the right place.  
- Improved multi-agency triage and care planning.  
- Improved customer experience - no more ‘bouncing’ around the system and CAMHS provision which is more youth friendly and accessible locally.  
- Children, young people and their families are more empowered in the development of service provision and service users have more choice in how and where they are treated, including setting their own treatment goals. |
Gaps in access and provision for vulnerable children and young people

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

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

- Supervised by community CAMHS, pull together a coherent and coordinated offer of targeted emotional wellbeing and mental health support.
- Reduced pressure on GPs and hospitals (inc reduced attendances and admissions to inpatient care as well as reduced length of stay) – young people can request the support they need without going to a GP or A&E department.
- With good quality clinical oversight, health, education and social care (including the voluntary sector) work better together to provide a coherent offer of targeted emotional wellbeing and mental health support which improves CYP outcomes and reduces pressure on specialist services.

- Enhance the Outreach Service for Children and Adolescents to provide flexible support and treatment in community settings (as part of the re-commissioning of CAMHS).
- Enhance primary and specialist CAMHS to provide improved access to consultation, liaison and psychological interventions for children and young people who are vulnerable, to include those who come into contact with the health and justice system.
- Embed CAMHS therapists within Children’s Services teams working with vulnerable and at risk groups.
- Strengthen transitions for young people who continue to require mental health services post 18 by embedding an updated transitions protocol, working with the Avon and Wiltshire Mental Health Partnership to explore new ways of working (staff focused on young people’s transition) and extending CAMHS remit to work with Care Leavers and those young people with significant SEND up to age 25 (as part of re-commissioning CAMHS).
- Review and improve pathways and provision for children and young people who come into contact with Health and Justice services.
- Develop a collaborative commissioning plan with NHS England Specialised Commissioning to ensure the right supply of inpatient CAMHS Tier 4 beds, enhance community based treatment services and reduce length of stay.

- Reduced health inequalities.
- Services are tailored according to a child or young person’s needs, with support provided close to home in community settings resulting in reduced missed appointments.
- Improved access to support for those who come into contact with health and justice services.
- Strengthened multi-agency arrangements which mean children and young people don’t have to retell their stories.
- Children and young people with acute and severe mental health needs can access help as close to home as possible. More treatment is available within community settings to reduce the need for inpatient admission and reduce length of stay.
<table>
<thead>
<tr>
<th>Initiative</th>
<th>Rationale</th>
<th>Estimated expenditure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accelerate plans to enhance 24/7 Children and Young People Mental Health Liaison within Salisbury Hospital and the Royal United Hospital.</td>
<td>Currently, emergency assessments at Salisbury Hospital and the Royal United Hospital are covered by local CAMHS teams. Many routine assessments/appointments are cancelled by CAMHS to cover the emergency demands from acute hospitals which are having a detrimental impact on waiting times.</td>
<td>£38,250.00 (3 Full Time Equivalent Band 6 posts at £153,000 per year for Jan to Mar 2017)</td>
</tr>
<tr>
<td>Transformation plan funding will be used to sustain these plans from 1 April 2017.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Working with our CAMHS provider to secure an offer of online Cognitive Behavioural Therapy (CBT). To pilot online CBT across Oxford Health for young people aged 12-17 years. The focus is to offer online treatment to young people with mild/moderate anxiety and depression with low risk young people. Young people with a diagnosis of Autistic Spectrum Condition will also be considered if anxiety or depression is a feature of their needs.</td>
<td>All CAMHS teams across Swindon, Wiltshire and B&amp;NES are experiencing increased demand and internal waits for CBT. Oxford Health NHS Foundation Trust has been working closely with IESO to pilot online CBT for under 18s (first Trust in England to do so). Over recent months, Oxford Health have refined a service specification and clarified governance issues. Online CBT will accelerate CBT provision for young people currently waiting for treatment and release clinical capacity in core CAMHS to see new referrals more quickly. Each package will be part of a care plan managed by CAMHS and will comprise 1x assessment and 8x follow up appointments.</td>
<td>£20,000.00 (20 treatment episodes).</td>
</tr>
<tr>
<td>Enhancing the provision of evidence based talking therapies and interventions (including online and face to face counselling) for Children and Young People.</td>
<td>A third of young people who are referred to CAMHS do not require a specialist mental health intervention. Many are in need of evidence based talking therapies and interventions. The bulk of demand for CAMHS comes from teenagers presenting with emotional and conduct disorders (both in respect of referrals and caseload). The enhanced provision of evidence based talking therapies and interventions (including online and face to face counselling) will result in increased capacity within community CAMHS to provide more timely interventions and treatments.</td>
<td>£75,750.00</td>
</tr>
<tr>
<td>Offering CAMHS staff additional hours to provide specialist interventions, group based therapies and clinics during evenings and weekends.</td>
<td>CAMHS have internal waits for neuro-developmental assessments and specialist therapies. CAMHS staff have offered Saturday clinics previously as part of waiting list initiatives to reduce wait times for families. Current staff have confirmed they are agreeable to offering these again. Families and young people have also fed back that they like the convenience of Saturday appointments.</td>
<td>£45,000.00 (£15k per site x 3 sites)</td>
</tr>
<tr>
<td>Undertaking a review of CAMHS ways of working to identify opportunities for improved efficiencies in relation to administration.</td>
<td>Electronic health records were introduced in CAMHS in 2011. Since then, there has been limited opportunity to review the role of admin support functions for clinicians. Clinical staff report that entry into clinical records and data requirements has significantly reduced their capacity to see patients face to face. Oxford Health would like to undertake a comprehensive review of admin functions across CAMHS and implement measures to increase clinical time for clinicians in order that they can see more patients. Following the review, new ways of working shall be trialled within Salisbury – an area of Wiltshire where waiting times are highest. This will provide a good opportunity to assess impact.</td>
<td>£26,000.00 (50% Project Manager covering Swindon, Wiltshire and B&amp;NES).</td>
</tr>
</tbody>
</table>
### Appendix 3: Local Transformation Plan Funding Budgeted Proposals and Costings

<table>
<thead>
<tr>
<th>Income</th>
<th>2016/17</th>
<th>2017/18</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transformation Funding for Early Intervention</td>
<td>£973,840.00</td>
<td>£1,149,131.00</td>
</tr>
<tr>
<td>Transformation Funding for Eating Disorders</td>
<td>£245,000.00</td>
<td>£245,000.00</td>
</tr>
<tr>
<td>Health and Justice Commissioner Funding</td>
<td>£40,000.00</td>
<td>£40,000.00</td>
</tr>
<tr>
<td><strong>TOTAL INCOME</strong></td>
<td><strong>£1,258,840.00</strong></td>
<td><strong>£1,434,131.00</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Expenditure</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Joint agency workforce training and development fund (CYP IAPT.)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Early Intervention and Prevention within schools, early year’s settings and primary care.</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Thrive Hubs</strong> (CAMHS staffing and school grant support)</td>
<td>£147,074.00</td>
<td>£208,412.00</td>
</tr>
<tr>
<td>Parenting Programmes</td>
<td>£20,000.00</td>
<td>£38,482.00</td>
</tr>
<tr>
<td>Primary School Mentoring</td>
<td>£40,000.00</td>
<td>£40,000.00</td>
</tr>
<tr>
<td><strong>Early Help Access Mgt</strong></td>
<td>£60,375.00</td>
<td>£60,375.00</td>
</tr>
<tr>
<td>VCS provision for CYP with autism</td>
<td>£61,000.00</td>
<td></td>
</tr>
<tr>
<td>VCS provision for CYP experiencing domestic abuse and family breakdown</td>
<td>£60,000.00</td>
<td></td>
</tr>
<tr>
<td><strong>CAMHS Learning Disability Support</strong></td>
<td>£67,025.00</td>
<td></td>
</tr>
<tr>
<td>Digital services including OnyourMind website, social media and online CAMHS referrals.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Website coordination and development</td>
<td>£20,451.00</td>
<td>£16,051.00</td>
</tr>
<tr>
<td><strong>Online referral development</strong></td>
<td>£6,000.00</td>
<td>£0.00</td>
</tr>
<tr>
<td><strong>24/7 CYP MH crisis resolution, liaison and home treatment</strong></td>
<td>£0.00</td>
<td>£153,000.00</td>
</tr>
<tr>
<td><strong>Primary CAMH Services (including counselling)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Access Coordination</td>
<td>£84,267.00</td>
<td>£110,724.00</td>
</tr>
<tr>
<td>Early Help Service Senior Therapists</td>
<td>£142,809.00</td>
<td>£142,809.00</td>
</tr>
<tr>
<td>Evidence based talking therapy and interventions</td>
<td>£85,000.00</td>
<td>£140,000.00</td>
</tr>
<tr>
<td>Online counselling services</td>
<td>£58,000.00</td>
<td>£91,800.00</td>
</tr>
<tr>
<td>CSE/LAC Team Therapist</td>
<td>£0.00</td>
<td>£53,553.00</td>
</tr>
<tr>
<td>Community based eating disorder service</td>
<td>£313,089.00</td>
<td>£306,425.00</td>
</tr>
<tr>
<td>Specialist CAMH support for CYP with harmful sexual behaviours (Health and Justice)</td>
<td>£40,000.00</td>
<td>£40,000.00</td>
</tr>
<tr>
<td>Stakeholder Communication and Participation</td>
<td>£2,500.00</td>
<td>£2,500.00</td>
</tr>
<tr>
<td>Project Management for reducing CYP hospital admissions for mental health conditions and self-harm</td>
<td>£40,000.00</td>
<td>£0.00</td>
</tr>
<tr>
<td><strong>TOTAL EXPENDITURE</strong></td>
<td><strong>£1,258,840.00</strong></td>
<td><strong>£1,434,131.00</strong></td>
</tr>
<tr>
<td>Snapshot (November 2016)</td>
<td>Whole Time Equivalents (includes managers and admin staff)</td>
<td>Roles</td>
</tr>
<tr>
<td>-------------------------</td>
<td>-------------------------------------------------</td>
<td>-------</td>
</tr>
<tr>
<td>Primary CAMHS</td>
<td>9.85 WTE</td>
<td>Registered Mental Nurses (RMNs); Occupational Therapists; Social Workers and Mental Health Practitioners; Community Support Workers; Admin staff.</td>
</tr>
</tbody>
</table>
|                         |                                                 | Clinical Team Managers; Consultant Child & Adolescent Psychiatrists; Clinical Psychologists, Systemic Family Therapists; Child Psychotherapists; Registered Mental Nurses (RMNs); Occupational Therapists; Social Workers with mental health training, non-medical prescribers and specialist Eating Disorder staff; Performance Manager, ED Co-ordinator and admin staff. | 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. Drama Therapy etc |
| Specialist CAMHS        | 66.60 WTE                                       | Clinical Team Manager; Consultant Child & Adolescent Psychiatrist; Systemic Family Therapist; Senior Mental Health Practitioners (RMNs/Occupational Therapists/Social Workers); and Community Support Workers. Specialist Eating Disorders staff and MASH CAMHS professional | Nurses are able to provide non medical prescribing and there are staff trained to address neuro-developmental disorders  
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. |
| Outreach Service for Children and Adolescents (OSCA) | Included in Specialist CAMHS figure above. | Clinical Team Manager; Consultant Child & Adolescent Psychiatrist; Systemic Family Therapist; Senior Mental Health Practitioners (RMNs/Occupational Therapists/Social Workers); and Community Support Workers. Specialist Eating Disorders staff and MASH CAMHS professional | As above |
| Emotional Well Being Team | 7.0 WTE (8 Headcount) | CAMHS Access Co-ordinator, Parenting Co-ordinator, LAC/CSE Systemic Family Therapist, Early Help Psychological Therapists, Thrive Hub Practitioners | As above |
Appendix 5 - Consultation Activity Record

This refreshed Local Transformation Plan has been shaped by the views of stakeholders through Lead Commissioner attendance and engagement in the following meetings and events:

- Multi-agency CYP Emotional Wellbeing and Mental Health Sub Group (Quarterly meetings)
- Wiltshire Parent Carer Council (Meeting with Chair and attendance at information event)
- Meeting with staff from the leadership team at Salisbury Hospital
- GP Locality and Practice Meetings covering NEW, Sarum and WWYKD
- CCG EMT, Clinical Executive and Governing Body meetings
- Children’s Trust Commissioning Executive
- Wiltshire Safeguarding Children Board (including meeting with Chair and attendance at sub groups)
- Regular meetings with Healthwatch Wiltshire
- Engagement with young people at the Wiltshire Assembly of Youth residential
- Anti-bullying workshop and discussions
- Young carers workshop
- Suicide Prevention Group
- Delivery of training to GPs
- Health Needs Assessment Workshop
- Meeting with the SARC
- Corporate Parenting Panel presentation and discussion
- Thrive Hub Launch event
- Wiltshire Council Children’s Services Extended Leadership Team
- Oxford Health NHS Foundation Trust staff away day

The plan is currently in the process of being formally consulted on. Planned consultation activity with key stakeholder groups is outlined below.

<table>
<thead>
<tr>
<th>Stakeholder Group</th>
<th>Date</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children in Care Council</td>
<td>24.01.2017</td>
<td></td>
</tr>
<tr>
<td>Children’s Trust Commissioning Executive</td>
<td>08.12.2016</td>
<td></td>
</tr>
<tr>
<td>General Practitioners</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Healthwatch Wiltshire</td>
<td>tbc</td>
<td>c/o Emma Cooper/HWB</td>
</tr>
<tr>
<td>Health and Justice Commissioner</td>
<td>-</td>
<td>By e-mail</td>
</tr>
<tr>
<td>NHS England Specialised Commissioning</td>
<td>-</td>
<td>By e-mail</td>
</tr>
<tr>
<td>Oxford Health NHS Foundation Trust</td>
<td>-</td>
<td>By e-mail</td>
</tr>
<tr>
<td>Primary Heads Forum</td>
<td>02.02.2017</td>
<td></td>
</tr>
<tr>
<td>Wiltshire Assembly of Youth</td>
<td>17.01.2017</td>
<td></td>
</tr>
<tr>
<td>Wiltshire Children and Families Voluntary Sector Forum</td>
<td>17.01.17</td>
<td></td>
</tr>
<tr>
<td>Wiltshire Council Children’s Services</td>
<td>-</td>
<td>To ELT and CSLT</td>
</tr>
<tr>
<td>Wiltshire Clinical Commissioning Group</td>
<td>14.11.2016</td>
<td>Executive Management Team</td>
</tr>
<tr>
<td></td>
<td>22.11.2016</td>
<td>Governing Body (22/11/2016)</td>
</tr>
<tr>
<td>Youth Offending Team Executive</td>
<td>24.03.2017</td>
<td></td>
</tr>
</tbody>
</table>