

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



South Gloucestershire

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 Demography
 - 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 South Gloucestershire JSNA CYP Emotional and Mental Health and Wellbeing
 - 3.3 Perinatal Mental Health
 - 3.4 Barnardo's HYPE Service
 - 3.5 Mental Health Audits
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 Data (Access and Outcomes)
6. Priorities and Planning Beyond 2020
7. Workforce
8. Risks and Mitigations
9. Finance
 - 9.1 BNSSG CCG Funding
 - 9.2 Public Health Budget CYP mental health 2016/17 – 2019/20
 - 9.3 Positive Activities (universal youth services)
 - 9.4 Linked spends on vulnerable populations
10. Appendices:



Children and Young People’s Emotional Health & Wellbeing Local Transformation Plan South Gloucestershire 2019/20 Refresh

1. Introduction

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

South Gloucestershire Local Authority

South Gloucestershire has a local CYP mental health strategy that runs from 2016-2021. The document was written following a needs assessment in 2016 informed via both prevalence and service data alongside consultation with stakeholders including children and young people, their parents/carers and professionals. This local strategy is structured around the main themes of Future in Mind and a number of task and finish groups that have resulted in driving operational work that is overseen by the Whole System CYP Mental Health Group which meets three times a year.

Sitting underneath the strategy is an action log and performance scorecard that monitor progress against the agreed priorities.

The Needs assessment and local strategy can be found [here](#)

Bristol, North Somerset & South Gloucestershire CCG

Bristol, North Somerset & South Gloucestershire (BNSSG) CCG has now been in existence as a merged CCG for one year since April 2018. BNSSG will lead in planning the response to the NHS Long Term Plan.

Following the merger of BNSSG CCG there will be greater interaction between the commissioning of health services across Bristol, North Somerset and South Gloucestershire. BNSSG's vision is to:

¹ <https://www.england.nhs.uk/mentalhealth/taskforce/>

- 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 South Gloucestershire, it will be necessary 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 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.

Within South Gloucestershire, the Whole System Group for CYP Mental Health will oversee local implementation of this plan and will link into the Emotional Health and Wellbeing Steering Group and report to the Health and Well Being Board or the Best Start in Life Group. The Whole System Group is also called to Health Scrutiny on a regular basis to update on local progress in improving CYP mental health.

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, 1 in 10 children aged 5 – 15 have a diagnosable mental health problem and this rises to 1 in 5 for young people aged 16 and 17. 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 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 hyperkinetic 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 South Gloucestershire based on the Office for National Statistics (ONS) mid-year population estimates in 2018 is 282,600 with 30% of the population 0-24. Population analysis by South Gloucestershire Council has highlighted the increase in overall population, with 9% increase since 2007; compared with 8% nationally over the same decade, 2007-2017.

The ONS mid-year population estimates also show that in 2018 19% of the total population was 0-15 years of age (52,900) and 62.6% is of working age, 16-64 age range (176,900), which is broadly consistent with the national picture. Black and minority ethnic population at the 2011 census is low at 5% of the population (13,193), which is twice the number recorded in 2001. (Census, 2011)

The English indices of deprivation (2019) showed that South Gloucestershire is ranked 270th out of 317 local authorities in relation to deprivation (1st being most deprived and 317th least) and whilst this is positive, there are sub-ward pockets of



relative deprivation (namely: parts of Staple Hill & Mangotsfield, , Patchway Coniston, Parkwall & Warmley, Charlton & Cribbs and Woodstock).

The percentage of children living in poverty in July 2017 was deemed low in comparison at 16.25% on average (compared with England average of 25%, 19% in North Somerset and 27% in Bristol) (End Child Poverty, 2018). These figures include housing costs which leads to more children being deemed in 'poverty'. The 'End Child Poverty area maps 2014' showed that in 2 wards of South Gloucestershire, more than a quarter of children are living in poverty. This is concerning as lower socio-economic groups are more likely to have a greater prevalence of severe and enduring mental and physical health problems.

2.3 Planning for our local population

Locally the Whole System Group oversees an annual process of delivering against strategy priorities, reporting on the impact of this work and then planning future actions prioritised from which parts of the overall system require strengthening and the areas that are performing well or less well.

This includes the production of an annual performance scorecard which is shared with system partners. The Whole System Group also builds partnerships with other stakeholders such as, CYP voice, parent and carer's education, social care and the voluntary sector to ensure mental health is considered in its full context rather than as an isolated service area.

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. 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 redesign its CYP Crisis services and develop a range of services that specifically meet the needs of 0-25year olds.

2.4 Mental Health of local population

In South Gloucestershire it is estimated that 3,214 children aged 5 – 16 (8.5%) have a mental health disorder (2015 PHE fingertips). DFE statistics on special educational needs 2018 report that in South Gloucestershire 506 primary school pupils (2.2%) and 229 secondary school pupils (2.3%) have social, emotional or mental health need. (Accessed via PHE fingertips)

There are also children and young people in South Gloucestershire who do not have a diagnosable mental health condition 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 South Gloucestershire 56.8% of children have been bullied, 13.9% reported low life satisfaction and only 46.1% felt that they were the right size.. (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 195 in South Gloucestershire (Public Health Outcomes Framework, March 2018)
- Unaccompanied asylum seekers with a predicted minimum number in South Gloucestershire of 15 (ONS Children looked after in England including adoptions 2017-2018)
- Young Offenders - 1st time entrants into the criminal justice system with over 50 in South Gloucestershire (Fingertips indicators, PHE 2017)
- Gypsies, Travellers & Roma of around 103 (South Gloucestershire school census January 2019)
- Young carers, 524 in South Gloucestershire (ONS Census 2011)
- Young people 16-17 years of age who are NEED (not in Education, Employment or Training) of around 270 (PHE Fingertips 2016)
- Children and young people with disabilities. There is an estimated 1,607 to 2,893 children with some level of disability (JSNA 2016)
- Children with SEND. 1123 pupils in South Gloucestershire have a statement of SEN (JSNA 2016)
- Teenage parents aged 17 and under, 14 in South Gloucestershire projected (PHE 2017/18)

3. Participation and Engagement

3.1 Pupil questionnaires

In South Gloucestershire the Local Authority runs a pupil health survey that has been undertaken three times (in 2014, 2017 and 2019).. This has generated a very valuable data set about a range of health outcomes at a local whole population level.

The mental health related questions have shown a decline in whole population CYP mental health between 2014 and 2019 and this is in line with national trends. However it is encouraging the rate of decline between 2017 and 2019 seems to have slowed. The data also highlights that primary school children have continued on a more constant negative trend whereas secondary aged young people seem to have stabilised in terms of their reported prevalence. More work will take place to better understand this.

The data also allows us to understand how different cohort of our CYP population experience mental health. So for example we can see difference in gender and age and also for specific groups such as the LGBT and SEND populations.



We also have geographical and individual school data that has been used to support some of our targeting with all schools in South Gloucestershire having a rating in terms of student outcomes and engagement with local supports.

The headline data from the survey forms part of the local performance scorecard and the key findings from that scorecard show:

**Proposed indicator set for annual performance report
Children and Young People's Mental Health and Emotional Wellbeing Strategy, 2016-2021**

Ref	Indicator	Indicator score 2016/17	Indicator score 2017/18	Indicator score 2018/19	Indicator score 2017/18	Comments
Key priority area 1: Integrated whole system approach						
1.1	% good at making and keeping friends	81.3%	76.1%	73.5%	Online Pupil Survey	Whole population measures measuring the effectiveness of the whole system and wider social context rather than any specific intervention. Please note OPS scores are from 2014 and 2017 next report due 2019
1.2	% so worried cannot sleep	17.5%	22.9%	22.8%	Online Pupil Survey	
1.3	% who have no one to talk to if they are worried	16.5%	15.7%	16.2%	Online Pupil Survey	
1.4	% satisfied with life	73.5%	72.9%	71.8%	Online Pupil Survey	
1.5	% confident about the future	88.5%	85.6%	83.8%	Online Pupil Survey	
1.6	% unhappy most of the time	3.9%	5.5%	5.7%	Online Pupil Survey	
1.7	% happy at school	71.4%	61.6%	60.0%	Online Pupil Survey	

3.2 2018 South Gloucestershire JSNA CYP Emotional and Mental Health and Wellbeing

A Joint Strategic Needs Assessment (JSNA) provides a comprehensive picture of both current and future health and wellbeing of local populations. The JSNA draws on a wide range of information which includes quantitative and qualitative data, and the views of people using services. South Gloucestershire Council have refreshed their JSNA in 2016 and the document can be found here:

<https://www.southglos.gov.uk/community-and-living/stronger-communities/community-strategy/joint-strategic-needs-assessment-jsna/>

Within this JSNA there is a dedicated section on Children and Young People's Mental Health, which can be found [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)
- Need to connect - need to 'find your tribe' and identify a community which you can connect 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
 - 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 group, and steering groups overseeing the All age Mental Health Strategy and Response to the NHS Long Term Plan.

'Strengthening the Circle' training, funded by Health Education England has been delivered in South Glos. This training aims to strengthen the skills, confidence and competences of the joint agency non-specialist workforce and some small groups of parents have then been supported in short term focus groups.

3.4 Barnardo's HYPE Service

Barnardo's HYPE Service, (Helping Young People (children and families) Engage) have 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 children young people participate in service development. This work is ongoing as part of the wider Children's Services contract and reports on progress quarterly.



3.5 Mental Health Audits

The main local audit was undertaken in 2016 as part of the needs assessment process and involved a public consultation, expert reference groups which included parent/carers and young people.

There is ongoing user and stakeholder involvement through a range of task and finish groups and also specific focus group work. One example of this was the development of the Mind You website which involved a number of school based focus groups.

Data is also gathered and reviewed across the system in our annual scorecard that goes to the CYP & Families Partnership and is reviewed by the Health Scrutiny Committee.

4. Priorities for the area

The Joint Strategic Needs Assessment ended with a series of local recommendations and these have shaped local strategy and underpinning action plan along with a live action log and score card.

At a local authority level there is the **CYP and Families Partnership Plan 2016-2020** that has **'Improving the social, emotional and mental health and wellbeing for all children and young people'** as a priority.

Our Health and Wellbeing Board also has two relevant priorities:

- Improve educational attainment of children and young people, and promote their wellbeing and aspirations
- Promote and enable positive mental health and wellbeing for all

Some of the detail that sits under these priorities is captured in the **Joint Health and Wellbeing Strategy Action Plan 2019/20** and includes targets around:

- Better data
- Better coordination of local commissioning
- A particular focus on Under 11 mental health

Further work is needed to support Children and Young People with emerging needs and risk factors that are more likely to lead to mental ill health.

The 2018 school survey results found under-capacity in school-based provision in relation to emotional health and wellbeing. The significant findings around what was needed, included increased Primary Mental Health capacity, the Off the Record service provision being available all year round in secondary schools and



made available for the top year of primary schools (year 6), and funding for programmes like Jigsaw PSHE and FRIENDS Resilience to be run in schools.

At the STP level the all-age strategy includes a dedicated 0-25 years' strand, the development of which is being supported by the Centre for Mental Health. The JSNA references various groups of children more at risk of mental health issues and inequalities including:

- Maternal Factors (such as birthweight, smoking during pregnancy, teenage conceptions)
- Family factors (such as poverty, parental unemployment, lone parents households, household with persons having long term conditions, domestic abuse, parental drug and alcohol use and households with looked after children)

Mental health status of children during infant and school age period, These include learning difficulties, children providing unpaid care, child abuse and neglect, family dysfunction, school absence, smoking and obesity, bullying, drug and alcohol use Young

This is an opportunity to build on our work to date and ensure a wide range of stakeholders are also involved with the development of this programme of work.

Areas recommended for consideration include:

Offer early intervention and a whole system approach; offer a consistent range of treatments and interventions which are evidence based and informed by practice; increase the range and availability of cognitive behavioural therapy, systematic family therapy and parenting courses; identify gaps in support needs in relation to children with social communication and interaction needs including autistic spectrum conditions; and undertake workforce development to include a trend towards more generalist staff and community-based roles.

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

In South Gloucestershire, Community's Children's Health services are led 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. This blended model has led to a significant reduction in the local CAMHS waiting list with all three partners playing a role in picking up demand and ensuring a range of services to suit a range of needs.

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.



The Mind You website, www.mindyou.org.uk was launched in February 2018 and has proved extremely popular with A-Zs of common issues, detail on local and national services and resources, and a section containing information on looking after your own mental health. The next step will be to explore ways in which schools can be encouraged to build it into lessons so all children & young people know it exists, the content available and to create a strategy to increase engagement with the website. There have been 20,000 visits to the website in the first 18 months alone.

There has been work in partnership with schools which has led to the roll out of the whole school Mental Health Award, with 38 schools taking part in cohorts 1 and 2. Over 800 front line staff has received mental health training and resilience sessions to have been provided to all secondary schools and some primary schools.

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, led by the steering group responsible for implementing the Long Term Plan.

5.3 Voluntary Sector Provision

In South Gloucestershire the CAMHS service includes provision from two Voluntary Sector organisations. Off the Record, is a key provider of services across Bristol and South Gloucestershire and offers self-referral open access drop ins (Youth Hubs) in established premises and on 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 the Resilience lab, informal self-care stress management offered to all secondary schools and through regular static workshops. 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, There is also a range of wellbeing offers including an allotment, book club, 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.

5.4 Online Directory

The Mind You website continues to be refined in partnership with local stakeholder. One key finding has been that the site is predominantly used by adults, and the focus will now be to build more content that appeals to Children and Young People. Work will also be undertaken to embed Mind You into school lessons and work with voluntary sector partners to further build awareness of it as a resource.

Work is underway to create and implement a BNSSG wide online directory offer which could then be updated by Providers.

5.5 Perinatal

The BNSSG Perinatal & Infant Mental Health strategy group has been set up to provide strategic oversight across Bristol, North Somerset and South Gloucestershire 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.

Locally, South Gloucestershire has a perinatal and infant mental health group that pick up operational performance and any South Gloucestershire specific priorities for this population. There is common membership to both groups ensuring an information flow in both directions.

5.6 Work within schools

In 2019 there will be targeted social media promotion for locally identified priorities such as self-care, anxiety and autism. A local whole setting approach in schools will be piloted that seeks to address organisational culture including students, parent and staff. More targeted provision, training and resources have been integral to this work.

As well as the Resilience lab and PWP offer to schools in South Gloucestershire (referenced in the introduction to this section); there are a number of other mental health initiatives offered to schools in the area.

- Training including CASCADE to over 80 education and health professionals.
- During 2017 to 2019 over 2300 front line professionals working with CYP attended some form of CYP mental health training.
- Primary Mental Health Specialists, with one worker covering Pathways Learning Centre and another worker covering all other schools in South Gloucestershire. There is consensus amongst local stakeholders that this workforce needs increased capacity.
- There are now 38 schools with the Mental Health in Schools award and all schools have a mental health and wellbeing lead. They all received a small grant along with project worker time and used this resource to audit their setting in respect of student, parent and staff wellbeing. They then developed a plan to address local priorities. Impact will be measured via the school health survey and compared against trends in schools outside the scheme. In 2019 this initiative will continue, through a whole school system approach. .
- 2018 eating disorders conference in Filton attended by almost 200 front line professionals
- A number of schools are training Wellbeing Ambassadors and early indications are that this is an effective way of supporting students at school.

Public Health is also keen to build on the strength of Personal, Social, Health and Economic (PSHE) education in many schools, and statutory PSHE due in September 2020, in order to increase pupil resilience and self-care pathways.

Primary Mental Health Specialists (PMHS's) continue to work with schools (including BESD) to provide training, mental health consultation and direct work.



There are two PMHS's based in the Family and Young People Support (FYPS) service, providing support for 11-18 years old's. A further two PMHS's are based within the CAMHS service to provide consultation to primary (5-11) and secondary (11-18) schools.

5.7 Parenting support

The CCG commission the voluntary sector to support women with mild to moderate perinatal mental health needs. Mothers to Mothers, Homestart, Rockabye and Bluebell all deliver parental support groups and peer support for those mothers and families who do not meet the threshold for specialist services.

Public Health, School Nurses and schools are running workshops called 'Supporting your child's emotional wellbeing'. Off The Record run a parent drop-in. Family and Young Peoples Services run 'Parents Plus' courses, which have a strong emotional wellbeing theme.

In 2019-20 there will be a roll out of Adverse Childhood Experiences (ACE) mental health promotion workshops for parent/carers.

South Gloucestershire Council's Preventative Services offers evidence based parenting programmes for children, young people and families. The Children Centres deliver Incredible Years and use the Solihull Approach with the focus on the under 5's. The Family and Young People Support Team (FYPS) offer Parents Plus Children and Parents Plus Teens. Courses are run throughout the year and workers, organisations and parents can request places on the courses with all referrals going through the Access and Response Team (ART).

Children's Centres

- Children's centres work with Bluebell and commission Rockabye to promote secure attachment
- Children's Centres host drop-in services for Gypsy, Roma & Traveller families with a dedicated Health Visitor.
- These centres play a key role in supporting children affected by parental imprisonment (CAPI)

Yet to be done:

- Increased support for parents including an awareness campaign and more parent workshops/peer support

5.8 Public Health – Healthy Schools Programme

South Gloucestershire's Health in Schools Programme supports many areas of work linked to positive mental health and all 38 schools undertaking the mental



health award are automatically entered as working toward the silver health in schools award.

5.9 Adverse Childhood Experiences (ACEs)

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, sexual, 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.

A UK study suggests that children and young people who experience 4 or more of the above are deemed more likely to have disrupted nervous, hormonal and immune development, social, emotional and learning problems and potentially more likelihood of chronic disease.

South Gloucestershire Local Authority is having regular meetings with Bristol and North Somerset to share good practice around ACEs and to discuss the possibility of a joint research project.

The number of ACEs does not determine the effect on the individual – someone with one ACE could be more adversely affected than someone with 4+ ACEs. ACEs happen to people, trauma is the embodiment of that experience.

South Gloucestershire has a steering group in place for ACEs and a Specialist Health Improvement Practitioner (SHIP) post specific to ACEs. This post is mapping work on current need, services & interventions required, developing training and seeking to ensure inclusion in Early Help & SEND strategies.

South Gloucestershire has hosted two ACEs conferences attended by 270 people from a variety of sectors in South Gloucestershire, and colleagues from Bristol and North Somerset. Both conferences have had excellent feedback. South Gloucestershire has also developed an ACE Ambassador Network which has over a 115 members (November 2019, numbers increasing steadily), some of



whom have completed ACE Ambassador Training developed by the SHIP post. This has also been delivered in Bristol by South Gloucestershire colleagues.

5.10 All Age MH 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

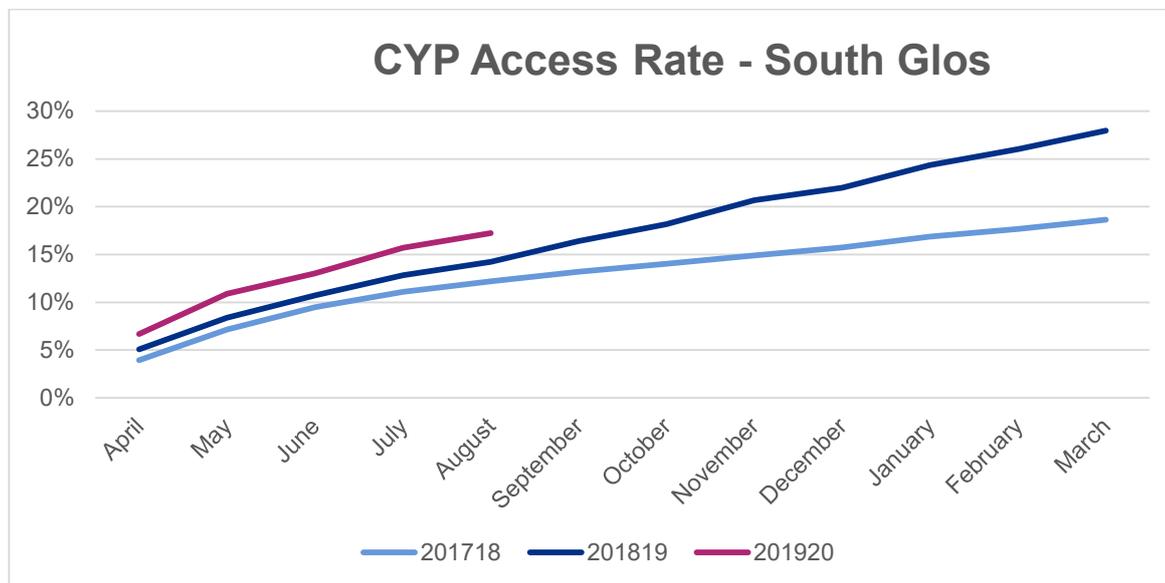
The NHS England document 'Implementing the Five Year Forward View for Mental Health' (MH5YFV) highlights children and young people as a priority group and set the following access to service targets. The access targets for 2016/17-2020/21 are set as:

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 South Gloucestershire 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 28% into CAMHs services for 2018/19.



This performance is captured month on month and in 2019/20 Access rates to services have increased 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 the South Gloucestershire 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 with Eating Disorders

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 2018/19, within South Gloucestershire, 91% of urgent eating disorder referrals and 84% of routine referrals would meet this standard once formally introduced



next year. We are working toward improving the accuracy of data recorded for these services ahead of the treatment targets being introduced next year, especially as relatively small patient numbers can greatly impact recorded performance. 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 the service reliably meets the referral to treatment times for both urgent and routine referrals and achieves 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 focused area for service planning to meet this target by March 2021.

Transitions into adult services

South Gloucestershire has a 0-25 transitions team that supports young people, young adults, and their families, to continue to live at home or independently within the community.

The team supports the Local First framework and further information can be found [here](#).

The Transition Team have produced 4 key [transition pathways](#) around Education, Employment and Training, Housing, Health and Social Networks. These have been designed to promote self-support through our local preparing for adulthood offers which provides key things to consider at this stage of life.

The 0-25 Transitions Team offers support across the four pathways and will help:

1. gain skills and **prepare for further education, employment, training** or volunteer work-internships and apprenticeships
2. help being part of the **local community and to build relationships**,
3. guide and support them to **access and maintain housing-**
4. guide young people/ adults in **staying safe, healthy** and connected into health services where appropriate.

Across all four pathways there is a focus on:

- Maintaining life skills or learning new skills.
- Achieving and sustaining greater personal independence.



For wider children's mental health transitions, it is important to take note of the July 2019 Healthwatch report on the NHS Long Term plan engagement programme specifically raised transitions.

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 occurs, the CAMHS service lead will work with the adult transitions to support the transfer of care.

The CAMHS transition peer support group is a co-produced project aimed at reducing the stress and challenge of the transition process. The group offers peer support from people who themselves have been through the transition process. This support is provided through training sessions, guest speakers, teaching sessions and provides a safe space for young people to talk about their experiences. This project was nominated and won the Positive Practice in Mental Health Award 2019, in the *Initiatives to support transition from children and young people's to adult mental health services* category.

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

In South Gloucestershire there are currently 176 looked after children up from 160 in 2018/9 and projected to increase to 271 by April 2021.

Professionals working with looked after children access support from CAMHS both in terms of training and advice. In addition to this STORM suicide and self-harm prevention training has been offered to a range of workforces including LAC social workers and foster carers.

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.

The service provides support though;

- Assessment of the emotional needs of South Gloucestershire'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 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 South Gloucestershire 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.
- 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 South Gloucestershire

Specific to South Gloucestershire the following further priorities have been identified:

- Work with partners to agree common whole population measures to work alongside service measures
- Support Children and Young People with emerging needs and risk factors that are more likely to lead to mental ill health
- Explore the capacity of Primary Mental Health Specialist workforce including any joint funding opportunities between the CCG and local authority
- Consider the resources needed to develop and deliver primary prevention and whole population approaches
- Continue to 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

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.; i-Thrive. Continued work in the CCG to maximise resources across the STP to best effect for each area.
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

9.1 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

9.2 Public Health Budget CYP mental health 2016/17 – 2019/20

Area of spend	Spend 2016/7	Spend 2017/8	Spend 2018/9
Salaries	£62,134	£64,304	£59,010
Contracts	£34,225	£39,225	£35,000
Total PH Spend	£96,359	£103,529	£94,010

Contracts with Off the Record and small grants for schools taking part in Award Scheme

9.3 Positive Activities (universal youth services)

Universal youth budget	2016/17 £	2017/18 £	2018/19 £
Budget	480,000	455,000	380,000
Positive Activity Subsidy	230,000	194,000	119,000
Priority Neighbourhoods / LDD provision	230,000	241,000*	241,000*



Commissioning /Administrative costs	20,000	20,000	20,000
Total proposed budget	480,000	455,000	380,000
* Includes £11k for additional PN session in Yate.			

These budgets were all then rolled up together to create the new Youth Activities Offer which started on 1st April 2019 with a total value of **£411K** per annum and that is due to continue for 3 – 5 years at the same level.

9.4 Linked spends on vulnerable populations

	2016/17 £	2017/18 £	2018/19 £
Domestic violence support (1 to 1 and group work)		£32,000	£32,000
Harmful sexual behaviour (assessment and intervention)	£40,000	£40,000	£80,200
Troubled Families (Primary Mental Health Specialist)	£53,000	£53,000	£53,000
Youth Offending (Mental health provision)		£43,587	£43,647



10. Appendices:

10.1 Appendix 1 – Governance route for LTPs

Appendix 1 – Governance route for LTP's

