

Gloucestershire's Future in Mind

The local transformation plan for improving the mental health and wellbeing of our children and young people
2015 - 2020



FOREWORD

In Gloucestershire we recognise that there is more to be done to improve children and young people's mental health and wellbeing.

Growing up is meant to be one of the very best times in anyone's life but it can also be tough. Children and young people of this generation have new challenges to face including the prevalence of social media and the changing world of work. Some young people, such as children in care and those leaving care, are exposed to situations and experiences that can make them particularly vulnerable.

We understand that the emotional wellbeing of children and young people has a significant impact on all areas of their lives including academic achievement and their relationships with friends and family. Mental health problems are common but it is often the case that children and young people don't get the help they need as quickly as they should. If not addressed, mental health problems can continue into adulthood and can prevent some young people achieving their goals in life.

We want this to change. We plan to work together across the wide range of agencies in Gloucestershire to help our young people to acquire the resilience and skills they need to face the challenges that come their way. We want our children and young people to be able to ask for help with their emotional problems when they need it and for the right kind of help to be given quickly in a way that suits that young person and their family. We will ensure that if a young person has a crisis, they will get extra help straight away, whatever time of day or night it is.

We feel that together we can create a better system in which our children, young people and their families can thrive and achieve.



Mary Hutton

Accountable Officer

Gloucestershire Clinical Commissioning Group



Linda Uren

Director of Children Services

Gloucestershire County Council

October 2015








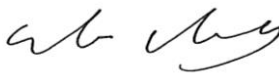
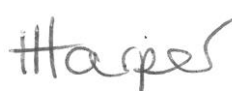
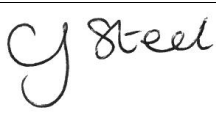

ACKNOWLEDGEMENTS




This Local Transformation Plan has been produced and informed by children and young people, parents and carers, and through significant partnership working between the wide range of statutory, voluntary and community and other sectors in Gloucestershire and we would like to give our thanks to those who have given their time, effort and commitment to shaping this Plan which included:

² gether NHS Foundation Trust	Gloucestershire Young Carers
Action for Children	Gloucestershire Local Pharmaceutical Committee
Active Gloucestershire	GPs
Alderman Knight School	Grangefield School Gloucestershire
Ambassadors for young people, Gloucestershire County Council	Hartpury College
Archway Secondary School	Independence Trust
Barnwood Trust	InfoBuzz (HeadSpace)
Bettridge School	Katherine Lady Berkeley School
Cam Woodfield Junior School	Maidenhill Secondary School
Carers Gloucestershire	Nailsworth CofE Primary School
Cashes Green Primary School	NHS England Health & Justice Commissioning
Cheltenham and Tewkesbury Alternative Provision Service	NHS England Specialised Commissioning
Children & Young People's Board, ² gether NHS Foundation Trust	OPENHouse
Children & young people, parents and carers	Pate's Grammar School
Cirencester Deer Park School Academy	Peter Lang Children's Trust
Dursley Primary School	Prospects (Youth Support Services)
Educational Psychology Service	Rethink Mental Illness
Faith and Homeless Group	Shrubberies Special School
Gastrells Community Primary School	Sir William Romney's School
Gloucester College	Skillzone
Gloucester Fire and Rescue Services	Stroud & Cotswold Alternative Provision Service
Gloucestershire Association of Primary School Headteachers (GAPH)	Stroud District Youth Council
Gloucestershire Association of Secondary School Headteachers (GASH)	Stroud High School for Girls
Gloucestershire Association of Special School Headteachers (GASSH)	Teens in Crisis
Gloucestershire Care Service NHS Trust	The Door, Stroud
Gloucestershire Constabulary	Thomas Keble School
Gloucestershire Counselling Service	Toucan for Children
Gloucestershire County Council	VCS Alliance
Gloucestershire Healthwatch	Whiteshill Primary School
Gloucestershire Hospitals NHS Foundation Trust	Winston's Wish
Gloucestershire NHS Clinical Commissioning Group	Young Gloucestershire
Gloucestershire Police and Crime Commissioner	Youth and Community Services

NB: Engagement with Children's Centres has been carried out as part of the perinatal strategy (see page 44, 7.7.12)

This Plan has been reviewed and adopted by a wide range of partners, including the following key signatories:

Name	Signature
Mary Hutton, Accountable Officer, Gloucestershire CCG	
Cllr Dorcas Binns, Chair Gloucestershire Health and Wellbeing Board	
Cllr Paul McLain, Cabinet Member for Children, Young People & Strategic Commissioning, & Chair, Gloucestershire Children's Partnership	
Linda Uren, Director of Children's Services / Commissioning Director Children and Families, Gloucestershire County Council	
Colin Merker, Director of Service Delivery / Deputy Chief Executive, ² gether NHS Foundation Trust	
Candace Plouffe, Director of Service Delivery, Gloucestershire Care Services NHS Trust	
Paul Byrne, Divisional Director Women & Children, Gloucestershire Hospitals NHS Foundation Trust	
Steve Mackay, Headteacher, Sir William Romney School and Chair Gloucestershire Association of Secondary Headteachers (GASH)	
Mel Davis, Headteacher, Woodside School & Helen Harper, Headteacher, Cam Woodfield Infants – Co-Chairs Gloucestershire Association of Primary Headteachers (GAPH)	
Clare Steel, Headteacher, Alderman Knight School and Chair Gloucestershire Association of Special School Headteachers (GASSH)	
Alison Williams, Director, Prospects Youth Support Services	

Dr Jeremy Welch / Dr Tristan Lench (CCG GP leads for Children & Young People and Mental Health)	
Matt Lennard, Engagement Officer, Gloucestershire VCS Alliance	
Sarah Scott, Director of Public Health, Gloucestershire County Council	

ACRONYM BUSTER

Acronyms used throughout this document are listed in the table below:

² gft	² gether NHS Foundation Trust
A&E	Accident and Emergency
BERS	Building Emotional Resilience Service
CAMHS	Child and Adolescent Mental Health Services
CBT	Cognitive Behaviour Therapy-Enhanced
CEHWBP	Children's Emotional Health and Wellbeing Partnership
CHAHTT	Child and Adolescent Home Treatment Team
Cllr	Councillor
CQUIN	Commissioning for Quality & Innovation
CYPS	Children and Young People Service
DfE	Department for Education
EEBP	Enhanced Evidence Based Practice
FBT	Family Based Treatment
FFT	Functional Family Therapy
GAPH	Gloucestershire Association of Primary School Headteachers
GASH	Gloucestershire Association of Secondary School Headteachers
GASSH	Gloucestershire Association of Special School Headteachers
GCC	Gloucestershire County Council
GCCG	Gloucestershire Clinical Commissioning Group
GCP	Gloucestershire Children's Partnership
GCYPPP	Gloucestershire Children and Young People's Partnership Plan
GHLL	Gloucestershire Healthy Living and Learning
GLPC	Gloucestershire Local Pharmaceutical Committee
GMHWBP	Gloucestershire Mental Health and Wellbeing Partnership Board
GP	General Practitioner
GSCB	Gloucestershire Safeguarding Children Board
HWBB	Health and Wellbeing Board
IAPT	Improving Access to Psychological Therapies
JCP	Joint Commissioning Partnership
NHS	National Health Service
NHSE	National Health Service England
OPS	On-line Pupil Survey
PinK	People In the Know
PMHW	Primary Mental Health Workers
SEND	Special Educational Needs and Disability
TACS	Turnaround for Children Service
TiC+	Teens in Crisis
VCS	Voluntary and Community Sector
YOS	Youth Offending Service
YSS	Youth Support Services

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1 EXECUTIVE SUMMARY

1.1 The difficulties being experienced by children and young people in terms of mental health and wellbeing and the subsequent pressures on services were recognised nationally in 2014 and resulted in the setting up of the national CAMHS (Child and Adolescent Mental Health Services) Taskforce.

1.2 The Government's response to the work of the Taskforce (a report entitled *Future in Mind*) was published in March 2015: <https://www.gov.uk/government/publications/improving-mental-health-services-for-young-people>

1.3 *Future in Mind* talks about the need to take local 'whole systems' approaches to the issues faced by children and young people, as well as identifying some specific areas that need improvement nationally, with each local area being required to develop a 5-year Transformation Plan (led by Gloucestershire Clinical Commissioning Group) to improve outcomes.

1.4 This Transformation Plan has been developed consistent with, and aligned to, the overarching key principles and 2020 ambition set out in *Future in Mind* as well as our local Strategies and Plans. It has been co-produced with children, young people and their families, commissioning partners, service providers and key stakeholders and it has considered the need to reduce inequalities in access and outcomes for children and young people with mental health problems (see Appendix 1 – Equality Impact Assessment).

1.5 This ambitious Transformation Plan outlines how, over the next 5 years, we will achieve our shared 'Vision' for the emotional and mental health and wellbeing of children and young people.

Our Vision:

'Children and young people of Gloucestershire thrive and grow up to be confident and resilient individuals'

Supporting statement to the Vision:

'They will do this within families, schools and communities that understand and talk about the importance of emotional and mental health and wellbeing, and will be supported, when needed, by:

- a skilled workforce that provides services that are joined up, intervene early, are easily accessible, and are of high quality,
- providing the best possible care, support and intervention,
- when and where it is needed,
- within a sustainable system that focuses on achieving good outcomes'

1.6 We know that children and young people live in families and communities and we want to move to a model and system of support in Gloucestershire that builds the resilience of families and communities, to support children and young people more effectively. As well as building a system of **universal support for good emotional wellbeing** we want **a more joined up system, with easier access**. This will include better **access to information advice and support** in a variety of ways. Our system will ensure children with **mental health issues are identified earlier, with strong links between schools, GPs, communities and mental health support**, with staff in universal settings having more skills and knowledge. Our model will make use of the wider systems of support in localities, including cultural and physical activities such as exercise, arts/creative based activities as well as early help and support for parents. We will ensure access to **evidence based treatments and interventions** and swift **support in a crisis** when and where people need it.

1.7 We will do this through a strong coordinated partnership of commissioning arrangements and a clear action plan (see Appendix 7) monitored by our Gloucestershire Children's Partnership and accountable to the Health and Wellbeing Board.

1.8 This Transformation Plan will be published on the websites of Gloucestershire Clinical Commissioning Group and Gloucestershire County Council and other local partners as appropriate.

2 LOCAL STRATEGIC CONTEXT

2.1 The development of this Transformation Plan presents an opportunity better to align commissioned services and funded activities across sectors and agencies within the broader system for children and young people's mental health and wellbeing, as well as to explore potential areas for more integrated approaches to service improvement and commissioning. This will help to:

- Reduce duplication
- Ensure gaps can be easily identified and be addressed
- Ensure the most effective interventions are delivered and appropriately targeted.

2.2 To help achieve this, the Transformation Plan is aligned with the key outcomes, aims and principles contained in the following local strategies and plans:

2.3 Gloucestershire Early Help and Children & Young People's Partnership Plan (GCYPPP) 2015-18

This plan focuses on areas where partnership working will really make a difference to the outcomes for our vulnerable children and young people including children in care, children requiring safeguarding, children subject to the effects of poverty and children living in challenging circumstances. The GCYPPP can be found at: <http://www.gloucestershire.gov.uk/cypgp> , and its Aims and Principles are:

2.3.1 Our Aims:

Aim A1: Children will thrive at home - Families stay together: Keeping families together dealing with emerging problems

Aim A2: Children will thrive at home with help - Preventing family breakdown providing help for children and parents: Families stay safely together; with extra help from communities and practitioners

Aim A3: Children will thrive with specialist help - Providing for effective and efficient responses and lasting solutions: Children, who need it, will have specialist help; have a good experience and settle permanently, quickly and safely

Aim A4: We will work well together - We will change our systems: Planning, developing and jointly providing appropriate support for families

2.3.2 Our Principles:

Principle P1: Providing help at the earliest opportunity

Principle P2: Making the experience of the child paramount

Principle P3: Focusing on the whole family

Principle P4: Enabling well informed self-help

Principle P5: Providing safe, timely and lasting solutions to issues: using high quality specialist service interventions where necessary

2.4 Gloucestershire's Joint Strategic Commissioning Framework for Children and Young People

This framework identifies the key overarching outcomes that we wish to see achieved by children, young people, parents and families across the life course of pre-birth, infancy, childhood and adolescence. It is used to inform and align Gloucestershire County Council (GCC) and Gloucestershire Clinical Commissioning Group (GCCG) commissioning activity that impacts on babies and pregnant women, children, young people, parents and families.

2.4.1 Our Outcomes:

Outcomes for babies, infants, young children and parents	Outcomes for children aged 5 to 10	Outcomes for young people
Parents, and parents to be, have good self-esteem, high aspirations for their children, and the skills to help their children grow and develop	Parents have good self-esteem, high aspirations for their children, and the skills to help their children grow, learn and develop	Parents have good self-esteem, high aspirations for their children, and the skills to help their children grow, learn and develop
Babies and young children, develop well, are ready for, and transition successfully to school	Children in the middle years continue to develop well, do well at school and are ready for, and transition successfully to, secondary school	Young people continue to develop well, do well and succeed at school, and are ready for, and transition successfully to, further/higher education, training and/or employment
Infants benefit from a healthy pregnancy, families are healthy and have good emotional and mental well being	Children and families are healthy, develop resilience, and have good emotional and mental well being	Young people and families are healthy, develop resilience, and have good emotional and mental well being
Children, parents and families who are identified as being in 'greater need' have 'sustained, effective engagement and contact' with appropriate services and support	Children, parents and families who are identified as being in 'greatest need' have 'sustained, effective engagement and contact' with appropriate services and support	Young people, parents and families who are identified as being in 'greatest need' have 'sustained, effective engagement and contact' with appropriate services and support
		Young people, whatever barriers they face, approach adult life well prepared, with resilience life skills, healthy behaviours, employment skills and ambition to succeed

3 LOCAL PARTNERSHIP AND GOVERNANCE ARRANGEMENTS

3.1 The diagram below outlines the key partnership and governance arrangements for children and young people in Gloucestershire in the area of mental health.

3.2 The Gloucestershire Children's Partnership (GCP) is the key partnership for children and young people, led by GCC, with membership taken from across the statutory and voluntary and community sector. Members include GCCG, NHS provider trusts, District Councils, Probation, schools & colleges, Police and voluntary and community sector (VCS) organisations. Emerging from the former 'Children's Trust' arrangement, it continues to oversee the development and implementation of the Early Help and Children & Young People's Partnership Plan and reports to the Health and Wellbeing Board (HWBB). The GCP will provide oversight of our Transformation Plan and its implementation and will be the reporting route for the Plan to the HWBB.

3.3 The Gloucestershire Mental Health and Wellbeing Partnership Board (GMHWBP) oversees the development and implementation of Gloucestershire's Strategy for mental health and wellbeing, including the implementation of our Mental Health Crisis Concordat Plan. It also reports to the HWBB.

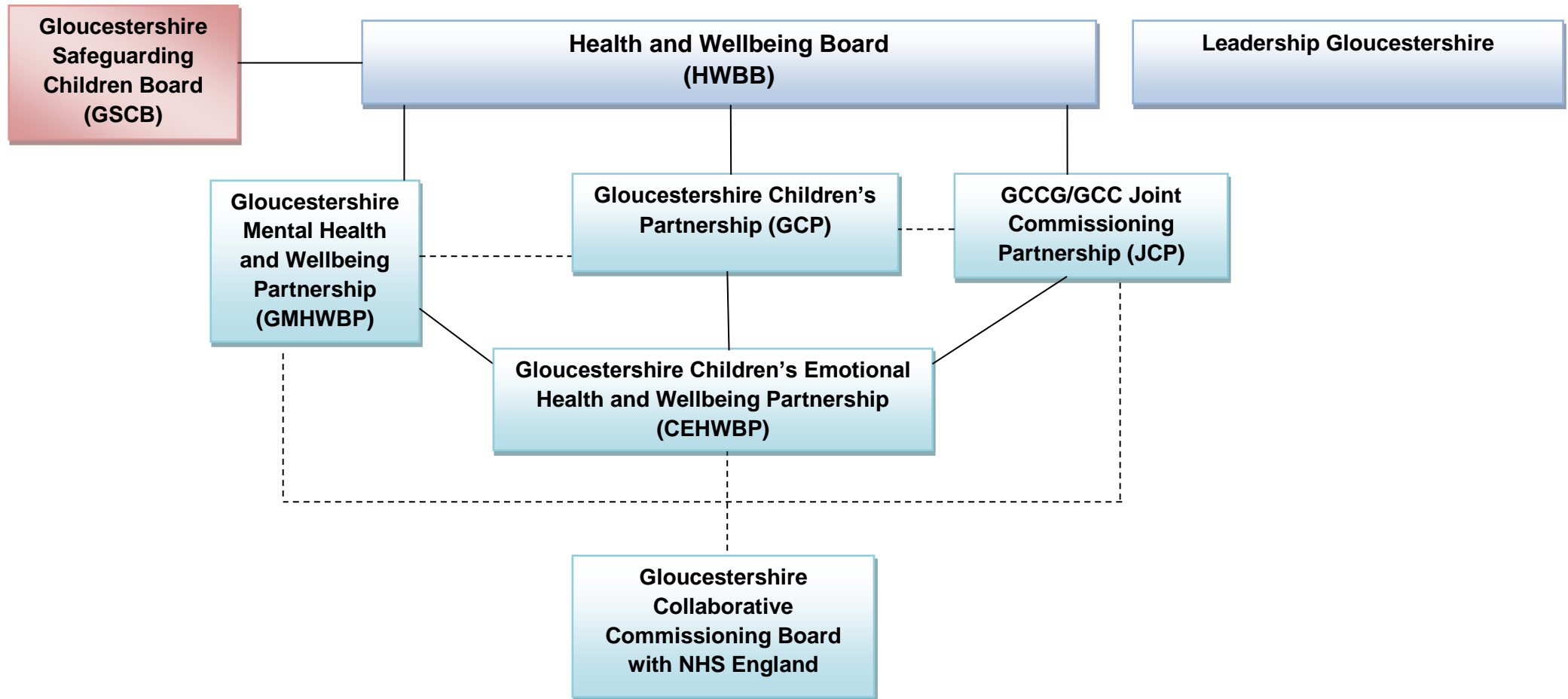
3.3.1 This partnership also has a keen and direct interest in the emotional and mental health and wellbeing of children and young people and works together with the GCP to ensure that the key issues are appropriately connected.

3.4 The Children's Emotional Health and Wellbeing Partnership (CEHWBP) was created in 2013 in response to growing concerns regarding the rise in self-harm identified across the county. Its remit has now been widened to include children's emotional and mental health and wellbeing more broadly, and it is now the oversight partnership for this Transformation Plan, reporting to both the GCP and GMHWBP. The Partnership consists of a wide Stakeholder Group, supported by a commissioner-led steering group. We also anticipate that specific actions in the implementation of this Plan will require project groups in their own right depending on their complexity, and the membership of these will also reflect the relevant partners. The Terms of Reference of the Stakeholder Group and the Steering Group are outlined in Appendix 6. The Steering Group will make recommendations about investment and service change/ improvement for members to take through the normal decision-making routes for the commissioning bodies to consider, as well as through the Joint Commissioning Partnership. This arrangement will ensure that key commissioning recommendations support our 'whole-system' approach, ensuring that we have a coherent and resilient emotional wellbeing system supported by all partners including schools, colleges, public health, the voluntary and community sector as well as the other statutory services.

3.5 Joint Commissioning Partnership (JCP) oversees commissioning activity between GCCG and GCC across all sectors and takes a keen interest in mental health generally. JCP has been involved in a number of important decisions and initiatives in recent months, for example, supporting the redesign of the hospital psychiatric liaison service and the mental health crisis service and the development of the Joint Strategic Commissioning Framework for children and young people.

3.6 Collaborative Commissioning Group. Gloucestershire CCG and NHS England Specialised Commissioning have collaborative arrangements in place and work together to improve care pathways and provide services to meet the more specialist needs of the population. This will provide the basis for further exploration of the opportunities for closer working on pathways into, and out of, CAMHS inpatient care, as well as the development of alternatives to it.

3.7 Gloucestershire Partnership / Governance Arrangements supporting Children and Young People's mental health



4 GLOUCESTERSHIRE'S CURRENT SYSTEM OF SUPPORT AND INTERVENTION FOR THE MENTAL HEALTH AND WELLBEING OF CHILDREN AND YOUNG PEOPLE

4.1 We have strong mental health and wellbeing partnerships in Gloucestershire and all work closely with the main provider of our children and young people's mental health services ²gether NHS Foundation Trust (²gft) and its Children and Young People's Service (CYPS).

4.2 These partnership arrangements support a whole systems approach to the emotional and mental health and wellbeing of children and young people, recognising that no single service, agency, or part of the system can operate successfully on its own.

4.3 We have been on a journey of development in Gloucestershire over the past 6 years where we have adapted and grown in response to changing needs and feedback from children and young people and our stakeholders. In 2009/10 we redesigned and recommissioned our CAMHS service, which was renamed the Children and Young People Service (CYPS) in response to children and young people's feedback. At that time, we identified a number of issues which we set out to address in that recommissioning, some of which are listed below:

- Very limited access for schools/GPs to a mental health worker
- Very limited access to consultation and advice for professionals
- Not enough priority for access to services and responsiveness for children in care, those on the edge of care or those that are being or have been adopted, and those in crisis or at risk of placement breakdown due to their mental health difficulties
- Mental health assessments not available over the weekend for children admitted to hospital who had self-harmed
- Lack of coordination with local voluntary agency service delivery

4.4 In Gloucestershire, there are various partnership agreements that guide joint-agency working, including on levels of need which, amongst other things, are designed to help agencies to communicate with each other in a 'common language':

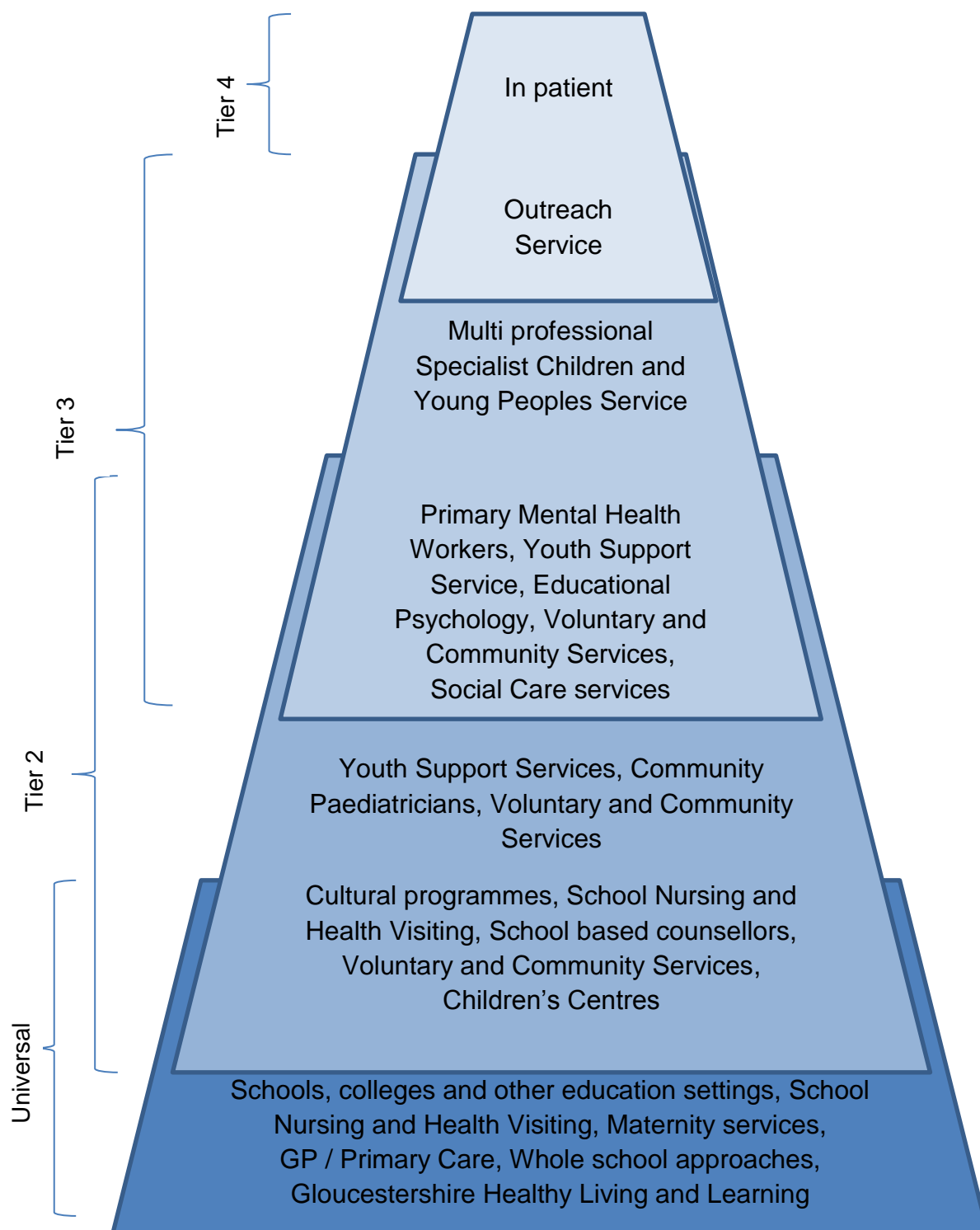
<http://www.gscb.org.uk/article/113294/Gloucestershire-procedures-and-protocols>

<http://www.gscb.org.uk/CHttpHandler.ashx?id=47407&p=0>

4.5 Our current service arrangements for children's mental health are depicted in the diagram below, described in tiers as has been the common practice in mental health services. A more comprehensive description of current services is available in Appendix 2.

Gloucestershire's Current Mental Health Services and System

[NB location of services / agencies in specific tiers is indicative]



4.6 Our recommissioning exercise did successfully address some of the issues that were identified in 2009 and, with our local partnerships, we have been continually working towards building resilience, better joined up systems and meeting the needs that were identified, as follows:

4.7 Building resilience in schools and communities- Gloucestershire Healthy Living and Learning (the local replacement for Healthy Schools – GHLL www.ghll.org.uk) is an accreditation scheme freely available to *all* schools and colleges in Gloucestershire enabling them to adopt a whole school approach to both emotional and physical wellbeing. The Gloucestershire On-line Pupil Survey (OPS - see footnote below) is used to review the effectiveness of provision, and also captures the 'voice' of children and young people in terms of how they feel about key issues. Each setting has a named GHLL Advisory Teacher allocated to support them in 2015. Since 2011 all educational settings, including Local Authority schools, academies, free schools, alternative provision, Independent schools and Further Education settings have had a core offer of support from GHLL.

4.8 In June 2015 GHLL launched its 'PinK: People In the Know' safe-guarding curriculum (which includes mental health and wellbeing), designed to support teachers and lecturers to deliver age and stage appropriate teaching and learning as children move through their education in Gloucestershire. GHLL is focussed on increasing capacity to support the mental health of our young people by providing training for school and college staff around children and young people's emotional health and wellbeing and has also developed resources to support schools on teaching specific topics, e.g. suicidal thoughts and self-harm. The service recently launched an advice document about schools providing support related to mental health and behaviour in schools.

4.9 Linked to this, GCCG and GCC have supported a three year programme called Facts4Life which will be delivered in schools. The aim of this radical new approach is to move the locus of control from medical experts to individuals, fostering a sense of personal responsibility, self-knowledge and resilience around health and wellbeing, including 'homeostasis' and how to support your body (and mind) to heal itself, and promoting a new collaborative relationship with health professionals.

4.10 In communities we have looked at particular issues around stigma and mental health e.g. MENtalk is a programme for young men in schools (year 11 and older) that delivers credible messages around mental health, tackles stigma and dispels myths through the medium of football.

[OPS footnote: Gloucestershire has for ten years offered all educational settings the opportunity to take part in the Gloucestershire online pupil survey (OPS) which is the biggest health survey of children in the country, (the last full survey in 2014 had more than 23,000 responses, and over the 10 years there have been over 90000 entries, providing eight years of epidemiologically sound longitudinal data from the majority of children in years 4,6,8,10,12/Further Education.)

4.11 Building capacity and better access to tier 2 services – an increase in the number of Primary Mental Health Workers (PMHW) and a formal partnership between Together NHS Foundation Trust and Teens in Crisis (TiC+) has built additional capacity at tier 2. PMHWs offer extended hours access to advice and guidance for practitioners working with children and young people through the Practitioner Helpline. However our original vision in 2009 to increase the PMHW service to be able to link more with schools and GP surgeries has not been realised as much as we had envisaged, due to rising demand and resource constraints.

4.12 In addition we have increased capacity in the school nursing service to provide drop-in services to support young people for a range of health needs, including emotional health and wellbeing.

4.13 Responding to changing needs, including a large rise in self-harm - a recent development, building on the relationship between Youth Support Services (YSS) and CYPS and the learning from youth justice liaison and diversion pilot, has been the secondary prevention service for those who have self-harmed established in 2014. The Building Emotional Resilience Service (BERS) is based in the YSS and addresses the need for intermediate support for young people whose self-harming behaviour has led to a hospital admission but not an assessed need for ongoing CYPS mental health treatment. We have also commissioned a dedicated self-harm helpline for people who self-harm or are thinking about self-harming, which has recently seen increased use by young people. The helpline is a service that is unique to Gloucestershire and a service evaluation suggests that it is valued by its users and is successful in reducing incidences of self-harm and attempted suicide.

4.14 Providing better support for young people who have long term conditions and mild to moderate mental health needs - Paediatric Liaison PMHW provides a service integrated with the paediatric service to work with children with long term conditions who have emerging mental health needs. However we are aware that there are gaps for children with long term conditions and general psychological support and the service in place cannot meet all needs. The CYPS service now provides more timely access 7 days a week for assessments of young people who have been admitted to the Paediatric Ward having self harmed.

4.15 Developing a pre-school Autism pathway – the redesigned pathway, and the pilot of its implementation, has created a clearer journey for children and families from identification of initial concerns through to potential more formal diagnosis where appropriate. The development included specific additional Psychology capacity to provide assessments and interventions following evaluation, and the pathway is now due to be rolled out across the county.

4.16 The aim of Improving Access to Psychological Therapies (IAPT) for children and young people is to ensure that children and adolescent mental health services,

wherever delivered, offer safe and effective treatment that is designed around the wishes and needs of children and their families. In Gloucestershire, we have been part of **Wave 1 IAPT** having trained a wide number of staff within our mental health trust and spreading this training further amongst staff across universal and targeted services.

4.17 Our **stand alone all age eating disorder** service is highly regarded, incorporating self-referral, community services, home treatment and day services. The service provides acute hospital care for physical conditions and a full range of liaison services, prevention and early intervention. It also provides intensive support for children and young people and their families in their home, day treatment for young people aged 16 and over, as well as a range of support groups for the children and young people, their parents, carers, siblings and friends. The innovative home treatment model can employ a flexible approach to intensive outpatient working meaning that the child or young person can remain in the home as an alternative to outpatients. Gloucestershire's service is showcased as a model of good practice in the detailed *Access and Waiting Time Standard for Children and Young People with an Eating Disorder: Commissioning Guide 2015* issued alongside *Future in Mind* guidance. The service does not have issues with waiting lists for treatment and meets the new national waiting time standards.

4.18 **Mental health services and children's social care:** In 2009 one of the principles on which CAMHS services were recommissioned was that they should be more responsive and accessible to children and young people already in care, being adopted, coming into care as a result of a crisis, on the edge of care, or at risk of placement breakdown because of their mental health difficulties, often emerging in behavioural form. This has been achieved to a great extent with further opportunities for closer working between CYPS and social care being explored as part of this Plan

4.19 The alliance between CYPS and Action for Children and work with care-experienced Young Ambassadors has ensured that young people have been fully involved as experts and advisors.

4.20 **Other new models of service design have introduced a more integrated approach**, whereby CYPS workers have become embedded in multi-disciplinary teams: e.g. the Turnaround for Children Service (TACS - for families with under-5s), where a team of social workers, health visitors, family mental health and adult substance misuse workers combine to help a family keep their young children out of care; the Gloucester Pods (see 4.23 below) for testing a new integrated approach to families involved with social care; the embedding of mental health work with integrated teams in youth support (for youth offending, substance misuse treatment, liaison and diversion) outlined in 4.26 below; integrated delivery of Functional Family Therapy with youth support and social care; and finally, in the current exploration of

a new model for safeguarding and supporting young people addressing the unique needs of adolescents (see Section 7).

4.21 The benefits from these developments in integrating mental health into children's social care have been:

- having psychological expertise present in the formulation of approaches to children and families, which is proving key to diverting children from care
- swifter access to age-appropriate therapeutic interventions (for individuals and family), which helps children (re)build secure attachment at any stage on the pathway to permanence (return home, adoption, long-term stable placement, independence)
- much better understanding of the mental health needs of children in care and of the support needs of carers and others across the system.

4.22 Developing services for identified vulnerable groups with unmet mental health needs – these include services for children and young people with sexualised behaviour, those who are hard to engage, pre court assessments for those in court proceedings and those with emerging personality disorders where we have specified more clearly the need for CYPS to respond to these needs, and to work closely with colleagues in social care.

4.23 Support for vulnerable children and young people and their families – for example, the Pods pilot comprises small multi-disciplinary teams with a local focus. These teams (6 Pods of 4-5 people each) include children and social care staff, specialist adult services covering drugs and alcohol, family mental health workers and domestic abuse workers. This holistic approach offers more consistency and high quality, family focussed, interventions to vulnerable families. In addition, working in multi-professional Pods provides staff and partners with a supportive environment in which to work, develop skills and share risk.

4.24 Developing services specifically for children in care - for example, we are 'buying in' counselling or mentoring services from voluntary and community sector partners for young people who fall below the threshold for mental health services but who are at risk of developing mental health problems and would benefit from emotional support.

4.25 There is a 'children in care' consultation service for social care and foster carers which provides advice and support on mental health concerns they may have for children in care.

4.26 Extra investment in youth justice health liaison and diversion at first point of contact (arrest) - pilot liaison and diversion projects in Gloucestershire were rapidly mainstreamed into a multi-professional fast track team, able to assess a young person's mental, communication and physical health needs as early as

possible, offer brief interventions, and liaise with family, the police, courts and other services. This has kept many young people out of the criminal justice system, and helped with better court decisions and rehabilitation programmes for others thereby reducing the use of custody. The lessons from these developments in youth support have been:

- An increased awareness of the **underlying mental health needs of adolescents** presenting with a whole range of behaviours. The importance of **multi-professional health triage** as part of engagement at first point of contact or soon after (the 'reachable' moment).
- The importance of matching improvement to the **care pathways** of intervention, treatment and recovery across the largely-NHS provider system, to the specific youth support pathway of progression towards education and **wellbeing outcomes**.

4.27 Developing capacity in home treatment services for children and young people with mental health problems (tier 3.5 CYPs) - this additional capacity was intended to provide a community-based alternative to the need for inpatient care for those with more complex needs and/or in a crisis. The capacity has been taken up, however, with the increased demand for mental health assessments for children and young people following an episode of self harm when they have presented at A&E. This is now being addressed by the redesign of the psychiatric liaison and crisis teams as part of the Crisis Concordat work referred to in section 7.8.

4.28 Working to get better support for young people in transition through a quality improvement (CQUIN) initiative with all three main NHS providers in the county. It includes improved data collection, better information for families and the introduction of a structured programme to manage the process better. This work has just commenced and implementation will be closely monitored.

5 WHAT DOES THE NEEDS ASSESSMENT TELL US?

5.1 The report of the Future in Mind Taskforce's Data and Standard Task and Finish Group identifies significant gaps in children's mental health data right across the spectrum, including on prevalence, mental health promotion, prevention and risk reduction as well as on service level data and spend. These national gaps are also reflected in Gloucestershire.

5.2 With this in mind, the needs assessment (Appendix 3) first considers the prevalence of mental illness in Gloucestershire's children and young people and finds that, on the basis of the 2004 Office of National Statistics survey, the local prevalence is lower than in the South West and England. This is most likely to be because Gloucestershire is not a particularly deprived county and, as the needs assessment describes, the domains across which deprivation is measured, e.g. low income, poor housing, etc. are also factors which can lead to poor mental health. The needs assessment also considers self-harm and suicide, which have in the past been an area of concern but which now appear to be improving amongst young people under the age of 18 in Gloucestershire, as well as the specific areas of perinatal mental health and eating disorders. In both of these latter areas, robust data is limited and conclusions are therefore difficult to draw.

5.3 The needs assessment moves on to consider the factors which can affect a child's emotional wellbeing and focuses specifically on deprivation and parental mental illness and substance misuse. It also considers the specific needs of groups of children and young people that may be at a higher risk of developing poor mental health, e.g. children in care, young offenders, children with long term conditions. Service data from both statutory and voluntary sector partners, where this is available, is analysed and there is an overview of available evidence on what works in two key areas of mental health promotion: parenting and school-based interventions.

5.4 The full recommendations can be found in Chapter 7 of the needs assessment and have informed the development of this Transformation Plan. However, below are the key messages that have emerged:

5.5 Joining up the system

5.5.1 The needs assessment identifies factors that can influence a child's emotional wellbeing, which are in turn supported by wider systems outside children and young people's mental health services, e.g. parental mental illness or substance misuse. The needs assessment identifies areas where improvements could be made to the way in which different parts of the system that support children and their families are

joined up, for the benefit of children and young people's mental health and wellbeing. In particular, it suggests that:

- Those commissioning and providing children's social care should be actively engaged in the development and implementation of the Transformation Plan, to ensure that the emotional wellbeing and mental health needs of vulnerable children and young people, (e.g. those that are in care or subject to a child protection plan) are met.
- There should be coordination between adult mental health services, children's social care and children and young people's mental health services to ensure the impact of parental mental illness on a child's own mental health is taken into account. This should include specific attention to the needs of children who care for someone with a mental illness.
- A whole family approach should be taken to addressing those parental issues that put children at a greater risk of developing poor mental health, e.g. substance misuse. This would require coordination of effort across a range of agencies, including providers of substance misuse treatment and recovery services.
- Links should be made to existing structures, partnerships and activities, including those focusing on teenage pregnancy, child sexual exploitation and young offenders, to ensure consideration of emotional wellbeing and mental health is embedded.
- Learning should be shared from both the local Suicide Audit process and the 'near misses' review exercise undertaken by the Child Death Overview Panel.

5.6 Providing family and parenting support

5.6.1 Evidence suggests that parenting is a key modifiable factor affecting emotional wellbeing and that parenting programmes and family therapy can be beneficial. The needs assessment acknowledges that there are a range of interventions currently used in Gloucestershire and suggests that these should be reviewed with a view to coordinating and targeting their delivery, and focussing on several key features: they should be evidence-based; delivered at a time when parents are ready to make improvements; delivered in the context of wider support for the family; delivered by staff that are highly trained and supervised; and focused on the wellbeing of both the parent(s) and child(ren) and the relationships between them.

5.6.2 Parents and families are also an important resource in supporting children and young people's emotional wellbeing but require information, advice and guidance to do this confidently and effectively. The needs assessment recommends a consistent and coordinated approach to the provision of telephone or online advice and peer support groups for parents and carers.

5.7 Building emotional resilience in schools

5.7.1 Schools, colleges and other educational settings have a unique reach to children and young people across the county and are also seen by parents, carers and professionals as an accessible reference point to available support. There could be improvements to the way in which schools and mental health services are linked, so that this is more consistent across Gloucestershire.

5.7.2 A great deal of work has already been done to build children and young people's emotional resilience through interventions in school settings in Gloucestershire. However, the needs assessment identifies a number of ways in which these approaches could be further improved or targeted. This includes a balance between adaptation to the specific setting, and retention of core, evidence-based components; a focus on promoting good mental health (rather than on preventing mental illness); and on younger children receiving interventions as a priority.

5.7.3 There is good evidence that interventions that build emotional resilience work well to support children with learning disabilities. Consideration should be given to the accessibility of existing and future interventions to children with learning disabilities, including targeting these activities in educational settings attended by children with learning disabilities.

5.7.4 The needs assessment also makes specific reference to interventions to reduce eating disorders in schools. It identifies a need to underpin targeted approaches to those most at risk with the implementation of universal interventions to promote an understanding of social norms relating to body image.

5.8 Access to support when it is needed

5.8.1 The needs assessment shows that there has been a rise in demand for some mental health services provided by 2gether NHS Foundation Trust, as well as services delivered by the wider partnership, such as counselling provided by Teens in Crisis (TIC+). In some areas, this is having an impact on how long children and young people are waiting for treatment or an intervention, for example in services for children with a learning disability. The needs assessment suggests that consideration should be given to increasing capacity in the areas where demand has increased and waiting times are too long.

5.8.2 The needs assessment also identifies a gap in data that might help to provide an understanding of the level of indirect activity, e.g. professional advice provided by the Primary Mental Health Worker (PMHW) Team. Better information about the range of services and support that is available to support children and young people and how these can be accessed should help to reduce the burden of demand for

services. There has been an increase in the use of the Practitioner Advice Line and this should be further promoted to those working with children and young people, alongside better information for parents and carers.

5.8.3 There are also opportunities to explore different ways of supporting children and young people that are below the threshold for CYPS support, for example by building knowledge and skills amongst the wider workforce and delivering services through web-based 'live chat' support and the use of mobile 'apps'.

5.9 Supporting those who are most vulnerable

5.9.1 There is evidence that some groups of children and young people are at a higher risk of developing poor mental health and the needs assessment makes a number of recommendations to help reduce this risk and to ensure the right support is available to those who need it.

5.9.2 A number of groups, such as unaccompanied asylum seeking children or those children who are victims of child sexual exploitation or sexual abuse, are identified in the needs assessment as being at a higher risk of developing poor mental health as a result of the trauma they have experienced. The needs assessment suggests that the provision of evidence-based trauma recovery support be considered.

5.9.3 The needs assessment also recommends that psychological support, including support for low-level emotional wellbeing needs, should be provided to children and young people with long-term conditions. Based on national and local evidence, it identifies children and young people with epilepsy as a key group to target in the first instance.

5.9.4 Young offenders are highlighted as particularly vulnerable to poor mental health and the needs assessments suggests that recent national recommendations should be reviewed to ensure they have been embedded in the local services that support this group. It also recommends that methods to increase the number of young people accepting Liaison & Diversion services should be explored.

5.9.5 Finally, the needs assessment suggests that, when planning improvements to support women in the perinatal period, consideration should be given to the support required to meet the emotional wellbeing and mental health needs of young women who are pregnant, including those who have a termination.

6 WHAT HAVE STAKEHOLDERS TOLD US?

6.1 This Transformation Plan has been co-produced with children, young people, their families and carers, commissioning partners, GPs, service providers and other key stakeholders. A range of engagement activities have been undertaken and information from existing feedback from young people, such as the On-line Pupil Survey and work relating to self-harm, was also taken into account.

6.1.1 The key message from all of our stakeholders is:

Early access to services is essential – more support and services are needed for children and young people who currently don't meet the criteria for the Children and Young People Service.

6.1.2 An overview of the engagement activities and the feedback received is given below.

6.2 Children and Young People

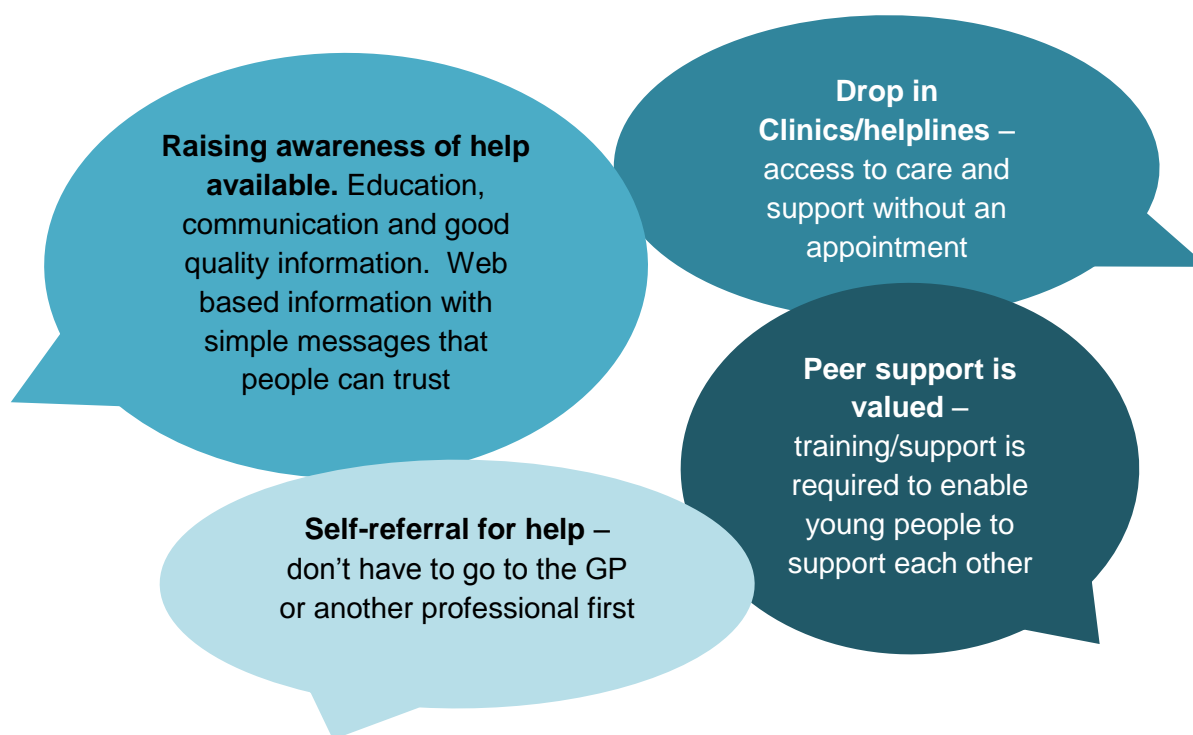
6.2.1 Our engagement activities with children and young people included:

- An event attended by 30 young people from a wide variety of backgrounds including members of local Youth Councils, Young Carers, ambassadors for young people and young people who have experience of using health services and/or the care system
- The recently completed Gloucestershire On-Line Pupil Survey
- Feedback from members of the ²gether Children and Young People's Board
- A survey at both the eating disorders and children's mental health service clinics
- Meetings with homeless young people and young people in supported housing
- Group discussion with young people with complex mental health needs
- A focus group with high achieving pupils at a secondary school

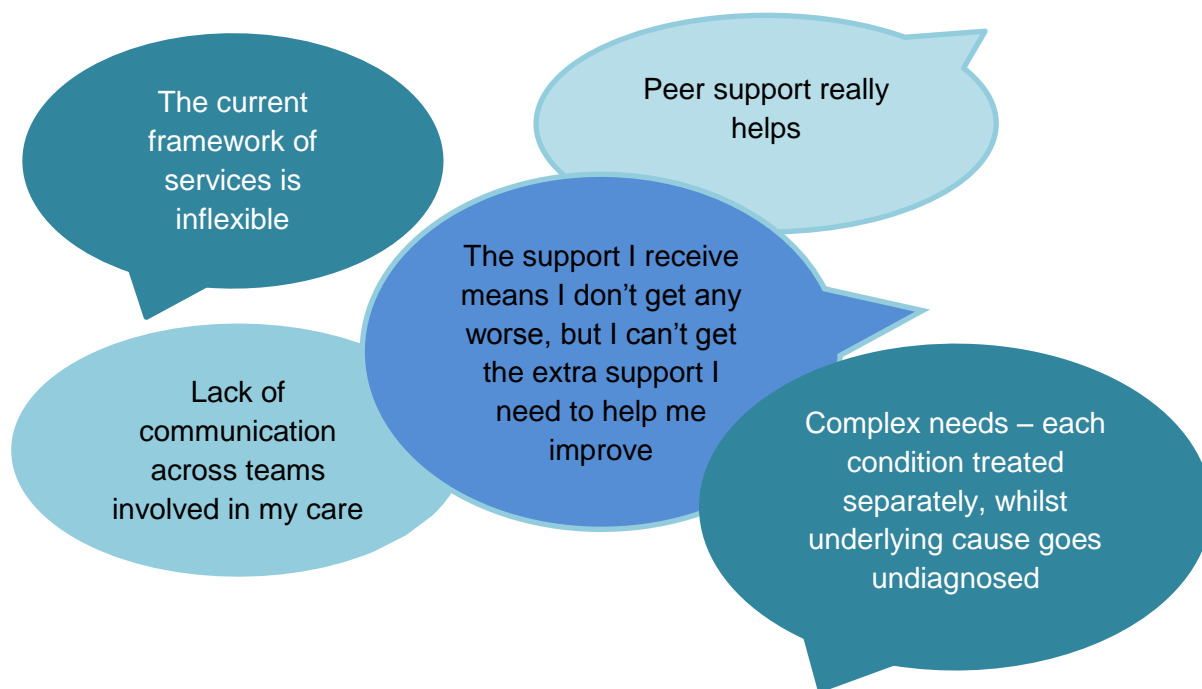
6.2.2 Our engagement with children and young people identified **key elements and priorities for services for the future**:

Confidentiality – is essential. Delivering services outside of school settings and in alternative locations would help achieve this. Need something "local" to each area

Culture change needed – young people want to feel that their opinion is taken into account. They want to be involved in their care



6.2.3 In addition to the above, **CYP with complex needs** also said:

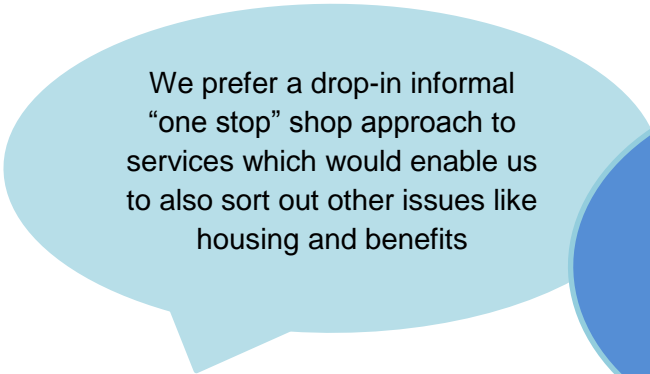


6.2.4 Children and young people attending clinics told us that their “top 3” priorities were:




- Getting help early, when you are starting to feel unwell
- Help and support available at school
- One named individual to support you throughout your care

6.2.5 Homeless young people told us:



We prefer a drop-in informal “one stop” shop approach to services which would enable us to also sort out other issues like housing and benefits



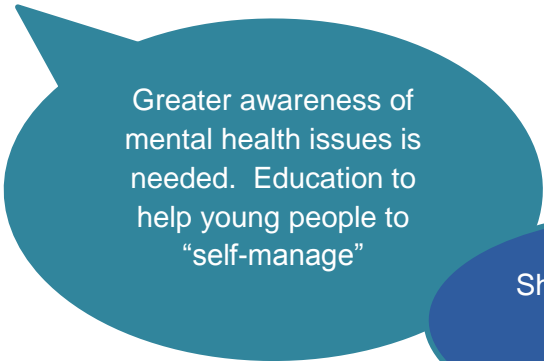
When we need support, a “listening ear” at community venues, such as youth clubs, is best for us

6.3 Parents and Carers

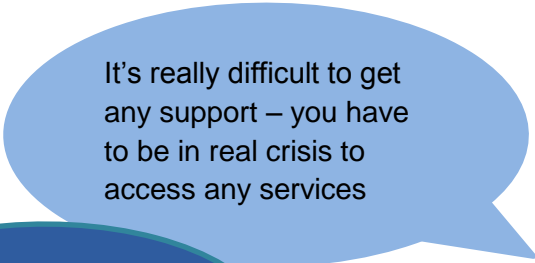
6.3.1 We have engaged with parents and carers via:

- An on-line questionnaire
- Feedback from parents of children and young people accessing the Children and Young People's Service
- A week long campaign advertised on our GCCG information bus that went out to various parts of Gloucestershire to seek the views of parents and carers.

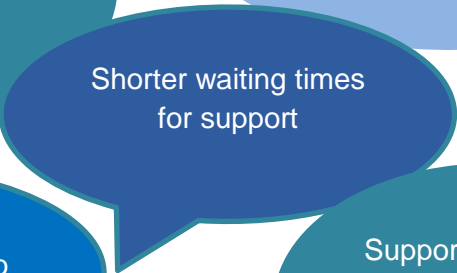
6.3.2 Key messages and priorities for the future included:



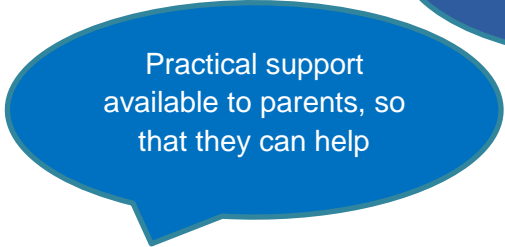
Greater awareness of mental health issues is needed. Education to help young people to “self-manage”




It's really difficult to get any support – you have to be in real crisis to access any services



Shorter waiting times for support



Practical support available to parents, so that they can help



Support for children and families available in schools

6.4 Other key stakeholders

6.4.1 We have held a series of workshops with stakeholders, key partners and providers and have had on-line engagement with GPs. They have told us that the

following are the key issues with current service provision and priorities for development that need to be addressed in this Transformation Plan:

6.4.2 Issues:

- Lack of awareness amongst professionals (including wider workforce) of what services are available.
- Lack of provision for young people in crisis if they do not fit into current service provision.
- Children and young people with parents who have chronic or high level mental health needs, including where those mental health needs are unidentified.
- Lack of awareness and respect of voluntary and community sector services by statutory agencies, lack of multi-agency partnerships between statutory agencies and voluntary and community sector.
- Lack of awareness in some professionals of children and young people's mental health issues and how these are displayed, e.g. poor behaviour in those who are below the threshold for Children and Young People Service/social care
- Gap in parenting support for those children/families that are sub-threshold for Children's and Young People Service/social care.
- Need for more comprehensive understanding of self-harm and provision of services
- Need to develop roll out of expertise/training from Children's IAPT to universal services.
- Children and young people below the threshold for Children and Young People Service/social care with behaviour problems are falling between the gaps in services. Lack of early intervention for young people whose needs are 'not bad enough' yet.
- Anxiety levels in young people very high – needs universal intervention.
- Reduction of mental health provision in some schools due to funding pressures
- Wider cultural issue of tendency to deal with young people as individuals rather than as part of a family/system (emotion focused family therapy workshops).
- There is not enough financial investment or provision to make the most of the other established VCS providers (e.g. Info Buzz, Teens in Crisis, Cotswold Counselling Young People's Service) who could have a much expanded role in supporting children within a school environment.

6.4.3 Priorities for development:

- Easy access to greater range of interventions and services.
- Parity of esteem of mental health with physical health.
- Integration across commissioning for co-ordinated decision making including Public Health.
- 'Safe place' options for children and young people in crisis.

- Access to resilience training and support for the wider workforce
- Early identification of vulnerability to help break the cycle.
- Better management of transitions to adult services
- More positive social activities needed for those below the threshold for Children and Young People Service/social care – not just counselling, e.g. evidence that physical activity is a protective factor – social prescribing approach.
- Helpline for professionals is good, but communication needs to be improved particularly when referrals to Children and Young People's Service are "bounced back".
- System needs to be easy to navigate for service users and staff. Need for mapping across Gloucestershire of what support is available which needs to be kept up to date.
- Need for timely intervention, at whatever level, at the point of need.
- Integration of multi-agency and multi professional teams for vulnerable groups.
- Joining up of schools, GPs, mental health services with communities and approaches to arts based and 'cultural commissioning' in localities.

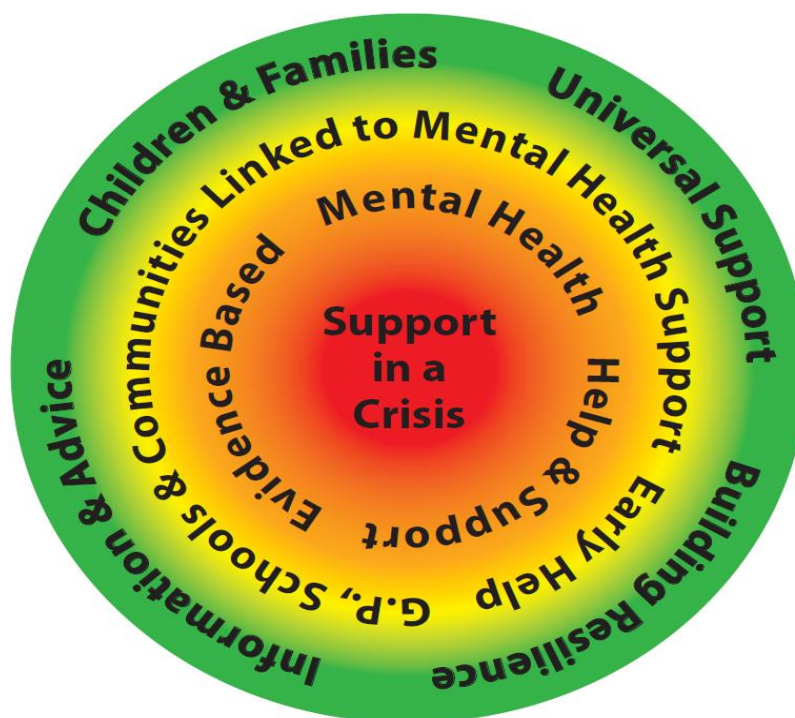
7 WHERE DO WE WANT TO BE?

7.1 We have done a great deal of work over the last 6 years to improve outcomes for children and young people. We now want to make bigger changes to truly transform our current systems of support to make better use of what is already available as well as investing in additional services.

7.2 We know that children and young people live in families and communities and we want to move to a model and system of support in Gloucestershire that builds the resilience of families and communities, the places that young people go, like schools and youth clubs, and the people that young people meet regularly. As well as building a system of **universal support for good emotional wellbeing** we want a **more joined up system, with easier access**. This will include better **access to information advice and support** in a variety of ways. Our system will ensure children with **mental health issues are identified earlier, with strong links between schools, GPs, communities and mental health support**, with staff in universal settings having more skills and knowledge. Our model will make use of the wider systems of support in localities, including cultural and physical solutions such as exercise, arts/creative based activities as well as early help and support for parents.

7.3 This is our basis for the development of a system without tiers, **supporting children to cope in the wider system and getting swift access to the right support and evidenced based treatments and interventions when needed**. This would also support children and young people with more complex needs who have fluctuating ongoing severe needs who need to access support more than once.

7.4 A coordinated system without Tiers:



7.4.1 The **green** outer layer is where we will continue to build resilience across the system and build the skills of the workforce in understanding and promoting good emotional and mental health and wellbeing. All children and young people need support in universal services even when they need more help. This will be a joined up system with good access to information and advice.

7.4.2 The **yellow** layer is where we provide links between mental health support, schools, communities and GPs. Children and young people can access help when problems are emerging but also get support from communities during or after having evidenced based help.

7.4.3 The **orange** layer denotes access to evidence based interventions in response to needs that are more extensive with the **red** being access to support in a crisis.

7.4.4 Below we describe the developments at each layer of our circle that we have co-produced and agreed with stakeholders, and that will transform our system of mental health support for children and young people over the next 5 years.

7.4.5 These are portrayed as the 'building blocks' at each layer of support.

7.5 Building resilience, information, advice and guidance

Develop schools and other education settings 'model of good practice' for children and young people - whole school approaches

Core offer to schools / education settings of what will be available to them to support children and young people's mental health and emotional wellbeing, informed by Schools pilot project

Peer support options and schemes for young people and parents. Targeted training for the more vulnerable e.g. Body Programme

Joined up training plan for the wider workforce including reducing stigma

Self-management programmes for children and young people with long-term conditions

Provide easier and coherent advice for young people and parents via a variety of formats, including Telephone/web/ 'App' based support on Self-help, Information on what is available and signposting

Gateway into services via email, text and 'live chat'

Links to and from national/local websites

7.5 Building resilience, information, advice and guidance

7.5.1 A core part of our transformation work in Gloucestershire needs to focus on building resilience and providing easy access to information, advice and guidance. Through Gloucestershire Healthy Living and Learning (GHLL) we have made a good start on engaging schools across the county to support their students to improve mental health, but we have only scratched the surface of need. We need to:

- Focus support on vulnerable groups, including those with attachment issues, and for others at risk, especially girls (including high achieving girls - our On-line Pupil Survey tells us of a 40% gender gap in 'confidence about the future' levels between girls and boys)
- Improve skills and confidence levels of all teachers and especially those in pastoral roles who are supporting the mental health of children and young people
- We have issued advice and guidance to schools about mental health and behaviour and some of the things that can be done to improve this based on national guidance. We will **build up a model of 'what good looks like'** in schools to influence a county wide ethos that recognises that the way schools operate and approach wellbeing has a huge impact on the emotional health of pupils and staff. This will include an attachment-based approach to support more vulnerable children and young people. In addition, we need to ensure that all schools are confident that every pupil in their school feels that they have 'someone to turn to' which may include, for example, consistent access to evidence informed mentoring and peer support schemes. We will set up a Mental Health Resilience Centre of Excellence 'Kitemark' award to support and acknowledge schools that build on the current GHLL accreditation model and who demonstrate good mental health and emotional wellbeing practice and models that support targeted approaches. We will develop this model of good practice further by incorporating the learning from our Department for Education/NHS England (DfE/NHSE) sponsored pilot project linking mental health services and schools together.

7.5.2 We will develop a **core offer for schools** stating what mental health support will be available to them. This will be informed by learning from our partnerships of practitioners who support and work in schools and the DfE/NHSE schools pilot project. This will also help us determine workforce requirements and capacity needs across a locality to develop and build an effective system of support.

7.5.3 There is still a great deal of stigma around mental health issues and we will work with our partners to support further work on the reduction of **mental health stigma** within schools, the VCS, and communities and promote parity of esteem building on the locally successful *Time to Talk* approach that is already in place. To support this we believe that mental health is 'everybody's business' and as such the

workforce who are not 'specialists' in this area will nevertheless have a consistent level of knowledge and competence in mental health. We will take a strategic approach to identifying the **training needs** of staff and agreeing levels of competence across the children and young people's workforce including the statutory sector, schools and VCS and then delivering training across a network. This will include for example, what constitutes 'good' mental health, demystifying mental ill health, how to identify poor mental health and having the confidence to have a positive conversation. We will ensure that this includes very important VCS sectors of the wider community that work alongside children and young people every day, for example, sports coaches, and other community groups e.g. Guides and Scouts. This approach will be informed by our needs analysis, Health Behaviours Review, On-line Pupil Survey and feedback from practitioners about emerging issues.

7.5.4 The resounding message that we have got from our stakeholders is that we do not have enough early intervention for children and young people. We will also support the provision of **targeted, evidence-based interventions in schools, colleges and other educational settings, relating to issues such as self-harm and eating disorders**. This targeted approach will be more effective as it will be underpinned by a universal model of good practice in schools building emotional resilience, addressing social norms and reducing stigma.

7.5.5 Children and young people, parents and carers, community groups and practitioners have told us that they want to know what help and support is available both locally and nationally. **We will develop easier and coherent advice and support about what is available in Gloucestershire** that links to information about local and national sources of support. In addition, we want to work with national organisations to enable them to signpost people to the locally available Gloucestershire support and advice. We will make sure that this is consistent with other sources of advice and guidance within Gloucestershire and makes sense. This would be available for parents, young people and practitioners across the system providing access to self-help information.

7.5.6 We also know from children and young people that they want to **access services in a different way**. We will provide access to online web based 'live chat' support, explore the use of mobile 'apps' and use this as a way to access mental health support via self-referral.

7.5.7 We will test out the development of **online models of counselling support** with the voluntary and community sector for children and young people that need some early help to expand capacity, making sure that services are provided in a way that is both attractive and accessible to children and young people. Routine outcomes will be used and data collected and analysed to assess the effectiveness of this development.

7.6 Joined up support-schools, communities and GPs linked to mental health support

Roll out training via the 'Improving Access to Psychological Therapies Programme' across the universal workforce

More mental health workers in community settings to support the universal workforce

Primary mental health workers linked to schools and GP practices –pilot of children's mental health links to schools project

Improve locality working to facilitate the right help and support for children and young people e.g. Autism Healthy Minds programme

Test out meeting on a multiagency basis to discuss children with physical health needs and/or mental health needs in localities and provide a joined up response

Drop-in's and one stop shops for young people and/or parents planned in localities in a variety of settings by a range of practitioners

Develop 'experts by experience' to support young people with eating disorders

More consistent and targeted use of fewer evidence based parenting programmes

Direct interventions to improve the mental health of young people with long term conditions

7.6 Joined up support - schools, communities and GPs linked to mental health support

7.6.1 We want to develop the wider workforce to promote children and young people's emotional wellbeing. Practitioners have told us that some staff across the workforce would benefit from having additional skills to respond to lower level needs. Not all children and young people need formal psychological therapies, but can respond to brief evidenced based interventions for common difficulties such as anxiety and depression. When these are delivered promptly they can prevent the development of long term difficulties and distress. We want to roll-out Improving Access to Psychological Therapies training across the voluntary and community sector, statutory sector and schools by **providing access to certificate level based Cognitive Behavioural Therapy (CBT)**. These courses, for staff in key positions that would benefit, would enhance the skills and competencies of the workforce to support children and young people in wider communities. The Enhanced Evidence Based Practice (EEBP) certificate uses a mixture of E-learning, onsite training and supervision from a qualified supervisor. The course is suitable for Tier 2, universal and other frontline staff. ²gft have recently supported some voluntary and community sector trainees to engage in the EEBP with great success. We want to continue to expand this programme of improvement.

7.6.2 We will invest in support for mental health when problems are emerging through the voluntary and community sector and Primary Mental Health Workers.

7.6.3 Primary Mental Health Workers are able to provide advice, consultation, joint work and reflective supervision for staff. They can therefore increase the capacity of the workforce to respond to difficulties and provide a link to more specialist help and support when needed. Our intention is to **move more mental health workers out into community settings** to work alongside other staff.

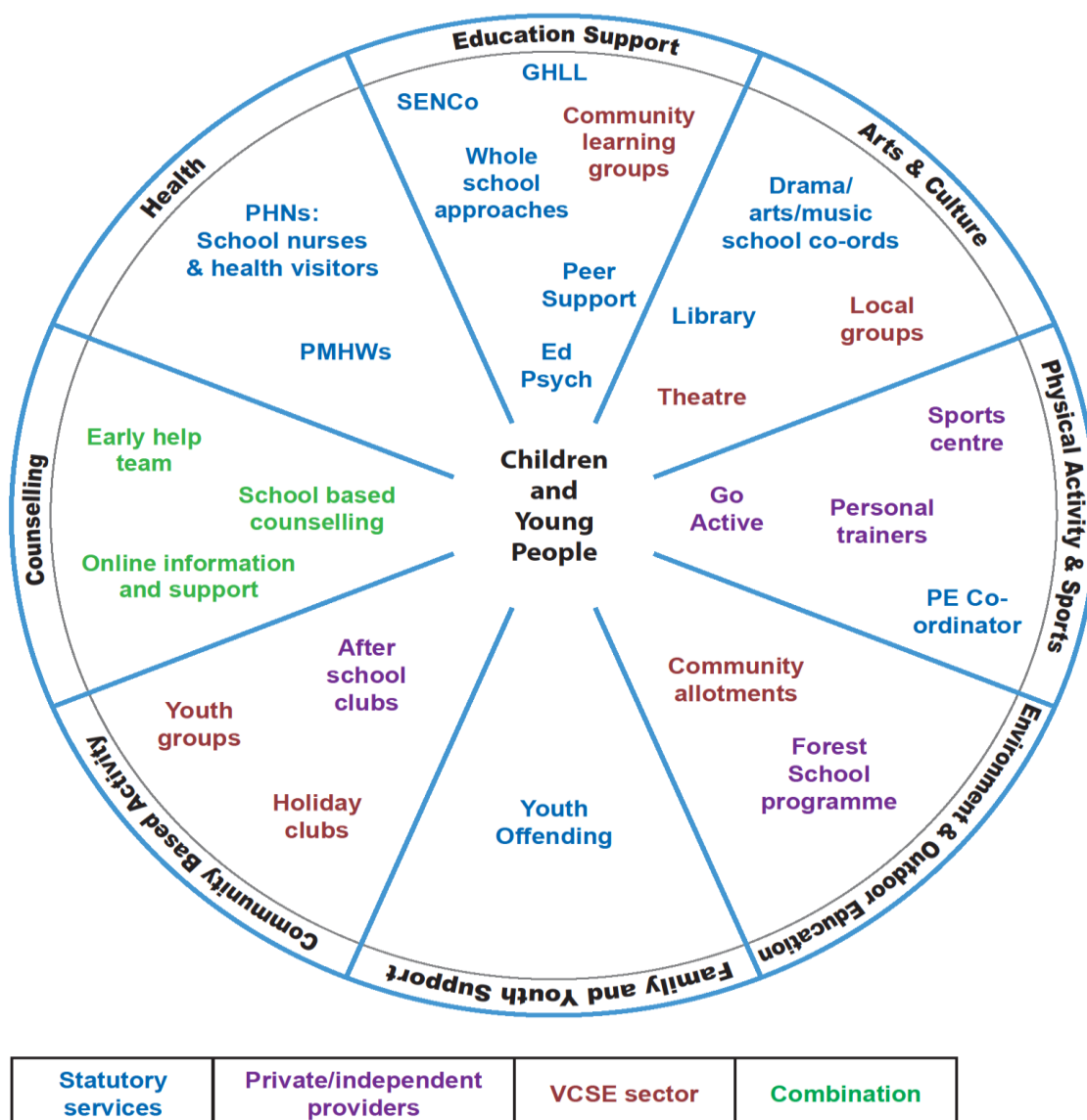
7.6.4 A key gap that has been identified in Gloucestershire is **mental health support linked to schools, communities and GP surgeries**. We will pilot a locality model of support of earlier intervention and link children and young people into a system of mental health support from a range of practitioners with the right skills. We have been successful in our bid with the DfE/NHSE, being awarded pilot status for the schools and mental health links project, and will test better links with schools and communities, including joining up with the voluntary and community sector. We anticipate the outcomes of this project to be:

- Children's mental health services having a better understanding of the issues that schools face and a more advanced collaborative approach between schools and mental health services to early intervention, including

advice and guidance (and support and supervision) for schools to support their ability, capacity and confidence in managing lower level needs

- Test out primary mental health workers being key local system leaders to facilitate the joining up of services and activities available in localities, and looking at alternative support packages to complement therapeutic approaches including cultural and arts based alternatives. Facilitating joined up provision with the voluntary and community sector
- Facilitating seamless transition between support services when a child or young person's needs either increase or become less intensive
- Use the opportunity to help develop and influence a joint training programme which will support improvements in outcomes for children and young people adapted to local circumstances and need

7.6.5 We want to work in localities as partners, including Public Health and District Councils, to build assets in communities that promote emotional mental health and wellbeing and has the capacity to respond in a variety of ways to mental health needs. Examples of this locality working include introducing the Healthy Minds programme which is specifically designed to help professionals and parents support children with autism who may be susceptible to mental health needs, using an early intervention and prevention approach. The diagram overleaf denotes how we intend to work across communities and schools integrating the assets of schools and communities including the VCS to promote and improve children and young people's mental health:



[NB: colour coding of 'services' is indicative and not exhaustive]

7.6.6 To complement the schools pilot project we will adapt and pilot the 'Connecting Care for Children' model currently being run at Imperial College, London which has resulted in a reduction in inappropriate paediatric referrals. This will involve running regular **multiagency locality network** meetings for staff to discuss how they can support children and young people who have non-urgent physical or mental health needs who would otherwise have been seen in paediatrics or the local children and young people's mental health services. This will be supported by the expertise of a Consultant Paediatrician and a network of locality practitioners including the GP, a mental health practitioner and member from the local 'Early Help' system providing the benefit of a more rounded holistic view and a joined up response. If needed, the child will subsequently be seen directly by the Paediatrician or mental health worker and this will be particularly pertinent to children and young people with behavioural/mental health issues.

7.6.7 We will learn from the mental health and schools and locality network pilot developments and spread the learning to our other localities over the five year transformation plan period.

7.6.8 For our young people with an eating disorder we will develop a model of **'experts by experience'** to provide mentoring and support for young people by those that have recovered.

7.6.9 We want to offer **a choice of access** to mental health support. We will map out across the county what **'drop-in' facilities and 'one stop shops'** are available and work with young people and parents, area by area, to look at what would work in their local area and how this can be developed. We heard from our engagement exercises that some young people didn't know that existing drop in services were available, or that, for example, the school nursing service could provide support with emotional wellbeing. Some of our work will focus, therefore, on providing information for young people about what help and support services are already available near to them.

7.6.10 We are also in the process of developing our local offer for **personal health budgets** and will be looking at options for piloting 10-20 personal health budgets as part of our South West Integrated Personalised Commissioning Programme, which may include children and young people with mental health issues.

7.6.11 We know that children with long term conditions often have poorer mental health. **Psychological support for children and young people with long term conditions**, including disabilities, to improve their long term health outcomes and help manage their condition has been identified as a gap in Gloucestershire. The only provision currently is health psychology support for children and young people with Diabetes. We will review this provision with the aim of supporting young people through:

- Expert Patient self-help approaches
- More targeted interventions

7.6.12 Our needs assessment tells us that young people with epilepsy have the highest level of need, nationally and locally, and we will therefore target this group first.

7.6.13 In response to feedback about the wide range of **parenting support programmes** on offer in Gloucestershire, we will review available parenting programmes and ensure that those we invest in are evidence based and well-coordinated. The needs assessment recommends that these courses should be advised and offered for parents when they are in the position to make changes and take advantage of them. They need to be offered when there is clear evidence that changes in parenting would support changes in a child's behaviour. We also need to

ensure that the courses are delivered in a timely manner so that things don't get worse before the courses start. The parenting courses will be underpinned by effective links between the programmes and mental health support services so that children with emerging mental health needs can receive swift help when needed.

7.6.14 We will also provide parents of vulnerable children with 'short courses' to help them effectively to support their own children. This needs to be backed up by 1:1 family support when needed and progress tracked, so that we can be sure that families are getting the support that they need to make changes.

7.7 Mental health help and support when more help is needed

Improved access and waiting times for focussed and more extensive evidenced based treatments

Better joint working across specialities for young people with an eating disorder and co-morbid condition

Continue to improve transition. Develop service for 0-25 year olds

Increased capacity to respond to children and young people with a learning disability

Greater capacity for evidenced based family approaches

Identifying and addressing mental health needs of parents especially of vulnerable children and young people, including integrating infant and adult mental health

Develop a model to support the mental health of vulnerable adolescent's, including those who have experienced trauma and/or violence with greater integration of working between social care, youth support and mental health services

Train more staff in specialist services via the IAPT programme including in eating disorders, Learning Disability and in autism

Work collaboratively with NHSE Health and Justice team to ensure effective pathways in the Sexual Assault Referral Unit and a new model of liaison and diversion

7.7 Mental health help and support when more help is needed

7.7.1 The national waiting times requirement for the NHS is that children and young people should be referred to treatment within a maximum 18 week period. When we reconfigured services locally, we set **challenging local access and waiting times** for our children and young people specialist mental health services of 4 weeks for an initial assessment and 8-10 weeks for referral to treatment of an evidence based programme. These improvements on the national requirements recognised our wish to have a service that intervened quickly so that we could offer our children and young people the earliest support we could during this critical stage of their life and development. Since the services were reconfigured our challenging targets have not consistently been met and our service data and needs assessment tell us that there has been an increasing rise in demand for services. We have recently invested in extra capacity to enable our services to move towards our local waiting time requirements and we are currently working together with 2gether NHS Foundation Trust so that we can achieve them.

7.7.7.1 In addition, children and young people who have had help and support from more specialist services tell us that, following discharge, they would like to be able to get back in touch directly with the team that helped them if they find that more help is needed. We will support this and extend the timescales for self-referral back into specialist teams from the current six months to 18 months.

7.7.2 We will **improve joint work and liaison between CYPS and Eating Disorder Services**; joint work will have a positive impact on improving services and outcomes for young people. Our initial focus would be on supporting further joint working and providing family therapy for young people with complex needs that span the eating disorder and CYPS services (see section 7.7.11). We will work to ensure that there is an effective pathway in place so that all multiagency professionals including Primary Care, the Acute Trust and the eating disorder service work effectively to manage comorbid physical health issues as well as the eating disorder.

7.7.3 We will continue to train more staff from the Eating Disorder Service in Family Based Therapy, Cognitive Behaviour Therapy-Enhanced (CBT-E) and IPT **via the national IAPT programme** and also train staff in learning disability and autism modules as they become available. We have incorporated routine outcome monitoring into our CYPS and Eating Disorder Service and will improve on data quality and reporting in 2016/17.

7.7.4 The age at which **young people transition to adult services** has been the focus of debate for some time in the county. We will continue our focus on improving transition and empowering young people to have the knowledge and skills to manage their mental health, be informed about their choices, and be familiar with trigger points and where they can go for help through implementation of a structured programme

(adapted from the *Ready Steady Go* programme developed in Southampton). The Eating Disorders Service is 'all-age', meaning that it has no transition issues at 18, allowing seamless engagement with the therapeutic team based on need rather than age. General mental health services, however, transition by age 18 from the CYPS to one of several Recovery Teams in the adult mental health services. The national difficulties with this transition are reflected locally with many young people not meeting the threshold for transfer and adult services being ill equipped and under trained to facilitate developmental and family focused approaches that many young people still require during early adulthood.

7.7.4.1 Therefore our service re-design will include **exploring the potential benefits increasing the age of transfer to 25** could offer our children and young people. This change has been progresses in some other areas and is believed to offer a more supportive framework. We will need to work closely with our Adult Services colleagues in progressing these proposals in order that any change in the current arrangements maintains strong and clear working relationships and safe and sustainable services in both areas of service provision.

7.7.4.2 Increasing the age of transfer to Adult Mental Health Services to 25 would also be in line with the changes in Special Educational Needs and Disabilities (SEND) and other local Authority statutory requirements, eg for children in care.

7.7.5 Service data tells us that **children with a learning disability** are waiting longer to be seen by the community learning disability team than we would like. These children and young people may also have mental health needs. We will explore ways of addressing this capacity gap.

7.7.6 Young people involved with social care services are one particular group of adolescents who have long been challenging to services and transitions between services, typically presenting comparatively poor mental health and low levels of emotional wellbeing, and not progressing to good outcomes despite high investment. This cohort of approximately 3,000 vulnerable adolescents is now the focus of our DfE sponsored Safeguarding and Supporting Young People Innovations project for 11-17s who are in care, in need, on Child Protection Plans, in the Youth Justice System, in treatment for substance misuse or mental health issues and care leavers. By definition, these are young people with trauma already in their lives and less family support to access wellbeing and mental health services.

7.7.7 To address this, CYPS, Youth Support and Children's Social Care are collaborating to develop and **implement a new Safeguarding and Supporting Young People multidisciplinary model of working with adolescents**. The extent of this joining up of services and associated changes to delivery models and governance is in the development stage. The developing practice model combines the strengths of engagement and programme work of youth support, the therapeutic

skills of CYPS and the expertise of social care with families and statutory process into a multidisciplinary approach.

7.7.8 Developing mental health services and children's social care: Building on the success of current improvements in access to services and new models of integration, we would like to expand the approach to focus on the following areas:

- Younger children (4-9) in and around social care: access to re-attachment, play and family therapies (whether living at home, in familial or fostering care)
- Young people with high complexity (offenders, social care, mental health): improving access to intensive work, trauma recovery, stepping down from placement/custody/place of safety
- Kinship carers and Special Guardians: increasing support and training on managing mental health issues and adolescent behaviours (as with specialist foster carers)

7.7.9 We also know that we need to ensure that our services are developing to **meet the emerging needs in children that have experienced traumatic life events** such as neglect or violence and that these children receive therapeutic support before they develop more severe mental illness. We also know that we need to change our services to meet the changing needs, for example, of those that have been **sexually exploited or are asylum seekers**.

7.7.10 Parental mental health issues and the impact that they have on children's wellbeing have been flagged in the recommendations from our needs assessment as an important area for consideration. We have seen how successful the Gloucester Pods model has been, where **family mental health workers work with social care teams to address the mental health needs of adults as well as children and young people**, and will extend this model across the county. This joint working on a common pathway will in time replace the old dynamic of referral from one system to another (and its associated delays, information-sharing blockages and threshold issues).

7.7.11 In addition, stakeholders have told us that many young people would benefit from a whole family approach to improving mental health through family intervention programmes and/or family therapy. This will enable us to identify and address adult mental health difficulties as well as systemic family dynamics. We will therefore be investing in **expanding our evidenced based family therapy** offer to include increased capacity and to ensure that young people with eating disorders and complex co-morbid conditions can benefit from these evidence based approaches. We will also develop parent workshops to deliver training in Emotion Focused Family Therapy to improve access for parents to evidence based programmes of support and to strengthen attachment between parent and child; and continue with our Functional Family Therapy programme.

7.7.12 We will also look at how we **can better link together children and adult mental health services**. This will include our proposals for the integration of infant mental health services into a specialist perinatal mental health team with strong links with social care. We have done a great deal of work around **perinatal mental health** with a large group of stakeholders and supported by the West of England Academic Health Science Network, The West of England Strategic Clinical Network and a wide range of stakeholders including Children Centres. **Following advice from NHS England, we have excluded this work from the current plan until the detailed guidance is released by them later in 2015.** We will then publish our plans in line with the guidance as an addendum to this Plan.

7.7.13 For 2016, Youth support and 2gether NHS Foundation Trust are exploring options for a new model of **an all-age liaison and diversion service** in line with NHSE Specialist Health and Justice Commissioning requirements. This work will help us identify and agree the benefits an all-age service will offer and how these services should be configured to provide the best support we can for this vulnerable client group.

7.7.14 We will also work more closely with NHSE Health and Justice Team to ensure that our local Sexual Assault Referral Centre service meets the needs of our local population and makes the best use of resources to improve outcomes for children and young people.

7.8 Mental health support in a crisis

Consistent easy access to timely family oriented assessment in the community from crisis team

Implementation of reduced age for mental health liaison team at Gloucestershire Royal Hospital

Pathways of support for those that self harm through diversion schemes such as 'Building Emotional Resilience'

For children and young people who can't or who won't go home there will be consistent, timely access to a range of accommodation and safe places/places of safety including foster care, voluntary and community sector, Section 136 and Gloucestershire Hospitals (when there are medical needs)

Closer collaboration with NHS England Specialised Commissioning, and Health and Justice, teams to:

- **Manage the needs of the population who require in-patient care closer to home and develop alternative provision**
- **Secure better pathways in and out of secure, in-patient and community services**

7.8 Mental health support in a crisis

7.8.1 The HM Government **Mental Health Crisis Care Concordat (2014)** described what people, of all ages, experiencing acute mental health crisis should be able to expect of public services in response to their needs. It outlined that all relevant agencies must work together and accept their organisational responsibilities in order to reduce the likelihood of future harm to health and social care practitioners, carers, patients and service users. We know from our needs analysis that there has been an increase in young people being admitted to the Emergency Department and the Paediatric wards with a mental health crisis. We want to improve the way that we respond and care for young people that are experiencing a **mental health related crisis** and will:

- Work with adult services colleagues so that we **lower the age range for the Liaison Psychiatry Service** for children and young people to age 12 upwards in the Emergency Department Gloucestershire Royal Hospital between the hours of 8.00am and 10.00pm. While we work towards an all-age Liaison Service we will be strengthening our support to the Emergency Department to improve the support we provide to children and young people presenting at the Hospital. The all-age liaison service proposals should enable us to release capacity in the 2nd CYP Specialist teams in the medium term so that they can provide a home treatment response in the future.
- **Develop the crisis response to young people** through our proposals to develop an all-age enhanced Mental Health Acute Response Service who will provide a rapid response to a mental health crisis for anyone (including those with a learning disability and or autism) aged 12 and over, an assessment and a referral on to the home treatment team/²nd Children and Young People Service. Part of the future service model would be colocation of the Mental Health Acute Response Service with police colleagues and exploring an integrated delivery model with Social Care Emergency Duty Team who provide access to urgent assessments for children and young people and vulnerable adults including Mental Health Act assessments.

7.8.2 For the small cohort of children and young people in Gloucestershire who 'can't' or 'won't' go home during or following a mental health related crisis, **we will develop alternative places of safety / safe places for young people in conjunction with the Local Authority** so they can receive the appropriate support and do not remain on the paediatric or other acute hospital ward unnecessarily. This may include step down from an in-patient psychiatric bed to facilitate discharge. We will also consider the way that adolescents are currently supported within acute hospital settings.

7.8.3 These children and young people usually have complex issues and are often known to, or receiving services from, several agencies, for example, CYPS, social care or youth support. Although this type of situation does not arise often, when it does it usually requires significant multi-agency input to ensure that a safe and timely resolution is found and usually incurs significant cost.

7.8.4 Our stakeholders have identified this area of work as the **top priority for action** in Gloucestershire.

7.8.5 We will continue to explore pathways of support for young people in crisis who have self-harmed with a view to changing patterns of behaviour and building emotional stability in young people. **The Building Emotional Resilience Service (BERS) addresses the need for intermediate support for young people whose self-harming behaviour** has led to a hospital admission but who do not have an assessed need for ongoing CYPS mental health treatment. BERS has been commissioned as a 2 year pilot and we will review the outcomes of this pilot during 2016 with a view to considering the continuation of a service like this.

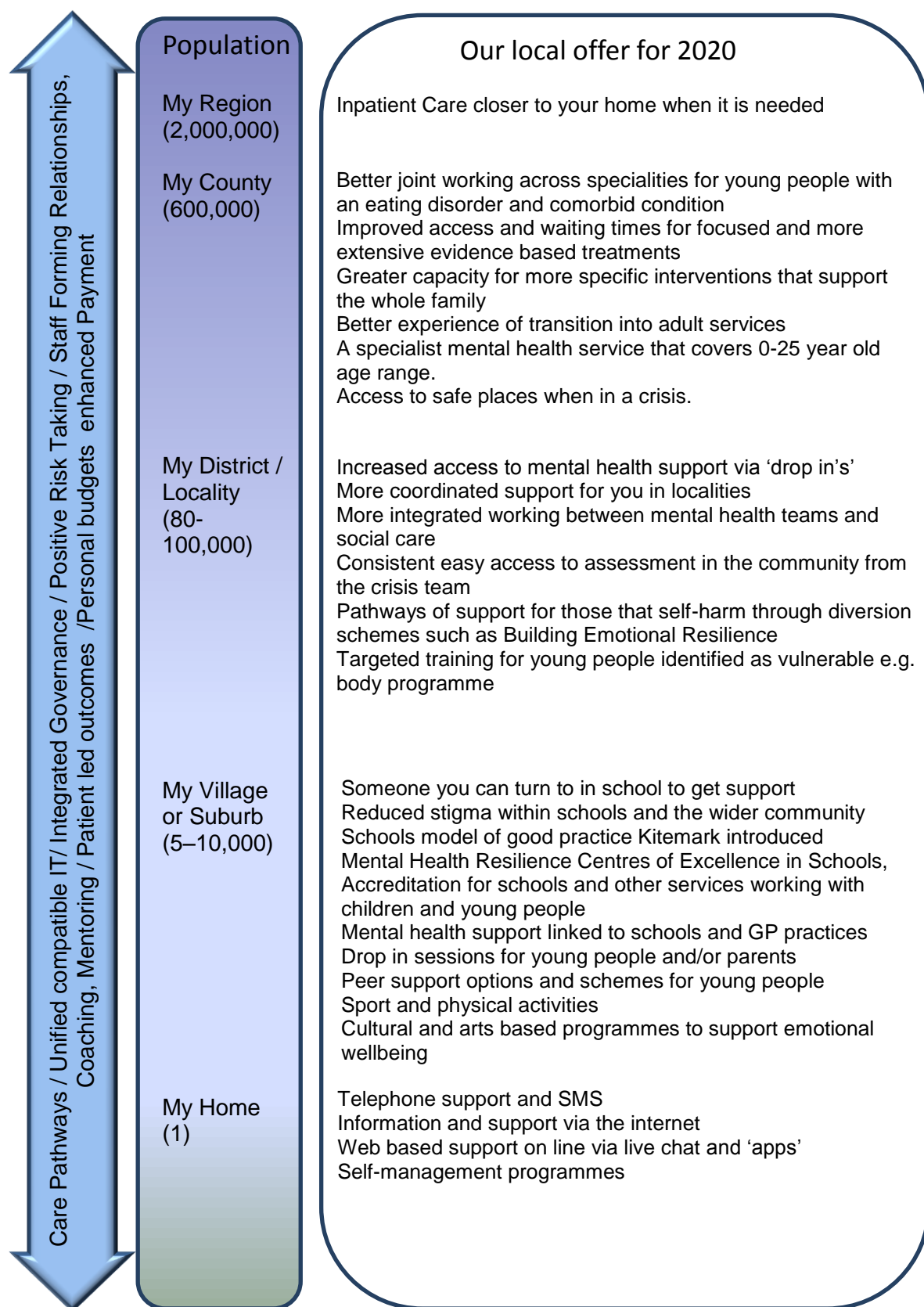
7.8.6 As a CCG we have in place collaborative arrangements with NHS England Specialised Commissioning and work with them on a range of pathways. NHS England are currently responsible for commissioning our inpatient psychiatric beds. At times a local unit is not available and a young person is often placed in private provider units located as far away as Kent, Surrey, Maidenhead, Manchester, Birmingham, or further afield when the search is on for a specialist bed to keep a young person safe. As well as the difficulty in accessing beds on occasion, the current situation means that there can be greater difficulty in facilitating discharge, especially when the local service has less well-developed relationships with the tier 4 providers as is now often the case.

7.8.7 Therefore there is a case for greater and **closer collaborative working between NHS England Specialised Commissioning and GCCG to enable quicker and more appropriate provision of inpatient care and supporting more timely subsequent discharge – stepping down from inpatient care**. We want to work closely with NHS England in their ongoing work in this area, to ensure that the varying needs of our population are met in the most appropriate setting, reducing the need for inpatient care where possible. Our work on re-designing the liaison and crisis services to work below age 16, and the plans to develop a broader range of 'safe places' for young people locally will lead to better developed **alternatives to inpatient provision**. Where inpatient care is needed, we will be developing better relationships between all parts of the system so that care is provided as close to home as possible with seamless pathways of support into and out of provision. We will also work with NHS England to explore commissioning Secure CAMHS Outreach Service, currently commissioned by NHS England (Wessex & Thames Valley) supported by the transfer of an appropriate funding stream.

7.8.8 We also want to work much more closely with NHS England Health and Justice team to ensure that we have **effective pathways of support into and out of secure provision** and that there are seamless pathways of support for those young people with mental health difficulties.

8 WHAT WILL THIS LOOK LIKE FOR CHILDREN YOUNG PEOPLE AND FAMILIES?

8.1 Children and Young People's Mental Health Local Offer



9 HOW WILL WE IMPLEMENT OUR PLAN AND TRACK OUR PROGRESS?

9.1 This is a 5-year Plan. As such, it attempts to be both deliverable in the short-term and aspirational over the longer-term.

9.2 Whilst we have been clear about our specific aims and objectives for years 1 and 2, it is not possible, nor desirable, to be overly-prescriptive at this stage about the exact actions beyond that time-frame, not least because we will need to assess impact on our local system of any new developments before building on them into the future.

9.3 The Children's Emotional Health and Wellbeing Partnership will provide the direct oversight of implementation of the Plan, reporting to other fora as identified in Section 3.

9.4 We will track our progress through an Action Plan, a summary of which can be found in Appendix 7, and this will be translated into more detailed implementation plans for the specific tasks.

9.5 In the summary Action Plan, we have outlined what is new investment against this action plan and the source of this funding. Where additional investment is required for an action and we have not yet identified the source of the funding we have made this clear along with the fact that we will only be able to achieve these actions if further investment is identified.

9.6 We have also developed a set of outcome measures to track progress across the whole system. Appendix 8 describes our main outcome measures key performance indicators.

9.7 How will we involve Children, Young People, Parents and carers in the implementation of our plan?

9.7.1 We have a track record of strong engagement and participation with young people from a range of backgrounds about their emotional health and wellbeing. We will continue this into the implementation phase of the plan.

9.7.2 Our action plan is intentionally high level and within each of these developments there will be project work that will incorporate service user and carer participation and experience. This will inform and shape service improvements that will deliver improved outcomes that are meaningful to service users and carers. Pilot projects described in the plan will be formally evaluated providing an opportunity for participation.

9.7.3 In the short term, we believe it is crucial that children and young people are more aware of the support available to them and our plans to develop services in Gloucestershire. Once our Transformation Plan has been completed, we intend to work with a group of young people to develop an overview of the Plan, which can be shared with children, young people and their parents/carers across the county. Many of the young people who attended our workshop in July expressed an interest in continued involvement in this area of work. We hope that these young people will continue to work with us to promote the vision for services in Gloucestershire and help reduce the stigma associated with poor emotional health and wellbeing.

9.7.4 Our Equality Impact Assessment process ensures appropriate engagement with seldom heard and vulnerable groups.

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Appendix 1 Gloucestershire Equality Impact Assessment

Please see attached Document

Appendix 2- Current Service Provision

This should be read in conjunction with Section 4 of the Plan.

School based support

Gloucestershire Healthy Living and Learning (GHLL) provides a 'health' based accreditation system to support schools and colleges build resilience in children and young people and to take a whole school approach to emotional health and wellbeing. It provides training for school and college staff around children and young people emotional health and wellbeing generally and has also developed resources to support schools with specific subject areas, e.g. self-harm. GHLL is the local replacement for National Healthy Schools and was launched in 2011 in response to the Marmot report, with the aim of focussing resources on the children and young people who are most vulnerable, within a framework of Universal provision. GHLL is freely available to all educational settings in Gloucestershire.

Support from GHLL is targeted mainly through the use of the Gloucestershire Online Pupil Survey (OPS) data and helps to inform decisions so that funding is directed exactly to where children and young people say it is most needed. All schools taking part in GHLL accreditation complete a review of their provision which is automatically prefilled by their pupil voice using the OPS. To gain accreditation schools/further education colleges have to respond to what their students have said by completing two interventions, one or more of which has to focus on improving mental health. GHLL has a sophisticated impact measurement tool based on the Public Health Outcomes Framework to monitor results.

Schools and colleges have a range of pastoral support services, including peer support schemes and mentoring. Most commission outside agencies and interventions on an individual and varied basis, including counselling support.

School nurses provide 'drop-ins' at every secondary school in Gloucestershire. Young people can access help and advice regarding emotional and mental wellbeing issues.

Educational Psychology Service

Gloucestershire's Educational Psychology Service is a professional psychological support service for children and young people, families, schools, communities and other settings. The focus of their work is to:

- Raise children and young people's educational attainment so they are able to progress well in life, are socially included and are emotionally resilient

- Support the emotional well being and mental health of Gloucestershire's children and young people
- Increase the capacity of schools and other settings to educate, support and nurture all children, particularly the most vulnerable or those with particular needs
- Increase access to the curriculum for SEND children and ensure their successful engagement with their educational setting
- Increase the capacity of parents and carers to nurture their children and promote their well-being, development and learning
- Support partner professionals in their work with children, young people and families
- Enable the Local Authority to meet its obligations under the Code of Practice on SEN (2015)

Commissioned voluntary and community sector (VCS)

The VCS is well developed in Gloucestershire and plays a vital role in providing emotional health and wellbeing support to children and young people across Gloucestershire.

Over the last few years we have developed more formally commissioned partnerships with the voluntary sector and statutory sector to ensure that the system of support is more joined up for children and young people in Gloucestershire. These partnerships include:

Gloucestershire self-harm helpline:

Rethink Mental Illness are commissioned by Public Health to provide a helpline in Gloucestershire for people of any age who self-harm, are thinking of self harming or are concerned about someone self harming. The helpline runs 7 days a week from 5-10pm and provides confidential and non-judgemental support and advice by telephone, text messaging and online messaging. Although the majority of users are adults in their 20s and 30s, the introduction of text and online messaging has increased the number of younger users and recent analysis of helpline activity shows that 23% of SMS/online messaging users were under 18.

MENTalk:

MENTalk is a programme for young men in schools (year 11 and older) that delivers credible messages around mental health, tackles stigma and dispels myths through the medium of football. The programme is delivered by Cheltenham Town Community Trust.

Teens in Crisis (TiC+):

TiC+ provide qualified counsellors that are able to meet children and young people at school or an appropriate location near their home. They help the most disadvantaged children and young people in the community who otherwise might not have been able to access counselling because they do not have the means or ability to travel. Some schools commission TiC+ directly to provide individual or group sessions for their pupils.

²gftentered into a formal partnership with TiC+ directly referring children and young people to TiC+ who have been identified as having mental health and emotional wellbeing issues which require counselling.

The number of referrals into TiC+ has been rising beyond capacity. The service reports that many children and young people referred to them do not attend face to face counselling appointment sessions (25-30%) due to stigma, embarrassment, or they do not have support from parents/carers or they cannot commit to regular counselling due to their home situation being too chaotic.

Winston's Wish

Winston's Wish provides practical support and guidance for bereaved children and their families. The CCG provides an annual grant in recognition of the contribution they make to children and young people's emotional health and wellbeing.

In the past year GCC Public Health has funded a number of pilot projects to improve the mental health and wellbeing of children and young people, including:

Young Carers

Gloucestershire Young Carers works with young carers, aged between 5 – 24 years (5 – 7 years limited service), to ensure their support needs are identified and that service providers respond appropriately. Over a 1,000 young carers are currently supported in Gloucestershire.

Gloucestershire Young Carers mission is to “support young carers in reaching their potential, enabling them and their families to access support that minimises the physical and emotional impact of caring and promotes health, wellbeing and resilience.”

Public Health have commissioned Gloucestershire Young Carers to work with parents, children and families at a time of enhanced vulnerability to deliver a programme of intervention to young carers and their families where a parent experiences mental health issues.

Days Like These

To complement the Self Harm Helpline service, Rethink Mental Illness has delivered workshops in schools with Year 7 pupils, to raise awareness of self harm, issues around emotional wellbeing, coping strategies and where and how to seek help. The workshops also reinforce messages around the five ways to wellbeing.

Healthy Together Funding

The Public Health team administers a grant to support community activity to improve health and wellbeing and reduce health inequalities. Funding is pooled at a district level to support locally determined priorities and 2015/16 funding has now been allocated, with the following 1 year grants currently supporting children and young people's mental wellbeing:

- to TIC+ to deliver workshops for young people in Cheltenham, Gloucester and Tewkesbury to de-mystify mental health issues and provide strategies to cope with stress. A separate counselling service is available to support the work and TIC+ will also deliver workshops for parents and school support staff to better understand self-harm and its prevention
- to Rooftop Housing to provide activities and workshops for young people aged 16-25 in supported housing in Gloucester to improve physical and mental wellbeing, increase social networks, reduce unemployment and the use of prescription medicine

The learning from these pilot projects will inform future strategy or commissioning decisions.

Tier 2

Together NHS Foundation Trust provides the specialist Gloucestershire Children and Adolescent Mental Health Service (known as the Children and Young People Service (CYPS)) which includes primary mental health workers and a multidisciplinary children's mental health team with specialist mental health workers. NHS Gloucestershire and Gloucestershire County Council, in partnership, jointly re-commissioned the service in 2010/11 and since then there have been many developments to meet the changing needs of the population.

The Primary Mental Health Worker service runs a practitioner helpline Monday to Friday 9am to 5pm. The helpline gives advice and support to practitioners who work with children and young people on any matter of concern, e.g. referrals, and signposts into CYPS and other voluntary sector partners such as TIC+.

The Primary Mental Health Worker service has grown in capacity and stands at 10 whole time equivalents covering Gloucestershire. The CYPS service operate the 'Choice and Partnership approach' to demand and capacity management and the Primary Mental Health workers carry out the majority of 'choice' appointments ensuring children and young people are seen at the right level of care. There is a limited outreach to schools and there are no formal links to GP practices.

In addition there is a paediatric liaison Primary Mental Health Worker role linked into the paediatric ward at Gloucestershire Royal Hospital as well as a Primary Mental Health Worker role for Children in Care.

The ²gft Parenting Programme Team provides positive parenting groups which target the management of children with features of conduct disorder and Attention Deficit Hyperactivity Disorder as per National Institute for Health and Care Excellence guidance.

Early Help Support

In Gloucestershire 'Early Help' networks of support have been developed with the aim of supporting vulnerable children and families at an earlier stage, improving access to services and reducing inappropriate demand on specialist services. The success of Early Help depends on an effective local partnership that works together to offer whole family support; building on strengths and developing resilience. Involvement of mental health professionals in these multi-agency partnerships aids early identification of mental health issues in vulnerable groups and ensures that access to support is in place.

Tier 3/3.5

Specialist multidisciplinary teams operate in localities and run segmented clinics around specific specialities such as neuro-developmental needs as well as more generic evidenced based therapeutic interventions. The service has met standard national waiting times but has struggled in the last few years to meet more challenging commissioner set waiting times due to the rise in demand. This is more evident in the assessment to treatment times rather than the referral to assessment access times which remain good.

The ²gft CYPS specialist teams incorporate services for children and young people with a learning disability. Capacity outstrips demand for the children's community learning disability service with the team carrying a waiting list.

In terms of providing evidenced based systemic therapeutic approaches there is very limited family therapy capacity within the specialist teams.

²gft operate a 'children in care' consultation service for social care and foster carers which provides advice and support on mental health concerns they may have for children in care.

The specialist teams also provide an outreach service, providing more intensive care to manage children and young people who might otherwise be admitted to inpatient psychiatric beds as well as providing urgent specialist mental health assessments for children and young people who have been admitted to the paediatric ward following a mental health related crisis, such as self-harm. Due to the increased incidence of self-harm and admissions to hospital, much of the team's capacity in recent times is utilised in carrying out these urgent assessments in response to a mental health crisis rather than providing outreach to those who would benefit from more intensive support.

Gloucestershire currently operates a successful Youth Justice Liaison and Diversion scheme that allows for all young people, suspected by the police of an offence, to be offered a 'triage' meeting to ascertain any health and social needs. Moreover, the service liaises with decision-makers in the youth justice system (police, courts, Crown Prosecution Service, Youth Offending Service) and other agencies with involvement in a child's support to improve decision-making, speed of decision-making and improve the available support of the young person and family. Where relevant health and social support can be offered as a valid diversionary offer both from and within the youth justice system this is encouraged whilst still promoting safeguarding, public protection and the administration of justice.

CYPS staff are co-located within the Youth Offending Service (YOS) to improve joint working and streamline interagency pathways. CYPS staff are available for consultation, assessment, interventions, support reporting to the court and facilitate the transfer of information and care to and from the secure estate.

In addition the Functional Family Therapy (FFT) model has been commissioned more recently for young people who are at risk of entrenched offending behaviour or on the edge of care by addressing unhelpful patterns through positive change.

Eating Disorder Services

The current service consists of 3 teams offering assessment, treatment and clinical management for Gloucestershire residents who suffer with an eating disorder and their families. The 3 teams are:

- The Community Team (all age)
- The Child and Adolescent Home Treatment Team (ChAHTT)
- The Day Treatment Programme (16+)

The ChAHT team was established in June 2010 and Day Treatment in March 2011 following the completion of a joint review of Out of County in-patient placements by NHS Gloucestershire and ²gether NHS FT. The review provided a recommendation that both services should be commissioned to enhance the existing Eating Disorders Service. Further investment was made in 2015-16 to enhance the Community Team service.

Referrals for Adolescents

Initial contact with the Eating Disorder service takes place via an assessment with the community team, who assess and treat children, adolescents and adults. Day Treatment (for 16yrs+) and ChAHT (Home Treatment for under 18s) are accessed only via the community team following initial assessment.

The service accepts referrals of people of any age mainly from GPs, School Nurses, other mental health teams and health and other professionals who come into contact with young people. It also accepts self-referrals from individuals and referrals from parents of minors.

The Community Team

The community team offers initial assessment followed by evidence based treatment as appropriate to presenting needs.

For adolescents presenting with Anorexia Nervosa and atypical variants, the treatment offered would typically be Family Based Treatment (FBT) over an average of 23 sessions. Training has been provided to the team by the Institute of Psychiatry and Stanford University. Historically the service has prioritised adolescents and offered treatment so that it immediately followed assessment. Some young people's cases are also shared with CYPS, where there is a co-morbidity of severity that would meet the criteria for referral to CYPS in its own right.

Where FBT is not effective and/or the adolescent may be requiring an admission without more intensive treatment, a referral to ChAHT is considered and/or made by their community clinician prior to pursuing in-patient admission. Referrals are also made to the team where an adolescent is already an in-patient in order to shorten their length of stay, as ChAHT can provide a step down from in-patient treatment.

A smaller number of young people are offered Cognitive Behaviour Therapy-Enhanced (CBT-E) usually if they present with Bulimia Nervosa and are self-motivated towards recovery or as follow on from FBT once they have been weight restored for a while, but the anorexic cognitions have not receded. In these circumstances, CBT-E would typically consist of up to 20 sessions and would still

involve the family as appropriate. The team has received extensive training from the Oxford University research group that developed CBT-E.

Interpersonal Psychotherapy (IPT) is sometimes offered as an alternative treatment. The team has received training in IPT from the Oxford research group that developed it for eating disorders and one of the community clinicians is a regional clinical supervisor.

The community team also receives a smaller number of referrals for young people with Avoidant/Restrictive Food Intake Disorder (e.g. restrictive eating, emetophobia), but is only commissioned to treat those who are significantly underweight, severely malnourished, failing to grow or suffering significant psycho-social problems. There is no evidence based treatment for this group, so clinical management is offered involving individual and family meetings and utilising the treatment principles developed by the Great Ormond Street Feeding and Eating Disorders Team (who have provided previous training events for the team).

The Child and Adolescent Home Treatment Team (ChAHTT)

The aim of the service is to reduce in-patient bed day requirements by either avoiding admission or bringing patients back to their home environment early to continue their treatment. The service consists of 5.4 whole time equivalent staff who provide intensive daily support to young people and their families suitable for this intervention.

The team has developed a protocol based on the principles of FBT and utilising the Care Continuum model, whereby the team initially model feeding the young person and supporting their emotional needs (firm, but empathic) and quickly encourage parental involvement and then parental efficacy.

The treatment programme lasts for 6 weeks with 3 weeks intensive home treatment (Monday to Friday) followed by 3 weeks step down. During the intensive phase, most meals and snacks can be supported by the team. This approach is successful in about half of the cases treated, thereby avoiding admission to hospital and improving outcomes as recovery tends to follow successful ChAHT. Previous outcomes showed 70-80% relapse back to an anorexic weight following discharge from hospital.

A comparison of bed use 3 years before and 3 years after the introduction of ChAHT showed an average reduction of 50%. There were a total of 12 referrals made to the ChAHT team in 2013/14. The ChAHT team worked intensively with 8 people in 2013/14. The ChAHT in-reach to the local paediatric ward when young people are admitted supporting the paediatric team to follow the locally agreed guidelines for in-patient management of young people with an eating disorder.

It should be noted that when this service is not working intensively with young people/families, it provides an assessment function in support of the specialist community eating disorder team. As well as this, each ChAHT team member carries a small community team caseload.

Day Treatment Programme

The Day Treatment Programme offers intensive treatment in the community for people with severe eating disorders who would otherwise be at risk of requiring an in-patient admission. The programme provides 2 meals and 2 snacks per day, Monday to Friday, alongside group therapy for young people and adults aged 16+. A small number of adolescents access the service as most young people are still in education and the programme requires full time attendance. However, it can facilitate return to education with reduced attendance when appropriate and accepts younger people still in education during holiday periods.

The programme is based on the Toronto General Hospital Day Treatment Program which was the first and is the best evaluated day programme for eating disorders. Initial training for staff was provided by the Toronto team. The programme is being formally evaluated and early results compare favourably with other programmes worldwide. Although the programme is group therapy only, family meetings are facilitated outside of the programme as required.

Tier 4

Gloucestershire does not have any CAMHS Tier 4 inpatient provision within the county.

The commissioning responsibility and funding for mental health inpatient care for CYP was transferred to NHS England Specialised Commissioning in 2013.

The commissioning change in 2013 coincided with some specific shortages in capacity (some units closing following inspections), an increase in demand, and some unintended consequences of the commissioning change meaning that there was a dislocation between local Tier 3 services and the inpatient units that they traditionally had links with.

Overall this has led to a situation where there can be delays in securing an inpatient bed when one is required and also children and young people are travelling further from home when being admitted to an inpatient facility.

A national review of these issues was carried out in 2014 resulting in the National CAMHS Review report published in July 2014. This found specific shortages in capacity in the south west, as well as some other system issues that need

addressing. The option for closer working between CCG local commissioners and NHS England was also suggested.

There are three NHS units in close proximity to Gloucestershire in Swindon, Oxford and Bristol, with historically the units in Swindon and Oxford being the ones used most regularly for Gloucestershire children and young people.

Appendix 3 – Strategic Needs Assessment

Please see attached document

Appendix 4 - Eating Disorders Service Recruitment and Retention Strategy

Gloucestershire Eating Disorders Service Recruitment and Retention Strategy

Despite being an expanding service over the past few years, recruitment and retention have not been a problem for the service so far. All advertised posts have been filled with suitable staff and staff have only left the service for promotion or to start a further training course. Factors that might impact are as follows:

- Gloucestershire is a desirable place to live
- Together NHS Foundation Trust is a successful and valued employer
- The service has a good reputation nationally
- The service provides high levels of training, clinical supervision and support compared to general mental health services with consequent team satisfaction and cohesiveness
- As most clinical posts are advertised as open to any discipline, this widens the availability of potential applicants

Given the success of the service in recruiting and retaining suitable staff so far, the recruitment and retention strategy will rely on the following features:

- Continuing engagement in national and international academic and training fora to promote the reputation of the service
- All posts (where appropriate) to be advertised as open to any suitably qualified practitioner regardless of professional discipline
- Provision of high quality training for staff and external attendees delivered by team members or recognised experts in the field
- High quality clinical supervision and support delivered on a regular basis by team members and external supervisors addressing each of the evidence based treatments utilised and the emotional aspects of the work

Sam Clark-Stone

Lead Clinician

Gloucestershire Eating Disorders Service

Anne-Marie Willis

Team Manager

Gloucestershire Eating Disorders Service

September 2015

Appendix 5 – Finance, Activity, Staffing and Skill-Mix Schedule

Please see attached document

**Appendix 6 - Children's Emotional Health and Wellbeing
Partnership (CEHWBP) and Steering Group Terms of Reference**
Please see attached document

Appendix 7 – Action Plan

Please see attached document

Appendix 8 – Outcomes and KPIs

Please see attached document