

Bristol Children & Young People's Emotional Health & Wellbeing Local Transformation Plan 2019



Bristol

Contents

1. Introduction
 - 1.1 National Policy
 - 1.2 Local Strategy
2. Understanding the local need of Children and Young People
 - 2.1 National Context
 - 2.2 Local Demographics
 - 2.3 Planning for our local population
 - 2.4 Mental Health of local population
3. Participation and Engagement
 - 3.1 Pupil questionnaires
 - 3.2 2018 Bristol JSNA CYP Emotional and Mental Health and Wellbeing
 - 3.3 Perinatal Mental Health
 - 3.4 Barnardo's HYPE Service
 - 3.5 Eating Disorder Research Project
4. Priorities for the area
5. Existing Services and what has been achieved since our last transformation plan
 - 5.1 Model of care transformation
 - 5.2 Intensive Support Team 24/7
 - 5.3 Voluntary Sector Provision
 - 5.4 Online Directory
 - 5.5 Perinatal
 - 5.6 Work within schools
 - 5.7 Parenting support
 - 5.8 Public Health – Healthy Schools Programme
 - 5.9 Adverse Childhood Experiences
 - 5.10 All Age MH Strategy
 - 5.11 Access to services and Performance Measurements
 - 5.12 SEND
 - 5.13 Looked After Children and care leavers
 - 5.14 Carers Support Centre – Young Carers Service
 - 5.15 Data (Access and Outcomes)
6. Priorities and Planning Beyond 2020
7. Workforce
8. Risks and Mitigations
9. Finance
10. Appendices:
 - CYP Emotional Health and Wellbeing Local Transformation Plan Governance



**Children and Young People's
Emotional Health & Wellbeing
Local Transformation Plan
Bristol 2019/20 Refresh**



1. Introduction

In summer 2015, the Departments of Health and Education published a joint five year 'Future in Mind'¹ strategy to transform services for children and young people's emotional health and wellbeing. In response, we publish a comprehensive local transformation plan for Bristol which is refreshed each year.

This 2019/20 refresh reviews service developments of the last year, and outlines plans and priorities for the future. This plan is developed in collaboration between the Local Authority, Public Health, children, young people and their families, voluntary sector partners, commissioned service providers and the Bristol, North Somerset & South Gloucestershire Clinical Commissioning Group (BNSSG CCG).

The timing of this refresh comes in tandem with the production of a Bristol, North Somerset and South Gloucestershire all age Mental Health Strategy. The strategy incorporates key issues which need to be addressed as a system, rather than a local level such as workforce planning. However, this plan outlines the joint priorities and actions of all local partners within Bristol and is coherent with the ambitions of the Mental Health strategy with regard to Children and Young People.

1.1 National Policy

In July 2016, NHS England published 'Implementing the Five Year Forward View for Mental Health'². This guidance identified clear areas of focus which remain relevant in planning for 2019-20.

The NHS Long Term Plan (2019) and NHS Mental Health Implementation Plan (2019/20 – 2034/24) continues the work started in the Five Year Forward View and sets out how services for Children and Young Peoples' Mental Health will change over the next five years.

In addition to these documents, the Transforming Children's & Young People's Mental Health Green Provision Green Paper (2017) set out the requirement to move toward bringing NHS expertise into educational settings and provide earlier intervention.

1.2 Local Strategy

Bristol City Council

The Mayor of Bristol, Marvin Rees has continued to make the emotional wellbeing of children and young people a priority. It is one of four priorities in Bristol's Strategy for Children, Young People and Families 2016– 2020. In addition, the Youth Mayors

¹https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/414024/Childrens_Mental_Health.pdf

²<https://www.england.nhs.uk/mentalhealth/taskforce/>

have included reducing stigma and focusing on male mental health as part of their manifesto³.

Bristol's vision for 2015 to 2020 remains to ensure that every child, everywhere, receives the right support, as early as possible. This is a much broader approach than Children and Adolescent Mental Health Services (CAMHS), and requires joint work across the whole health and social care system alongside schools, the local authority, universal and primary services such as GPs and school nurses, as well as the voluntary and community sector.

Bristol, North Somerset & South Gloucestershire CCG

Bristol, North Somerset & South Gloucestershire (BNSSG) CCG has now been in existence as a merged CCG for 18 months, since April 2018. BNSSG CCG is leading in developing the response to the NHS Long Term Plan.

Bristol, North Somerset and South Gloucestershire. BNSSG's vision is to:

- Improve the health of the whole population
- Reduce health inequalities
- Ensure NHSE services are fit for the long term.

Healthier Together

Healthier Together is the Bristol, North Somerset and South Gloucestershire Sustainability and Transformation Partnership (STP), which outlines a single approach to improving healthcare for more than one million people within the Bristol, North Somerset and South Gloucestershire area.

Healthier Together comprises of 13 local health and care organisations across Bristol, North Somerset and South Gloucestershire, and is working closely with partners to create the all age Mental Health strategy which will be finalised in late autumn 2019. Priorities identified in this local transformation plan are feeding into the strategy for future planning.

Healthier Together also plan for the development of Children's services and ensure that both Children's Community Services and Children and Young People's Mental Health Services, develop in a way that supports and strengthens emotional health and wellbeing.

Local Governance

To successfully implement the Local Transformation Plan and ambitions required for Bristol, it is essential for the organisations described above to work in partnership with young people, their families, carers, and the Voluntary Sector.

The BNSSG Children and Young Peoples Emotional Health and Wellbeing Steering Group provides planning and oversight of Children and Young Peoples Local

³ https://www.bristol.gov.uk/en_US/youth-council-youth-mayors

Transformation Plans across BNSSG. This meeting has representation from the CCG, all three Local Authority areas, and service providers. The group meets on a bi monthly basis, and is accountable to each local authority's Health and Wellbeing Board. This meeting will take forward the priorities described in this plan.

A Children and Families STP Steering Group has been recently established to support the strong start in life for children and young people initiative. The governance structure of the Emotional Health and Wellbeing Transformation Group will be reviewed to ensure it works alongside these steering groups.

2. Understanding the Local Need of Children and Young People

2.1 National Context

Nationally, 12.8%, (1 in 8) of children aged 5 – 19 and 5.5% of children aged 2-4 has a diagnosable mental health problem (NHS Digital). The term “mental health” is used to describe a spectrum, from mental health problems, conditions, illnesses and disorders through to mental wellbeing or positive mental health. (Foundation, 2015)

The British Child and Adolescent Mental Health surveys carried out by the Office for National Statistics (ONS) in 1999 and 2004 which comprised 7,977 interviews from parents, children and teachers, found the prevalence of mental health problems among children and young people (aged 5–16 years) to be:

- 4% for emotional problems (depression or anxiety).
- 6% for conduct problems
- 2% for ADHD problems
- 1% for less common problems (including autism, tic disorders, eating disorders and selective mutism).

Emotional wellbeing has no single agreed definition. This plan uses the Mental Health Foundation's definition of emotional wellbeing: “A positive sense of wellbeing which enables an individual to be able to function in society and meet the demands of everyday life.” (Foundation, 2015)

2.2 Local Demography

The estimated population of Bristol based on the Office for National Statistics (ONS) mid-year population estimates in 2018 is 463,400 with 34% of the population 0-24. Population analysis by Bristol City Council in December 2018 has highlighted the increase in overall population, with 11.5% increase since 2007; compared with 8% nationally over the same decade, 2007-2017 (Bristol, Dec 2018).

The number of births has declined since a 2012 peak down to a 10 year low of 5,960 in 2017; however the impact of the birth boom is still being felt as the children grow up. Overall the population of Bristol is projected to increase by 21% between 2016



and 2041; which is a higher percentage increase than the other eight English Core Cities.

Likely reasons for this growth could be sought by looking at recent increases which have been attributed to significant increase in net-international migration, a decrease in deaths and the rise of students living in Bristol. The diversity of Bristol is also a consideration for future planning and commissioning with at least 45 religions, at least 187 countries of birth and at least 91 main languages spoken by Bristolians.

When looking specifically at children and young people, population analysis shows that between 2007 and 2017 the number of children living in Bristol increased by 12,900 (18%), much higher than the England and Wales increase of just 8%.

The increase has been largely amongst the under 10s (an increase of 24%), and in particular among the 4-7 year olds (an increase of 35%). The growth in the number of under 10s in Bristol in the last decade (+11,300) is the fifth highest nationally, after Birmingham, Leeds, Manchester and Barking and Dagenham.

The English indices of deprivation (2015) showed that Bristol has 'hot spots' of that are amongst some of the most deprived areas in the country yet are adjacent to some of the least deprived areas of the country. (Council, Nov 2015). It is overall the least deprived of the English Core Cities with 16% of LSOAs (Local Super Output Area) in the most deprived 10% and ranks 55th out of 326 local authorities in England.; this compares with South Gloucestershire which is 274th (1st being most deprived and 326th least).

In Bristol as a whole just over 19,700 children - 24% of all children – live in income deprived households, however on a ward basis, almost half of all children live in income deprived households in Lawrence Hill ward, Filwood ward, Whitchurch Park ward and Hartcliffe ward. Trend analysis between 2010-2015 shows some improvement over time, for some of the inner city wards, namely Lawrence Hill (-12%), Easton (-10%) and Ashley (-9%), as well as in Lockleaze (-9%). Conversely the greatest increase in the proportion of children living in income deprived households was in Stockwood ward up from 17% to 22%.

2.3 Planning for Our Local Population

BNSSG CCG is developing its plan to invest and redesign Children and Young Peoples Mental Health services in response to the NHS Long Term Plan, Mental Health Implementation Plan and Mental Health Strategy. These plans will reflect locally the targets and ambitions as required to meet national requirements and local priorities.

As a priority for 2020/21 these plans will increase the number of Children and Young People able to access NHS funded CAMHS Mental Health services, and improve referral to treatment times for Children & Young Peoples Eating Disorder Services. Over the next five years BNSSG plans to further improve services through redesign of the CYP Crisis services and to develop a range of services that specifically meet the needs of 0-25year olds.



2.4 Mental Health of Local Population

In Bristol it is estimated that at least **2500** children aged 2-5, **5100** children aged 5 – 16 and **1700** 16 and 17 year olds have a diagnosable mental health problem. A further **1000** women will develop mild to moderate depression in the perinatal period. (BCCG, 2017-18)

There are also children and young people in Bristol who do not have a diagnosable mental health problem, yet do not have good emotional health. This could be described as not flourishing or thriving and struggling to cope with the everyday stresses and strains of life. This, in itself is a problem, but it also puts them at risk of developing further mental health problems.

The Public Health England survey “What About YOUth?” reported that in Bristol 55% of children had been bullied, 16.5% reported low life satisfaction and 38.4% regarded themselves as too fat. (PHE, 2014)

There are also high risk groups within these children and young people who may be more prone to emotional ill-health; these include:

- Looked After Children of whom there are around 700 in Bristol (Public Health Outcomes Framework, March 2017)
- Unaccompanied asylum seekers with a predicted minimum number in Bristol of 30 (ONS Children looked after in England including adoptions 2015-2016)
- Young Offenders - 1st time entrants into the criminal justice system with over 235 in Bristol (Fingertips indicators, PHE 2017)
- Gypsies, Travellers & Roma of around 500 (Fingertips indicators, PHE 2017)
- Young carers, in 2011 (ONS Census) there were a reported 860 under 16 years old and 2,700 16-24 year olds
- Young people 16-17 years of age who are NEET (not in Education, Employment or Training) of around 690 (PHE Fingertips 2016)
- Children and young people with a physical or learning disability 4,441 (PHE Fingertips 2017)
- Children with SEND of around 8,800 (School census 2016) in Bristol
- Teenage parents aged 17 and under, 113 in Bristol projected (ONS, Births by area of usual residence of mother UK, 2016)
- Those impacted by domestic abuse (17.3 incidents per 1,000 population)
- Those impacted by parental substance misuse (190 parents in drug treatment and 66 in alcohol) – PHE Fingertips 2017

3. Participation and Engagement

In Bristol, many projects and consultations have been undertaken to involve children, young people and parents / carers in the development, reviewing, commissioning and overall comment on Mental Health services. These have informed the Thrive Bristol Children and young people's mental health and wellbeing report.

Further local participation and engagement has been undertaken to build and identify local priorities.

3.1 Pupil questionnaires

The Pupil Voice survey provides local data on a wide variety of physical, mental and emotional health issues.

More than 8,000 pupils from more than 60 primary and secondary schools in the city responded to the latest survey in late 2018.

In primary schools:

- 87% of pupils responded that they worry about at least one of the issues listed a lot or quite a lot. (issues listed included school work, secondary school, way they look, family, health, environment, war, crime, staying safe, etc);
- The most common worry reported by primary school children related to 'family'.
- 55% of pupils said they worried about family matters a lot or quite a lot, and more than one-third reported worrying a lot or quite a lot about: war, terrorism, crime, the environment, their health, keeping safe, falling out with friends or moving on to secondary school.
- 72% of primary school respondents reported that there was someone they could talk to about most or all of the things that worried them, typically their parents in most instances.
- 10% said there was usually no one they could talk to about their worries.
- 72% of respondents reported experiencing one or more types of negative or bullying behaviours towards them during the previous month, 30% experienced this every day or often.

In secondary schools pupils reported:

- 5% of secondary school boys and 11% of secondary school girls reported that they 'harm or cut' themselves as a means of dealing with their problems
- 9% of secondary school respondents reported a low mental and emotional wellbeing score (Warwick-Edinburgh Mental Wellbeing Scale score of below 28), however some groups were significantly more likely to report this; young carers (22%) and pupils describing themselves as lesbian, gay, bisexual or transgender (21%). Also, female pupils were significantly more likely to report low mental and emotional wellbeing than males (11% vs 6%).
- 18% of secondary school respondents reported witnessing shouting in the home during the previous month that frightened them, 17% of them reported a low mental and emotional wellbeing score.



- 4% of secondary school respondents reported witnessing bullying or controlling behaviours in the home during the previous month that worried them. Nearly 25% of this group reported a low mental and emotional wellbeing score.
- 67% of respondents reported experiencing one or more types of negative or bullying behaviours towards them during the previous month, 29% experienced this every day or often. 14.5% of those experiencing this often also reported a low mental and emotional wellbeing score, and nearly 23% of those reporting everyday bullying experiences.

3.2 2018 Bristol JSNA CYP Emotional and Mental Health and Wellbeing

Further engagement was undertaken in the development of the 2018 JNSA, which was informed by consultation with children and young people. This JNSA is available online through Bristol City Council and the JSNA contains recommendations which are included with this Local Transformation Plan.

<https://www.bristol.gov.uk/policies-plans-strategies/children-and-young-people-jsna>

In 2019 a new JSNA profile was produced using updated data and this is also available online through Bristol City Council, [here](#).

3.3 Perinatal Mental Health

A BNSSG Perinatal and Infant Mental Health Strategy group has been developed and its work priorities are informed by Lived Experience events in June and July 2019. Key themes identified include:

- **How services work?**
 - Finding identity - the unique challenge associated with becoming a parent; services need to recognise that clients have been through a fundamental change and need to adapt to what works with them (especially in relation to the expectations they may have had for themselves and what others/society has set in terms of expectations)
 - The need to connect, 'find your tribe' and identify a community which you can link with. This is a delicate balance as there might be a feeling of "I don't do groups."
- **What support do parents need?**
 - Goal setting can vary significantly between individuals and for individuals over time - for example, my initial goals might just be to get out of the house and get on a bus, whereas tomorrow it might be to find meaningful connections in my community. Both goals and strategies need to be adaptable to recognise the rapidly changing nature of a parents' experiences
 - The need to think about the whole family unit - not just the individual members.
- **What environment should we create?**



- Having a consistency in approach across all key touchpoints for both parents - trauma-informed, but also the concept of "intelligent kindness".
- Flexibility of options - ensuring that any support can adapt to the fact that I will need childcare options and might need to work around my routine (be adaptable if things change at the last minute)
- Clients are involved in designing their own solutions, and are fundamental to any service design process.
- **What are the other essential needs?**
 - Need to ensure that there is the right level of awareness across the system (housing, immigration, social services etc.)

These themes will be developed further by the BNSSG Perinatal and Infant Mental Health Strategy group which will work alongside the Emotional Health and Wellbeing steering group, and the sub groups developed to oversee the implementation of the all Age Mental Health Strategy and NHS Long Term Plan.

3.4 Barnardo's HYPE Service

Barnardo's HYPE Service, (Helping Young People (children and families) Engage) has a specific role in undertaking service review and supporting staff to ensure they engage with patients and service users. The CAMHS transformation is one project that the HYPE service has ensured the engagement and participation of children and young people in service development. This work is ongoing as part of the wider Children's Services contract and reports on progress quarterly.

3.5 Eating Disorder Research Project

BNSSG CCG Commissioned the Eating Disorder Health Integration Team to undertake a research project into primary care for children and young people with eating disorders. The project developed a knowledge base and recommendations to support the improvement of primary care services for Young People with Eating Disorders. To develop this research, a considerable number of participation routes were established and the participation period extended by several months to maximise the numbers participating, which resulted in 21 people, (13 Children and Young People with Eating disorders and 8 carers) took part through questionnaires or telephone interviews. Feedback from the primary care research report will also be used to consider how to improve pathways within primary care and the overall service.

4. Priorities for the area

In 2018 Bristol City Council published a JSNA chapter on children's mental health which informs Public Health's work and the development of the all-age mental health strategy. The JSNA is also an important aspect of the One City Thrive Bristol approach.

Thrive Bristol' is a ten-year programme to improve the mental health and wellbeing of everyone in Bristol, with a focus on those with the greatest need, across the life course.

Thrive Bristol focuses on prevention and the role that partners from across the city can play in promoting good mental health. The Children and Young People's strand of Thrive is informed by a Centre for Mental Health report focusing on the mental health and wellbeing of young people in Bristol, The priority in 2019-21 will be the school age population and schools will be encouraged to improve mental health among the whole school community by meeting criteria set out in the Mental Health and Wellbeing award, which is part of the Healthy Schools programme.

This will be a universal approach for all schools with targeted support from Bristol City Council for those with the highest level of need according to the Pupil Voice health survey and community health data.

The JSNA chapter references various groups of children more at risk of mental health issues and identified the following risk factors:

- Looked after children
- Unaccompanied asylum seekers
- Young Offenders
- Gypsy and Travellers
- Young Carers
- Young People Not in Education, Employment or Training (NEETS)
- Children and young people with a long term illness and physical disability
- Children with SEND
- Teenage Parents
- Children exposed to inter-parental conflict
- Domestic Violence
- Child / Abuse Neglect
- Parental Substance misuse

The JSNA identified the following priorities:

- 1 Develop an all-age mental health strategy
- 2 More work to collaboratively promote wellbeing in the city, replicating support given to schools and children's centres to youth clubs, voluntary sector run groups, sport and arts clubs;
- 3 Risk factors for children & young people need to be considered in the context of an understanding of Adverse Childhood Experiences (ACEs) as a major predictor of future mental health problems. Services are being ACE-informed, and staff trained to take account of ACEs in their service delivery.
- 4 Ensure that parents are able to take up the offer of attending parenting support through a review of the provision and work with parents to identify barriers to accessing support and ensure that the offer meets the needs of parents in Bristol, especially those in most need.
- 5 Continue to support a whole school approach to reduce variation in provision for school children;

- 6 Develop a crisis service for weekends so young people have access to interventions when they need them (This is now in place from September 2019 via the Intensive Support team)
- 7 Update the searchable directory of mental health services for young people.

These priorities have informed the progress and developments made in the last year.

5. Existing Services and what has been achieved since our last transformation plan

In Bristol, Community Children’s Health services are provided by Sirona, with Avon and Wiltshire (AWP) Mental Health Partnership providing the CAMHs services. The AWP CAMHs provision includes two voluntary sector organisations, Off the Record and Kooth. In addition, Barnardo’s undertake a Children’s Services wide role in supporting engagement of young people and parent / carers in service review and development.

5.1 Model of care transformation

In 2018/19 BNSSG Clinical Commissioning Group increased funding into CAMHs services by £750,000. This additional funding has contributed to the service remodelling throughout 2019/20, to adopt the ‘Anna Freud’ inspired i-Thrive model of care with delivery focused on need rather than by the traditional tiered approach to care.



This new service model is based around five needs-based groupings, *Getting Advice, Getting Help, Getting More Help, Getting Risk Support, Thriving*.

Within the new service model, advice, guidance and risk support elements will be operational by April 2020. The model will be fully operational across all 5 groupings by April 2021.

The new service model will be accessed by ‘one front door’ which will provide a multi-agency triage function. This will include voluntary sector, advice & guidance and health and social care, for lower level need. The model will also

provide email guidance to primary care and brief interventions of up to 3 sessions for those in need. The service model will function as a gateway into higher levels of need and devise goal based support.

Schools and primary care can currently refer directly into CAMHS, and this will be expanded from 2020 to include self-referral directly from children and families. The new service model will support more people to access services at the most appropriate, and least restrictive environment.

5.2 Intensive Support Team 24/7

In addition to the remodelled service described above, the increased investment in CAMHS services has enabled the development of a new Intensive Support Team which operates 24/7 and supports Children and Young People at times of emergency and urgent care.

This service has been operational since 1st September 2019 and has created a dedicated team within the CAMHS service which offers assessment and first response. This service operates 7 days a week between 9am-10pm, with out of hours on call support available beyond these hours. The new service is expected to meet the response times of 95% of emergency referrals seen within 4hrs.

The team now responds centrally to urgent and emergency care and has a focus on preventing admission to inpatient beds and supporting those in hospital to step down from inpatient (Tier 4) services. The service also provides outreach for those children and young people who find it hard to engage with services. This remodelled service moves the emphasis from gatekeeping hospital admissions to earlier intervention and expected outcomes will be fewer CYP admitted to hospital where appropriate care can be provided in the community with specialist interventions.

Once the new service models are established further evaluation will take place and used to inform wider work around redesigning all age crisis services and responses.

5.3 Voluntary Sector Provision

In Bristol the CAMHS service includes services provided by two Voluntary Sector organisations. Off the Record, is a key provider of services across Bristol and offers self-referral and open access drop-ins (Youth Hubs) in established premises and on a pop up rotational basis in youth & community settings to enable young people (11+) to drop in and seek advice, support or access to other more tailored provision. This includes Resilience lab which is an informal self-care stress management and is offered to all secondary schools in Bristol. In addition young people can also access 1:1 therapy, a range of 6 week group work programmes aimed at self-harm, low mood anxiety, depression and body image related topics, 'Corner Man' for young people in partnership with Empire Fighting Chance boxing gym and a range of wellbeing offers including an allotment, bookclub, yoga and services that support people from BAME backgrounds and those who identify as LGBTQ+.

The service also has 9 psychological wellbeing practitioners (PWPs) who all work to a strict referral criteria and are supervised by trained supervisors who have been through the CYP-IAPT programme in Exeter. The PWPs build relationships with schools and utilise physical space, safeguarding leads and other school staff in order



to support referrals for young people who would benefit from short term, low intensity Cognitive Behavioural Therapy (CBT) interventions. Referrals are for young people with low mood and anxiety along with a range of other presentations. The work, which is short-term and focused on self-care and home practice, is young person centred and driven by the desire to reach young people, where they are, before the issues they are experiencing become entrenched and problematic.

The Kooth service is available to all young people as an online service all year round and operates until 10pm each night. The service provides counselling through drop in sessions or scheduled text-based sessions. There are also self-help materials coproduced with young people, fully moderated peer-to-peer support forums and an ability to write personal goal-based journals. Feedback from service users found that 97% of young people would recommend Kooth to a friend. Throughout Bristol the service is advertised through schools, other services and at GP surgeries.

5.4 Online Directory

Originally published in June 2017, our Online Directory for 0-25 year olds, their families, carers and professionals continues to provide information on local services. During late 2019 discussions will be had with South Gloucestershire and North Somerset about developing a BNSSG wide online directory which could be updated by providers on a regular basis.

The referral support tool Remedy continues to be updated to provide GPs and other primary care staff with information and routes into CAMHS and other services.

5.5 Perinatal

In Bristol a Perinatal Mental Health JSNA will be published late 2019. The JSNA will inform the development of priorities for the newly established BNSSG Perinatal and Infant Mental Health Strategy Group. Recommendations of the JSNA include:

- Develop an over-arching, multi-agency, perinatal mental health care pathway that covers universal to specialist services, and includes infant mental health.
- Ensure that families and practitioners are aware of, and can easily access, existing universal services that support good mental health in pregnancy and beyond, including promoting the mental health benefits of physical activity.
- Ensure that the voices and experiences of women, partners/ fathers and wider family members with lived experience of perinatal mental health issues are routinely and consistently captured and acted upon within service planning and provision.
- Consider how to better understand and meet the needs of specific groups in relation to perinatal mental health, including fathers and partners.
- Increase multi-agency training opportunities for perinatal and infant mental health across the workforce.
- Increase skill-sharing, partnership working and co-delivery of perinatal mental health support by universal services, including GPs, Children's Centres, Health Visitors and the voluntary sector.

- Increase capacity, support and training on infant mental health and attachment across the workforce.
- Ensure there is a clear pathway and ease of access for parents into IAPT in the perinatal time critical period.
- Review the role of the Specialist Community Perinatal Mental Health Service in training, upskilling and outreach to the wider workforce.

The BNSSG Perinatal & Infant Mental Health strategy group will provide strategic oversight across the BNSSG footprint for perinatal and infant mental health services ranging from universal services, maternity and community providers through to higher level specialist services with the intention of improving pathways, standards, processes and child and family experience. The group will implement the recommendations of the JNSA and the feedback from engagement through the Lived Experience events in June and July 2019.

5.6 Work within schools

The Families in Focus service provides preventative and early responsive help and support. The service has continued to hold multiagency network meetings over the last year, which supports ongoing development and sharing of good practice across education settings. They are run termly (3 times per year) and on a locality basis across North, South and East Central Bristol. The Networks are attended and supported by professionals from a wide range of organisations including; Schools, Early Year Settings, Avon and Somerset Police, Bristol Drug Project, Bristol Libraries, Youth Offending Team, Disabled Children and Specialist Services, Bristol Royal Hospital for Children, Supportive Parents, Off the Record and First Response. In addition, Primary Mental Health Specialists will deliver a Mental Health workshop at all Multi Agency Networks meetings from May 2019 onwards. This will ensure that 9 times yearly, best practice and support will be shared with schools in the provision of mental health and emotional wellbeing initiatives.

Primary Mental Health Specialists from CAMHs continue to work with schools (including BESD) to provide training, consultation and direct work. All schools in Bristol can access this service and the service has teams dedicated to support Children and Young People at the 5-11yrs and 11-18yrs age ranges.

There is a dedicated member of staff to support schools for Children and Young People with special educational needs. The service works as part of the i-Thrive model and supports people as part of the 'getting advice' intervention. The service is embedded within the CAMHs service and supports the triage process to ensure the most appropriate support is offered.

In addition, our providers of 11-18 counselling (Off The Record) and online provider (Kooth) work closely with schools in the city.

5.7 Parenting support

The Incredible Years parenting course has been running since Autumn 2017. As of July 2019, a total of 279 parents have received training.



Throughout 2018 - 2021 Bristol City Council is rolling out a universal parenting programme called Parent Gym for all parents with children starting at primary school. The offer will consist of a 6 week parenting course hosted by their school as part of their journey through their child's education process. The intended outcomes are improved parent / child relationship, improvements to children's confidence, and parental self confidence in their own parenting ability along with their mental wellbeing.

It is intended that the course will support the formation of friendships and will lead, to parents meeting regularly in a parent-led support group. This will in turn support the establishment of the parent/school relationship, supporting future communications and boosting the school's community engagement.

Parent Gym was independently evaluated by UEL in 2011, and Canterbury Christ Church University in 2012 – which found that two months or more after they had completed the programme 100% of parents interviewed reported that their relationships with their children had improved. Parent Gym has subsequently been independently evaluated by the University of Hertfordshire (2014) and the University of Warwick (2014 & 2016).

5.8 Healthy Schools Programme

The Public Health team's Healthy Schools Programme provides support to schools and educational settings to improve the health and wellbeing of pupils, staff and families. The Healthy Schools Programme has developed a whole school approach to Mental Health through the Mental Health & Wellbeing Award, which schools can work toward.

Bristol has approximately 170 schools and by the end of July 2019, twenty one of these have achieved the award with five having achieved the advanced level; these include primary, secondary and special schools.

Any school can work towards these standards and achieve the award. As part of the Children and Young People's strand of Thrive, Public Health aims to support a further 12 schools to achieve the Mental Health and Wellbeing Award. These schools will be those with the highest mental health need, as identified from the Pupil Voice survey. Public Health is in the early stages of producing these health data reports for individual schools.

Supporting children of a younger age, all children's centres have accessed professional development with 'Five to Thrive' which helps parents understand and learn how important positive emotional health and wellbeing is for them and their children.

5.9 Adverse Childhood Experiences

ACEs (Adverse Childhood Experiences) are traumatic experiences in early life and childhood, which can have an impact on health and wellbeing throughout life.



Evidence to date has identified the following ACEs:

- Direct: physical, emotional or verbal abuse and physical or emotional neglect
- Indirect: domestic violence, parental drug/alcohol misuse, parental criminal behaviour/incarceration, parental mental illness and bereavement (linked to death or separation)

There is a significant body of evidence that these stressful experiences during childhood have a profound impact on an individual's life chances throughout the life-course. Research has shown a causal relationship between ACEs and poor physical and mental health and socioeconomic outcomes. The impact of these stresses in childhood can lead to a higher risk of adopting health-harming behaviours (e.g. drug and alcohol misuse and risky sexual behaviours), performing poorly in school, and involvement with the criminal justice system, poor health outcomes, and an early death.

The One City Thrive Plan in Bristol includes the following ambition that by 2050:

- **Everyone** in Bristol will have the opportunity to live a life in which they are **mentally and physically healthy**
- **Children** will grow up free of adverse childhood experiences having had the **best start in life** and support through their life.

To reach this ambition, a number of targets are included in the plan:

- By 2020 - Bristol is on the way to becoming an Adverse Childhood Experience (ACE) Aware city with 20% of the workforce trained in trauma informed practice
- 2026 - Embed the Adverse Childhood Experiences (ACE) model in all Bristol public services including the council, police, health and education
- 2030 - All Bristol parents and children are aware of the future impact of Adverse Childhood Experiences (ACE) on their health and wellbeing
- 2040 – As we eradicate Adverse Childhood Experiences (ACE), we see a reduction in children's need for specialist services
- 2048 – Children in Bristol grow to be healthy and happy adults, experiencing fewer than four Adverse Childhood Experiences (ACE)

Achievements to date: In Bristol, the Mayor's Office led a Task and Finish Group through the Summer/Autumn of 2018. The work of this group was shared at a conference in January 2019, which was attended by 400 professionals from a broad range of agencies. This work established city wide support for joint approach to work on ACEs.

An Adverse Childhood Experiences Health Integration Team (HIT), was set up and approved by Bristol Health Partners in May 2019. The HIT takes a whole system, life course approach and bring partners from across BNSSG together to progress work to prevent ACEs and mitigate their negative impacts.

The HIT is organised through five workstreams which will be engaging with communities and research, and ensuring learning feeds into practice at pace. The workstreams are:



- Research and Evaluation
- Knowledge and Skills
- Education (i.e. nurseries, schools and academies)
- Strategic Planning and Commissioning
- Communication and Knowledge Transfer

These multiagency workstreams are currently identifying priorities and developing workplans. A Knowledge and Skills framework is being developed and a range of awareness raising activity is underway. This includes an ACE Ambassador Network which has been set up in South Gloucestershire and is expanding to cover Bristol. The network includes over 100 Ambassadors supporting work to raise awareness of ACEs and their potential impacts.

The HIT will promote system and culture change, build into existing training, and commission programmes and initiatives; it is not an additional service or set of interventions. The HIT is taking a whole system approach to ACEs, across the life course; ensuring that wherever possible local strategy and commissioning is promoting trauma informed practice and reducing the impact of childhood adversity.

5.10 All Age Mental Health Strategy

As identified as a local priority, a dedicated all age Mental Health strategy is currently in development. The strategy will be available late Autumn 2019 and will inform future planning and commissioning. Priorities within the strategy will include:

- Developing an all age strategic framework with partners to underpin all aspects of mental health and wellbeing within BNSSG - including improving access and reducing variation.
- Ensuring that our mental health services are comprehensively integrated with wider health and social care services and can respond to changing needs.
- Ensuring that current and planned changes to mental health services, change programmes and planned investments work for the BNSSG population.
- Re-focusing our efforts towards prevention, early intervention and resilience with a specific emphasis on children and young people.
- Identifying opportunities to improve physical health outcomes and reduce activity in non-mental health services by taking a psychologically informed approach to the delivery of services.
- Meeting the requirements of the Long Term Plan.

5.11 Access to services and Performance Measurements

Children and Young People with a diagnosable MH Condition

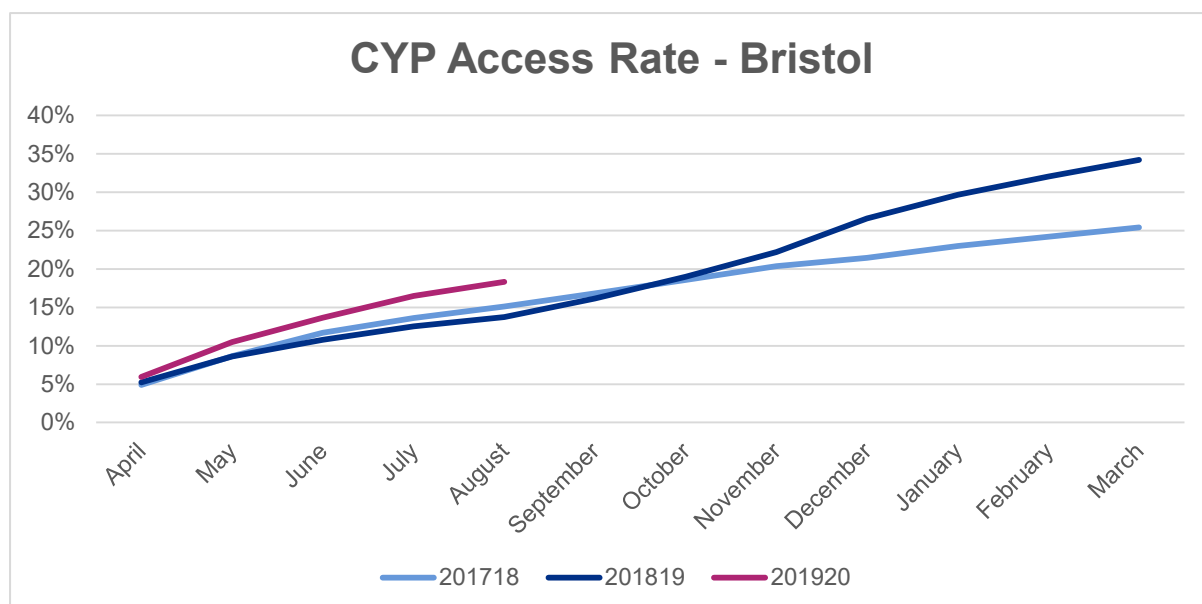
The NHS England document 'Implementing the Five Year Forward View for Mental Health' (MH5YFV) highlights children and young people as a priority group and set the following access to service targets. The access targets for 2016/17-2020/21 are set as:



Objective	2016/17	2017/18	2018/19	2019/20	2020/21
At least 35% of CYP with a diagnosable MH condition receive treatment from an NHS-funded community MH service.	28%	30%	32%	34%	35%

In Bristol we are working to improve the accuracy of our submission to the national data via the Mental Health Services Data Set, (MHSDS), and using local data from our providers we have achieved an access rate of 34% into CAMHs services for 2018/19.

This performance is captured month on month and in 2019/20 we are increasing these further, (based on data available to date August 2019). Below is a summary of the last three years performances demonstrating continuing increase in service capacity and performance to date in 2019/20.



The investment into Bristol CAMHs service throughout 2018/19 has increased the capacity for children and young people to access services. In addition the ‘One front door’ development will make it easier for people to access services and be offered support earlier with interventions that keep people well. Self-referral routes will be opened up to ensure families and carers can refer directly into services.

The impact of 2018/19 investment is still underway and the service redesign will not be fully reflected in 2019/20 performance. Further investment in access to services has been identified as part of the Long Term Plan for 2020/21. This investment will be phased throughout 2020/21 to reflect the available workforce and be fully staffed by April 2022 to meet the full access target.

Children and Young People Eating Disorder Services

The access targets for eating disorder services are set out in the NHS England Five Year forward View and Long Term Plan:

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

In Bristol, current year-to-date performance for 2019/20 shows that 100% of all urgent referrals, and 77% of routine referrals would meet this standard once formally introduced next year. Monitoring performance against these targets will be a key local priority for 2019/20. Investment in Eating Disorder services has been identified as a priority for 2020/21 to ensure we continue to meet referral to treatment times for urgent referrals and improve performance for routine referrals in order the service meets the 95% national standard.

All referrals for young people with suspected eating disorders are diverted at the point of referral to the Specialist Eating Disorder Service. They make contact with the family or young person within 24 hours, Monday to Friday, and arrange to see urgent referrals within one week and routine referrals within four weeks. Caseloads are increasing and this will be a focus in planning for meeting this target from March 2021. Feedback from the primary care research report will also be used to consider how to improve pathways within primary care and the overall service.

Transition into Adult Services

There were 70,700 people aged 16-24 in Bristol in 2016, which was 15.6% of the overall population (ONS 2016 Mid-Year Population Estimates). Bristol's child population is rising in all areas, and the 0-15 population is projected to rise by 16.2% by 2024 (Bristol 2016/17 JSNA).

Strategic Direction - Joint Statement between Adult Care and Children's Services.

Services are working to improve independence and outcomes for working age adults who have support needs, building on the work carried out in Education/ Skills and Children's services in delivering the Bristol SEND vision, and the support delivered through the adult care Preparing for Adulthood team. We are committed to delivering the Preparing for Adulthood outcomes: Independent Living, Employment and Training, Enjoying Social Networks and Friendships, promoting Health and Wellbeing.

Key emphases for young people in Bristol include:



- Raising ambition and aspiration, supporting progress in education, employment and independence
- Retaining young people in Bristol wherever possible and meeting education, development and care needs locally, and/or where placed outside of Bristol, supporting the transition home where appropriate.

Each year approximately 60 young people who are eligible under the Care Act reach 18. Of those we expect no more than 10% to remain in residential provision, and our aim is for fewer than 5% to remain in residential provision by the time they reach 22. This requires us to deliver expert provision based on working towards the Preparing for Adulthood outcomes for all our young people. Support for this age group in particular must enable each young person to develop their own independence and move along their pathway.

That movement might include:

- Developing independent living skills, so that the amount of support required in independent living is reducing
- Developing resilient and sustainable social networks (real friendships not just with paid staff).
- Where residential provision is required, provision that focuses on a “not for life” attitude and supports young people to develop their skills as much as possible, with clear pathways towards independent living wherever possible.
- Moving into paid employment, and away from reliance on service provision.
- Support that can be stepped up or down if people experience difficulties.

What have we achieved this year - First Home Project

- This year we have worked in collaboration with young people and their families to develop two housing schemes for young people with autism and we are developing our third housing scheme for young people with physical impairments and complex needs.
- We are developing links within each locality to design aspirational community based housing for those young people moving on from supported living to independent living with low levels of key worker style support .
- Our local offer will include developing skills and employment pathways in place of paid support where possible
- As a Local Authority, we are developing the need for shared behaviours and ways of working with a move away from a deficit to an asset based approach.

The Children and Adolescent Mental Health service (CAMHS) is provided by Avon Wiltshire Partnership Trust, and each CAMHS service has a lead providing support to young adults with the transition to adult services. There is also a dedicated transitions lead within adult services. Each CAMHS transition leads offer signposting and support, and where the young person’s care does transition into adult services, the CAMHS service lead will work with the adult transitions to support the transfer of care.

For crisis services, Adult Crisis team take referrals from CYP 16+ and will be working to develop an all age crisis response in the future.

5.12 SEND

The Intensive Positive Behaviour Support Service pilot for children with Learning Disabilities across Bristol and South Gloucestershire local areas was extended to also meet the needs of children and young people with ASD/ Asperger's with a moderate or severe learning disability in order to reduce out of area social care and education/ hospital inpatient stays. Longer term indicators have been encouraging and plans for a sustainable service are being explored. Schools benefit from the modelling by the IPBS whose techniques are then used with wider groups of children.

Basic training relating to autism is being accessed by the wider workforce and more specialist training is being developed CAMHS as part of the Increasing Access to Psychological Therapies (IAPT).

For children presenting in crisis who have Autism/LD, the Crisis Triage Assessment & Outreach (CTAO) team establish if there is a specialist team already involved with the young person and, if so, liaise with them on how best to support. The options available would involve undertaking a joint assessment (utilising staff with LD/ASD expertise) or for the specialist team to lead. Decisions would be made based on what approach is in the best interest of the child or young person whilst liaising with the family in terms of previous input.

5.13 Looked after children and care leavers

During 2018/19 there were 412 children leaving care within Bristol. Following its pilot, Integrated Personal Budgets remain available for looked after children and care leavers who meet specific criteria, to access small budgets for equipment/activities aimed at improving mental health and wellbeing.

The Thinking Allowed service is a specialist part of the Child and Adolescent Mental Health Service which provides a single referral point for children and young people up to 18 years of age who are Looked After by the Local Authority and for adopted children who have been referred by Bristol Adoption Support Service (BASS). All referrals for Bristol Looked After children who require a therapeutic service come through Thinking Allowed.

The service provides support though;

- Assessment of the emotional needs of Bristol's Looked After and adopted children
- Consultation with social workers, carers, parents and family's on the therapeutic re-parenting needs of the children in their care
- Training including attachment focused training and groups for carers
- Referrals for therapy to local CAMHS or other services.

5.14 Carers Support Centre - Young Carers Service

The Young Carers Service provides support to children aged 8-18, through access to tiered levels of support. The service can be accessed by self-referral or via a professional in the young person's network. The service aims to safeguard young carers from providing inappropriate or excessive levels of care. The service seeks to reduce the potential impact of caring on young carer's health, well-being, education, social isolation, and also to provide respite from caring responsibility.

Caring has an impact on carers of all ages, and an increasing number of young carers report providing complex care to multiple family members. The service takes feedback from young carers and a recent survey reported the impact of caring on young carers as:

- 76%** report being low or depressed
- 86%** feel anxious or worried
- 92%** are stressed
- 60%** eating too much or too little,
- 27%** self-harming
- 44%** panic attacks
- 77%** feeling really angry
- 40%** feeling like they can't carry on
- 78%** struggling to sleep
- 59%** reported receiving support with their mental health

5.15 Data (access and outcomes)

NHS commissioned (and jointly-commissioned) services are required to submit data to the MH Services Data Set (MHSDS). This information is used for commissioning services, service planning, research and inspection and more information can be found here at www.digital.nhs.uk.

Our secondary care mental health provider, Avon & Wiltshire Partnership Trust reports CAMHs data to the MHSDS, and data quality is routinely monitored through the contract Data Quality Group. As of June 2019 the trust scored 91.9% for Data Quality against a national average of 71.9%. A target has been set to reach 95%.

It is historically more challenging for smaller organisations to report accurately through the MHSDS due the size and capacity of organisations and infrastructure. In Bristol both Voluntary Sector organisation providers Off the Record and Kooth, have made great progress in improving data quality.

Sirona provide good quality reporting on the wider Children's contract and performance is monitored routinely via contract Access Performance Meetings.

6 Priorities and Planning Beyond 2020

The BNSSG draft all age mental health strategy sets out our ambition that every child has the right to grow up and be educated in an environment which nurtures their mental health with support available.

The strategy outlines a range of commitments to children and young people in BNSSG including;

We will embed the prevention and early intervention needed to recognise and reduce Adverse Childhood Experiences, including advice and support for GPs and MH support services, develop/source toolkits, enable standardised training to deliver trauma-informed practice to support CYP aligned to research from the ACE HIT

We will invest in CAMHS and other support services for children and young people and we will focus on waiting list initiatives to make sure service capacity meets people to support CYP aligned to services improving transition between services

We will work together across health, schools, LA and with young people to co-design and commission positive support including extended access to digitally enable support and information. We will support provision of MH advisors support in schools

We will build on the joint outcomes framework for SEND and develop Patient Experience Measures and Patient outcome measures that matter to young people
Alongside the ambitions for the Mental Health Strategy, we will plan our response to the Long Term Plan. We will:

- Continue to expand services for children and young people including:
 - increasing investment prompt access to support and treatment
 - reducing waiting times
 - expanding access to community based services
 - building on plans for transition to adulthood for 18-25 year olds
 - continued delivery of CYP joint local transformation plans
- Monitor and ensure increasing access rate for CYP into CAMHS service against national targets.
- Ensure the national waiting times are achieved for Eating Disorder services.
- Work with education settings to develop setting wide approaches including developing a BNSSG wide bid for the Mental Health Support Teams funding from NHS England
- Review investment in both Intensive Support Team and New I-Thrive Model to evaluate service development.
- Monitor the 95% emergency referrals within 4hrs target of the Intensive Support Service.
- Review the Intensive Support Team as part of a wider Crisis Pathway Review
- Review all pilots for evaluation as part of future commissioning, including Personal Budget Pilot, and Positive Behavioural Support Service Model.

- Ensure the Emotional Health and Wellbeing steering group is aligned with the steering groups for the MH Strategy and Long Term Plan.
- Ensure the BNSSG Perinatal and Infant Mental Health Strategy Group is aligned to the steering groups for MH Strategy and Long Term Plan, and the Emotional Health and Wellbeing steering group.
- Work as a system to reduce health inequalities within Bristol

7 Workforce

The Healthier Together Workforce Programme is supporting the development of a system wide five year workforce plan for health and social care for BNSSG, including a specific focus on Mental Health. The approach has considered:

- Current workforce challenges
- New models of care or approaches arising from the development of the Mental Health Strategy or other work in progress
- New roles, ways of working and training to meet future need
- Organisational Development and Engagement across the system

Work will continue to ensure planning and transformation continues in Healthier Together Workforce and Mental Health Programmes, supported by the wider system which will inform the whole BNSSG process of workforce recruitment, retention and development.

BNSSG is developing a Mental Health Strategy which will inform the future priorities and direction of workforce development in the footprint. It is anticipated that this workforce plan will be revised in 12 months, with an interim review in 6 months.

8 Risks and Mitigations

Risk	Mitigation
Workforce/recruitment: National workforce capacity issues, slow recruitment processes within larger organisations	Workforce Development Plan in place, BNSSG STP level planning underway to support area-wide recruitment/sharing of staff, continued participation in IAPT programme.
Increasing demand/mental health awareness	Continue work to develop whole-system, whole-city approaches to mental health to ensure resources can be maximised and gaps minimised, e.g.; Thrive and i-Thrive. Continued work in the CCG to maximise resources across the STP to best effect for each area.
Co-ordination of work in schools: Academisation of education system poses challenges for the LA co-ordination of support/initiatives to schools.	Public Health to continue to support whole-school approaches to mental health, support sharing of information and best-practice between schools via area-based Schools' Multi-agency Mental Health Network, support in relation to PSHE curriculum Continue to work with senior LA and Education leaders to disseminate/share information and influence practice.
Service capacity to meet national standards and targets	Additional investment identified to address service capacity and increase access and improve eating disorder referral to treatment times.
Waiting times for assessment and to start treatment	Implementation of the iThrive model to enable one front door and support options for those with lower levels of need. The brief interventions offered will allow earlier intervention, support people to stay well and reduce the pressure of high acuity on CAMHs services.

9 Finance

BNSSG CCG funding

Description	Planned 2019/20 BNSSG CCG -Bristol and South Gloucestershire
CCHP (Sirona) CAMHS	£8,254,033
Total Block	£8,254,033
<u>Other</u>	
Total Other CAMHS	£0
Combined Total	£8,254,033

10 Appendices

Appendix 1

Appendix 1 – Governance route for LTP's

