

# Gloucestershire's Future in Mind

**2017 update** to the local transformation plan for improving the mental health and wellbeing of our children and young people  
2015 - 2020



# Gloucestershire's Future in Mind; 2017 update

## 1. Introduction

This update of 'Gloucestershire's Future in Mind 5 Year Transformation Plan for improving Children and Young People's Mental Health' should be read in conjunction with the original 'Gloucestershire's Future in Mind' document, which remains the main reference point and also the 2016 update to the Plan. The original plan and 2016 update can be accessed at <https://www.gloucestershireccg.nhs.uk/about-us/publications/>

The aim of this refresh is to reflect local progress with transforming the system of support for children and young people, and further ambitions based on our local developing work in this important area. This update has been developed based on the work we have carried out over the last year in conjunction with a wide range of stakeholders, including children and young people, parents and carers, schools, social care and the wider partnerships.

We continue with robust governance arrangements and oversight of the implementation as described in the original plan. In addition to this, the implementation of Gloucestershire's Future in Mind sits firmly within the Gloucestershire Sustainability and Transformation Plan (STP) published in November 2016 as a key element for the current and future health and wellbeing of our population. For more information: <http://www.gloucestershireccg.nhs.uk/gloucestershire-stp/>. We have also sought to align Gloucestershire's Future in Mind with the deliverables set out in the Five Year Forward View for Mental Health.

## 2. 2017 update to the needs assessment

In August 2015, a children and young people's mental health and wellbeing needs assessment was produced to inform the development of Gloucestershire's Future in Mind Transformation Plan. As part of the 2016 update to the Transformation Plan, its authors have requested updates to certain sections of the needs assessment. In 2016/17 we have noted the trend in increases in the number of children and young people using mental health services and explore this below.

### 2.1 Young people's mental health needs

There has been no update to national prevalence data since the 2015 needs assessment, which used data from a 2004 Office for National Statistics (ONS) survey. However, the delivery of certain elements of the Transformation Plan, such as the Schools Pilot, and a more recent Online Pupil Survey (OPS), has added to our understanding of the mental health needs of young people in Gloucestershire. This local intelligence will continue to be used to enhance the implementation of our plan and its refinement as outlined below. The NHS Benchmarking Network produced its annual National CAMHS Benchmarking Report (2016) which shows that referral rates for Children's Mental Health Services have shown a sustained increase since 2012 with a 44% increase in CAMHS referrals since 2012/13.

Locally, between 2014/15 and 2016/17, we have seen a 88% rise in the number of children and young people engaging with the face to face counselling services provided by TIC+, with a further predicted rise into 2018.

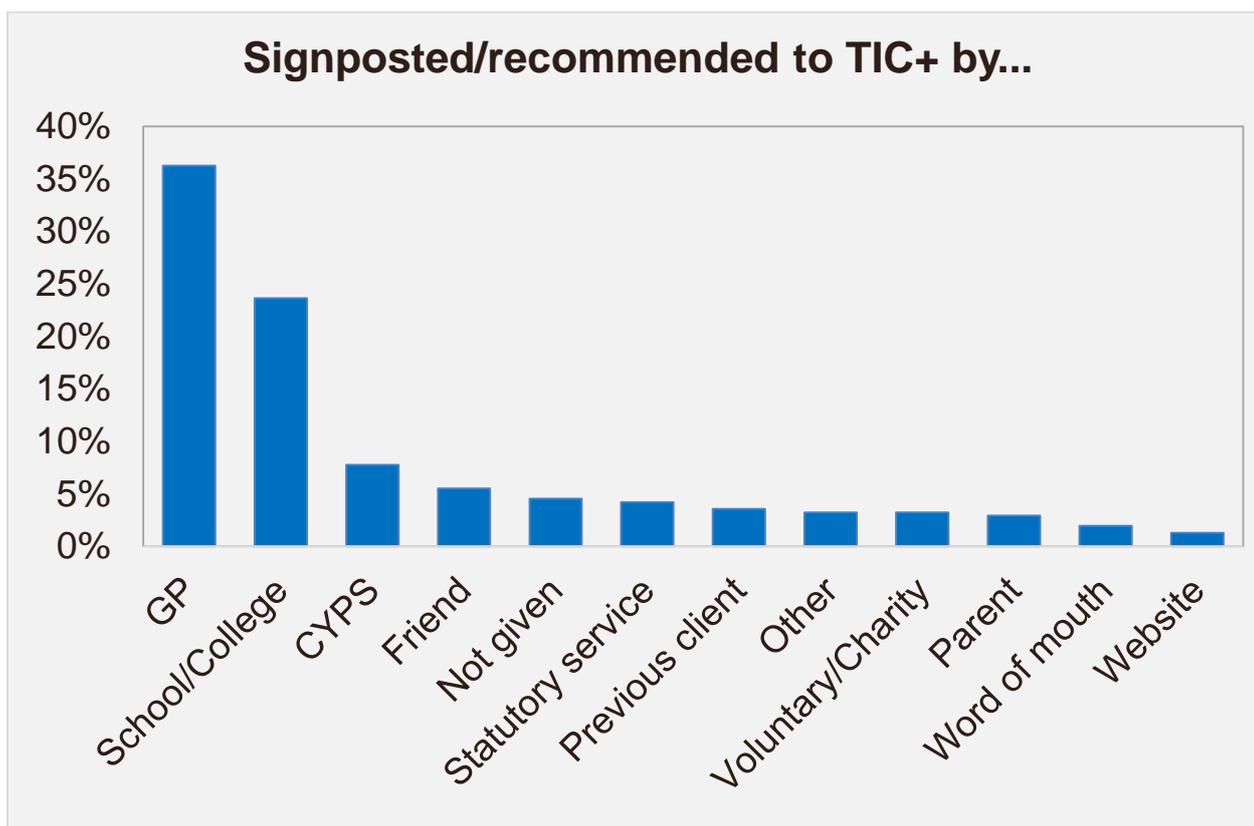
## Number of young people accessing TiC+ face to face counselling

|         | Number of young people referred to TiC+ | Number of young people who engaged with TiC+ | % annual change in the number of young people being seen by TiC+ |
|---------|---|--|--|
| 2014/15 | 445                                     | 343  |  |
| 2015/16 | 669                                     | 550  | 60% increase   |
| 2016/17 | 836                                     | 646  | 17% increase   |

An online counselling service has also been available through TiC+ since 2015/16 and has already been accessed by 352 young people.

### Source of referrals

90% of young people self-refer into TiC+ or are referred by their parents. However, when asked, 36% of the young people say they were signposted to TiC+ by their GP and 25% by their school or college.



### CYPS referrals

|         | Number of young people referred to CYPs | Number of referrals accepted by CYPs | % annual change in the number of young people being seen by CYPs |
|---------|---|--------------------------------------|--|
| 2014/15 | 2920                                    | 1734                                 |  |
| 2015/16 | 3233                                    | 1951                                 | 12.5% increase   |

|         |      |      |             |
|---------|------|------|-------------|
| 2016/17 | 3032 | 1829 | 6% decrease |
|---------|------|------|-------------|

Although overall CYPS referral rates have remained static, there has been a steady increase in the number of children and young people being accepted into CYPS for assessment and ongoing interventions. During 2015/16, there was a 6% increase in core service demand and this has continued into 2017/18. Preliminary data for the first six months of 2017/18 is showing a 19% increase in the average monthly demand compared to the same period in 2016/17.

We cannot be sure whether this increase in referrals is due to a genuine rise in prevalence; better awareness of available support and less stigma about seeking help; or more accessible services. Anecdotal evidence from local professionals suggests all of these factors are playing a part and that the additional availability, particularly of earlier interventions such as online counselling, is meeting previously unmet needs identified in the first iteration of Gloucestershire's Future in Mind.

### 3. Our continued engagement

Our original Transformation Plan was co-produced with children, young people, their families and carers, commissioning partners, GPs, providers and key stakeholders.

Since its publication, we have continued to engage actively with key partners and young people in Gloucestershire to begin to implement our ambitions and develop services.

#### 3.1 Children and young people

Working with young people from Stroud Youth Council, Gloucestershire Young Carers and the Young Ambassadors for Vulnerable Children and Young People, our engagement activities have included:

- Involvement in grant awards for additional one-to-one counselling support across Gloucestershire.
- Launch and promotion through community events, school health and wellbeing events and Information Bus awareness raising days with Year 6 pupils of a new website for Children & Young People – [www.onyourmindglos.nhs.uk](http://www.onyourmindglos.nhs.uk)
- Launch and screening at a local cinema of a promotional video to encourage young people to talk about their mental health and develop ways to support themselves and their peers.
- Co-production of the Personalised Commissioning Pilot for Children in Care.

#### 3.2 Parents and carers

Although our main focus has been on working with young people, we have also engaged with local parent groups, to increase access to local information and support for parents and carers. We are committed to working with parents for the remaining lifetime of the plan.

#### 3.3 Key stakeholders

We have continued to work with key partners from across the county to develop our vision for services. We have held quarterly engagement events with representatives from health, social care, education and the voluntary sector.

Key messages continue to focus on:

- reducing stigma and raising awareness;
- improving early support for children and young people;
- providing additional support for parents and carers;
- ensuring consistency across the county;
- developing our local workforce across all sectors

We actively promoted Future in Mind to GPs and other practice staff through an exhibition at the annual Commissioning Event at Cheltenham Racecourse.

#### 4. Progress with transforming support for children and young people and taking the plan forward

Our Transformation Plan takes a whole systems approach that is vital to transforming and making significant progress against a growing problem of increasing numbers of children with mental health difficulties. The key focus of our plan aims to:

- Address the gaps identified in our needs analysis
- Provide a balance between the need for more early intervention and prevention
- Meet the needs of those very vulnerable children and young people who achieve poorer outcomes than most of the population.

There are 4 broad themes and layers of support based on our model of coordinated and flexible mental health support.



We have been working hard as a partnership across agencies and with children and young people to implement our plan over the four layers of support identified in the plan. The following sections describe our progress as well as how we intend to take things forward.

## 4.1 Theme 1: Building resilience, information and advice, & early intervention

### Universal Support

**4.1.1 'On Your Mind' Website for children and young people.** In direct response to feedback from young people, we have progressed co-producing a website with young people that can provide information, advice and guidance about self-help, access to trusted sources of support and available local services. This website was launched in autumn 2016 and has been promoted through a variety of means including social media, 'Heads Up', school nursing, at Gloucester Pride, assemblies in schools and via the G15. We have had good feedback from children and young people about the website, as well as parents and other partners. In the period from September 2016 to the end of October 2017 the website has been visited by over 9600 different users. The website can be found at: [www.onyourmindglos.nhs.uk](http://www.onyourmindglos.nhs.uk)

**4.1.2 Working to tackle stigma and normalise mental health.** As a partnership we continue to work to tackle stigma in schools and through other forums.

The Gloucestershire Tackling Stigma group have worked with the Girl Guides who have devised a mental health awareness package as part of their Mental Health Awareness badge. They have also worked with the Stroud Youth Council to look at stigma. In addition, a stand normalising mental health is provided at the GHLL annual conference where many schools are in attendance and at 'The Day in the Life of a Teen' event in Stroud.

GHLL report that schools and colleges now include a mental health intervention in their revalidation for the Healthy Schools award.

The '5 Ways to Wellbeing' is an evidence based approach which suggests that a small improvement in wellbeing can help to decrease some mental health problems and also help people to flourish.

- GHLL are measuring the number of times the '5 Ways to Wellbeing' is being used by schools in the Healthy Schools and Mental Health Champions Award
- The Wildlife Trust is working with GHLL to utilise this approach in a number of schools in areas of the Forest of Dean
- The 'On Your Mind' website promotes the use of the 5 Ways to Wellbeing
- 59 '5 Ways to Wellbeing' sessions for primary aged children have been carried out by Skillzone.

**4.1.3 Information and advice for parents.** Parents and carers have told us that they need easy access to advice and support about their children's mental health. In response to this webpages have been developed to support information, advice and guidance for parents, including signposting to trusted sources of support. It includes how to help your child and where to get local support. The webpages for parents and carers are linked to the CCG website, the GHLL website and to the On Your Mind website. 2gether Foundation Trust also has information for parents and carers on their website. We are also looking at how we can extend information and support for parents and carers in order to empower and enable parents to support children and young people, including trialling joint drop in sessions with school nursing and mental health workers.

**4.1.4 Webpages for practitioners.** Webpages have been developed for school based staff on the GHLL website. This provides:-

- Advice about emotional wellbeing issues

- Good practice examples that can be implemented in schools to improve emotional wellbeing
- Links to sources of support including a streamlined training matrix and access to all other training opportunities available in the county and advice.

Information about local and national support has been developed for GPs on the G-Care website. A pathway has also been developed to support GPs in referring or signposting to local mental health services. Gloucestershire Self-Harm website now includes pages for parents, carers and professionals/practitioners to provide information and advice in supporting someone who is self-harming.

**4.1.5 A Mental Health Champions award** has been developed through GHLL which will be awarded to schools that recognise that the way they operate and approach wellbeing has a huge impact on the emotional health of pupils and staff (and on subsequent attainment).

During 2016/17 support to achieve the award has been developed including:

- Launch of Mental Health Champions Conference – 274 teaching staff attended.
- Training sessions delivered by GHLL around emotional health and wellbeing since September 2016:
  - **597** teaching staff have attended training by GHLL around emotional health and wellbeing
  - (**398** primary staff, **69** secondary/FE staff, **42** independent staff, **11** special schools staff, **42** Alternative Provision staff and **35** others e.g. school nurses etc.)
- A Whole School guide for schools has been developed called 'Nurturing Schools: Whole School Approaches to Supporting Mental Health and Wellbeing. The guide includes information on how to develop 'attachment friendly' schools to support more vulnerable children and young people. The booklet links to relevant sections in the Mental Health Champions award (awaiting printing)
- We have 351 schools in Gloucestershire (this includes all types of settings e.g. primary, secondary, independent, colleges, special, alternative provision, hospital eg, faith, academies and free schools) To date **340** educational settings (**97%**) in Gloucestershire have registered an interest in the Mental Health Champions award through GHLL:
  - **262** of the educational settings are actively working towards the Mental Health Champions award
  - **6 schools have achieved** their Mental Health Champions Award –: one secondary school, four primary schools and one infant school.
    - Newent Community School and Sixth form
    - Glebe Infant School
    - Harewood Junior School
    - Picklenash Junior School
    - Southrop C of E Primary School
    - The Catholic School of St Gregory the Great
- Currently **5** schools are waiting to go through the Quality Assurance Process Panel on the 8<sup>th</sup> February 2018 for approval for the award. This includes one secondary school and four primary schools.
- **79%** of Gloucestershire's schools and colleges are working towards or actively achieved the Mental Health Champion Award since the launch in November 2016 at the GHLL conference.

## 4.2 Theme 2: Joined up support - schools, communities and GPs linked to mental health support

### Early help including workforce planning, development & training

**4.2.1 Mandatory mental health training for staff in schools and in other universal or 'non-mental health-specialist' services.** We believe that mental health is 'everybody's business' and as such, the workforce who are not 'specialists' in this area should nevertheless have a consistent level of knowledge and competence in mental health. This will make the workforce as a whole better able to identify need, provide support, and in turn be more resilient in the process, thereby reducing the demand for specialist services. An e learning module has been developed for use across children's services. This module will be supported by trained leads that can facilitate discussion and answer questions on the content of the module. The module will be promoted widely and will record the numbers of practitioners that have completed the training and the numbers feeling more confident..

**4.2.2 Online access to counselling support** is being piloted through a Voluntary and Community Sector organisation and is a response to young people wanting to access support in different ways and an approach to providing cost effective services. This approach has been evaluated positively. The model ensures that young people can access support within a week of logging on and registering. Young people find the support helpful and some go on to have further face to face counselling. The model also ensures that those waiting for face to face counselling are able to access this support quickly. Based on the evaluation, a procurement exercise is underway to commission this service to commence in July 2018.

**4.2.3 Joining up Schools and Mental Health.** As a result of our successful DFE/NHSE national pilot in Stroud, we are rolling out this model of earlier intervention to the rest of the county using a phased approach. Additional primary mental health workers are available for schools to access support on a routine and regular basis as well as additional training. The evaluation demonstrated the following outcomes:

- The pilot has raised the profile of mental health and increased activity to support pupils developing resilience in schools
- The knowledge and skills of teachers about mental health have improved
- Schools are able to easily access advice and guidance about children's mental health
- There is a smoother pathway into specialist help and support for children when needed.

The first phase of our roll out is to Gloucester City schools and to the rest of the Stroud locality during 2017 and in to 2018. To support the Gloucester City schools we have been working with the National Development Agency to provide 'Strengthening the Circle' training to a variety of staff in schools including Special Educational Needs Coordinators. We will also be working with local communities including youth clubs, local groups and the voluntary sector in and around Gloucester City. This will enable young people that are vulnerable to or with mental health issues to be better identified and supported. In addition we will be working with Create Gloucestershire in a project with four Gloucester City Schools to promote mental wellbeing through the arts.

**4.2.4 Earlier Intervention Counselling.** As a result of the needs assessment and engagement undertaken in the original plan, the CCG has invested in direct face to face counselling. This is available across the county with the intention that this is in addition to that which the schools, colleges or other organisations currently provide or fund. After 9 months of funding, the pilot was evaluated to assess its effectiveness. The majority of the young people were signposted to the service from GPs. TiC+ utilised the YP-CORE outcome assessment<sup>1</sup> with all CYP who undertook counselling as part of the pilot and in 78% of cases there was a measureable improvement in outcomes after undergoing counselling. Furthermore the average wait time for the intervention was between 3 and 4 weeks. 93% of CYP stated that the counselling had helped them and 93.5% of CYP stated that they felt listened to, had given them ideas for what to do when they felt bad and that they had talked about things they wanted to with the counsellor. As a result of the positive evaluation, the CCG approved the continuation of the grant funding with TiC+ over three years.

**4.2.5 Preventing Eating Disorders** A public health funded targeted intervention “The Body Project” that helps to prevent the development of an eating disorder has been successfully piloted in four schools. Sustainability of this programme is currently being explored by commissioners, working closely with the University of the West of England (UWE). A learning event will be organised for March 2018 to share the learning from this intervention as well as associated body image improvement interventions which have been developed by UWE.

**4.2.5 Mental health support for children with long term health conditions.** This has been identified as a gap in local provision, and is vital to prevent long term mental health needs and further physical health conditions developing amongst this group of children and young people, and is now being taken forward as a project. We will be building on the success of an arts based programme that supported children and young people with type 1 diabetes and also developed peer support as well as looking at good practice and evidence of what works across the country.

**4.2.6 Improving Access to Psychological Therapies (IAPT).** We are committed to continuing to train members of the specialist and wider mental health workforce, including practitioners in the Voluntary and Community Sector, in evidence based approaches via the Improving Access to Psychological Therapies Programme. Positive engagement with the regional educational collaborative has supported 25 practitioners in Gloucestershire from a range of organisations to be upskilled and trained by completing evidence based nationally recognised CYPS IAPT qualifications. We will look at the outcomes of the evaluation to be completed by Health Education England, of low intensity Psychological Wellbeing Practitioners (PWP) as part of the CYP IAPT programme and consider using this approach in our local system.

**4.2.7 Further workforce development and planning.** We know that we need to continue to work hard to attract, develop and retain staff with the right skills to deliver our ambitious plan. Developing the Children’s Mental Health Workforce forms part of Gloucestershire’s Sustainability and Transformation Plan as a vehicle to take this forward and maximise success. We published our Children’s Mental Health Workforce plan in June 2017. A link to the plan is <https://www.gloucestershireccg.nhs.uk/wp-content/uploads/2012/12/final-workforce-plan-June-2017.pdf>

**4.2.8 Self Harm.** Admissions to hospital for self-harm across all age groups continue to be higher in Gloucestershire than the England rate. Local partnership working has made significant improvements to the availability of materials and training that can be used by schools to improve awareness and understanding

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<sup>1</sup> YP CORE is a specifically designed outcome measure that assesses wellbeing in CYP who are undergoing counselling. It is a short measure that can be used before and after counselling to assess change. A high score indicates a poorer outcome whereas a lower score indicates that there has been an improvement in outcomes.

of self-harm amongst teachers and pupils. We have also seen increased use of our Gloucestershire Self-Harm Helpline by young people since we improved text and online messaging options.

However, we know that there is more to do and are in the process of developing a new Gloucestershire Strategic Framework for Self-Harm, coordinated around four stages:

1. Access to support before self-harm
2. Access to help: community, primary and secondary
3. Quality of care and treatment
4. Recovery, staying well and prevention of further self-harm.

With leadership from the Gloucestershire Health & Wellbeing Board, we are currently working with a range of stakeholders, including in health and social care, schools and children and young people, to better understand the drivers of self-harm locally, as well as what works and the gaps and opportunities for improvement. An Action Plan will be agreed in early 2018 to take this work forward.

### **4.3 Theme 3: Pathways: access / waiting times / transition.**

#### **Getting Help**

**4.3.1 Access and Waiting times.** We had already set challenging local access and waiting times for our children and young people specialist mental health services prior to developing our local Plan in 2015. However, we acknowledged in our original plan that these waiting times had not been consistently met. With additional investment we have now met these waiting times. The most recent NHS England Benchmarking for 2016/17 demonstrates that 2gether Trust have the second shortest access and waiting times of all children and young people specialist mental health services across England. With the introduction of online and face to face counselling sessions provided by TiC+ and further strengthening of the pathway between TiC+ and 2gether NHS Foundation Trust we have waiting times for face to face counselling at approximately 4 weeks and online at 1 week. Demand continues to rise for mental health services and we will need to monitor this going forward.

**4.3.2 Parenting Programmes.** A recent report from the Mental Health Foundation, contributing to the NHS Five Year Forward View for Mental Health, re-emphasised the importance of parenting programmes in **protecting mental health in early years**. A rapid review of parenting programmes in Gloucestershire has taken place looking at what is currently being delivered in county and the current evidence base. This project is being taken forward to streamline the offer.

**4.3.3 Eating Disorders.** Work is ongoing 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 co-morbid physical health issues as well as the eating disorder. There are discussions progressing to develop a service level agreement with a GP practice to manage the bloods and ECGs for young people who require more frequent physical health tests. This would include day patients and home treatment patients in the early stage of treatment. It is anticipated that this pathway will be published during 2017/18. The new waiting time standards have been incorporated into service delivery and the Eating Disorders service is a member of the National Eating Disorders Quality Network.

**4.3.4 Early Intervention in Psychosis (EIP).** Gloucestershire operates a fully NICE compliant service for young people who develop psychosis for the first time. This includes a clear pathway and joint working including shared teams roles between the CYPS service and EIP to ensure young people receive joined up care and support

**4.3.5 Transition.** Work has been ongoing via a CQUIN to improve the experience and journey of young people into adult mental health services or onward care into the community. Together NHS Foundation Trust is working with young people and adult services to look at how adult services can better meet the needs and expectations of young people. Key achievements with implementing the CQUIN are

- A webpage has been developed on the trust intranet for staff with guideline and frequently asked questions about transition
- A Dialectical Behaviour Therapy group available for people who transition as a pilot from CYPS to adult mental health teams.

Together will be working with the CCG and local partners to implement the National Transition CQUIN during 2017/18. The aim is to improve the experience and outcomes of young people who transition from CYPS either to adult or community services.

In particular the work will focus on consulting with young people and carers about what makes a good transition, building resilience through careful preparation and providing information to equip young people to make choices should they need further care. In line with other acute medical and community services across Gloucestershire the 'Ready, Steady, Go' programme will be evaluated as a model for care. A pre and post transition questionnaire for young people will help to identify how services can improve; also a review of information to GPs will be undertaken given their key role in delivering community services. In particular the CQUIN will look at young people who may be discharged from CYPS but relapse later when they may have to access further mental health support as an adult. The work will scope the desirability of 0-25 year old services and will also be working to implement the National Institute for Clinical Care and Excellence transition quality standard.

#### **4.4 Theme 4: Vulnerable CYP with complex needs / intensive interventions.**

##### **Getting help and help & support in a crisis**

**4.4.1 Young People in crisis.** The CCG and county council (GCC) have been working to look at more effective models of joint working including developing collaborative plans with NHS England Specialised Commissioning (NHSE SpecComm) to support alternative options to the use of mental health in-patient beds. This is to support young people who are often known to multiple agencies including health and social care and who are experiencing a social and/or psychological crisis. We know that these young people are at greater risk of engaging in offending activity, be subject to forms of exploitation and/or be less likely to be engaged in education and have stable employment prospects and training. These young people often have complex needs and present a challenge in terms of practitioners providing a joined up response, and may often result in them being in placements out of county.

Our proposed response is to provide more local and bespoke support based on the development of a combined health and social care Intensive Intervention Service. This is based on feedback from young people, the needs described and best practice, and aims to support young people based on successful models of practice elsewhere in the country. This business case has now been approved by GCC, and is being taken forward as a potential joint development with the CCG and NHSE SpecComm.

Integral to this, Gloucestershire has also been successful in gaining capital funding to develop a place of safety and place of calm.

Complementary to the above work, we have been developing our community **Mental Health Acute Response Service (formerly known as the crisis service)** and Gloucestershire Hospital based

**Psychiatric Liaison** service to begin to work with younger people. This area of work has not progressed as quickly as we might have liked due to some workforce challenges. However, we are confident that this will progress over the coming year.

**4.4.2 Children who suffer from sexual abuse and /or exploitation.** We are working collaboratively with our partners including the Sexual Assault Referral Centre Board and NHS England Health and Justice Commissioner to work together to address gaps in the system which include victims of sexual abuse and /or exploitation. We are moving forward with a procurement exercise to commission emotional support for victims of sexual abuse and assault across all genders and age ranges.

**4.4.3 Children and Young People on the edge of or coming into care.** We will continue to work on developing a more comprehensive pathway of support for children on the edge of or coming into care, including the younger age group who may have suffered trauma, neglect and abuse. This is to help to ameliorate later mental health crises developing. We are developing a pilot with the one of the fostering and social care teams to bring together all sources of support and provide a multi-professional response to assessment, intervention and supporting placements. This includes addressing capacity as the number of children in care rises.

We said in our 2016 update that we would look at meeting changing needs, eg the rise in unaccompanied asylum seekers. We have now reached an agreement and invested in a pathway of support to address the needs of asylum seekers and refugees, with the Voluntary and Community Sector supported by 2gether NHS Foundation Trust.

Gloucestershire is an early adopter site for **NHS England Integrated Personal Commissioning programme** to test out integrated personal budgets to address mental health needs for children in care until March 2019. The aim of this project is to test the use of personal budgets for children in care and young people with mental health and well-being needs, with a view to these being scaled up across the sector. The introduction of personal budgets could generate a more flexible, integrated system, in which children and their families and carers are encouraged and supported to be involved in developing and delivering their own care plans. *Future in Mind* highlighted how children in care faced particular challenges in obtaining support at the right time. Personal budgets for looked-after children may provide an effective way to improve their access to appropriate support and outcomes. Feedback from young people and practitioners is that children and young people aged 15-18 thinking about transition from care, and children and young people with raised 'Strengths and Difficulties' scores, could benefit the most from this approach.

**4.4.4 Young People at risk of contact with the criminal justice system.** We are also working with NHS England Health and Justice commissioning to improve the support for young people at risk of entering the criminal justice system. NHS England Health and Justice have invested to enhance the current arrangements by providing specific and targeted capacity to provide more integrated multi-agency assessment, consultation, formulation and therapeutic interventions for young people. The pilot started in January of this year and is developing support that targets vulnerable young people, including emerging personality disorder in need of post trauma work who have historically not been able to access services to address their needs. In the first six months the pilot has shown the following key benefits

- Support for young people who would not have previously met the threshold for CYPS
- Increased offer of referral "access" points for these vulnerable young people to receive mental health input appropriate to their needs
- Increased mental health provision for young people entering the criminal justice systems, including increased awareness of local signposting options
- Increased and more accessible support for practitioners within the Fast Track team and wider Youth Justice Teams, including access to specialist mental health consultation.

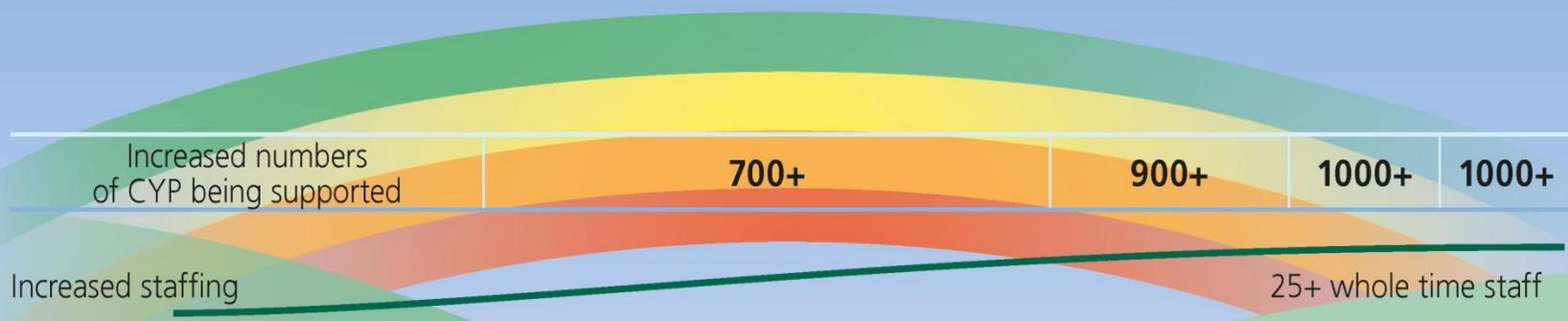
- Improved joint working between CYPS and Youth Support services, specifically the Fast Track Team.

#### **4.4.5 Perinatal and Infant Mental Health**

Gloucestershire has been working on making improvements to Perinatal and Infant Mental Health services for some time via quality initiatives within <sup>2</sup>gether, working across the network including with maternity, health visiting, children centre services and the voluntary and community sector. Gloucestershire has been successful in an NHS England bid to set up and deliver a specialist community perinatal mental health team for women with complex mental health disorders. This includes meeting the needs of infants. The team is now in development with most staff recruited and specialist training of staff taking place and all pathways being developed. The team will be located close to the Gloucestershire Royal Hospital site and will work closely with maternity and other children's services.

The overview of our key activities and increased activity is in our roadmap on the following page.

# Gloucestershire's Future in Mind Roadmap – Key Developments



- 2016/17**
- Linking Mental Health Services + Schools via the 'Schools Pilot'
  - Mental Health Champions Award for School
  - Launch of website for children and young people
  - Online and face to face counselling through the VCSE
  - Improve transition from young people to adult services
  - Business case for Joint Intensive Interventions Service for young people in crisis with GCC and NHS England

- 2017/18**
- Develop web pages and sources of support for parents
  - Roll out Schools Pilot across the county
  - Implement improved support for young people in crisis
  - Improve support for young people following trauma and abuse, including sexual abuse and unaccompanied asylum seekers
  - Continue to improve transition from young people to adult services
  - Review parenting programs
  - Integrated Personalised Commissioning pilot for Children in Care

- 2018/19**
- Implement support for young people with long term physical health conditions
  - Fully embed revised pathway of mental health support for Children in Care
  - Improve pathway of support for Eating Disorders so that primary care, acute paediatric and mental health services are clear about their role

- 2019/20**
- Review options for a 0-25 year old service

## **5. Next steps**

We will continue to track our progress through the outcomes and key performance framework and our action plan, a summary of which can be found in Appendices 2 and 3. We have a robust governance process in place described in our original plan which will continue to ensure that we deliver transformation for our children, young people and families. 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.