

# Gloucestershire's Future in Mind

**2018 update**

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



## 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. The original plan and subsequent annual refreshed plans can be accessed at <https://www.gloucestershireccg.nhs.uk/about-us/publications/>.

The purpose of the 2018 Local Transformation Plan (LTP) update is to provide an overview of progress in the past year in transforming the system of support for children and young

people, celebrate our achievements and consider our future delivery challenges. The refresh also allows us to consider how exciting developments, such as the Mental Health School Teams trailblazer and developing support for parents and carers will enhance our strategy further, and acknowledge programmes which are ongoing in their implementation.

Children's emotional wellbeing and mental health remains a key priority in Gloucestershire and through this strategy, and subsequent refresh, we build on our strong commitment to support children and their families.

## 2. A 2018 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 2018 update to the Transformation Plan, its authors have requested updates to certain sections of the needs assessment. In 2017/18 we have noted the trend in increases in the number of children and young people accessing services, particularly those provided in the voluntary and community sector 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 to estimate the prevalence of mental illness amongst children and young people in England.

However, we have carried out a brief review of those indicators summarised in the Public Health England (PHE) Children and Young People's Mental Health and Wellbeing Profile, where there has been a significant change in Gloucestershire since the last available data. As such, this should not be considered a comprehensive needs assessment but an update on a number of key local issues.

#### 2.1.1 Self-harm

One key indicator which has improved in Gloucestershire is the rate of admissions to hospital for self-harm (age 10-24). Whilst this remains higher than the national rate, there has been an improvement and Gloucestershire now performs better than the South West region.



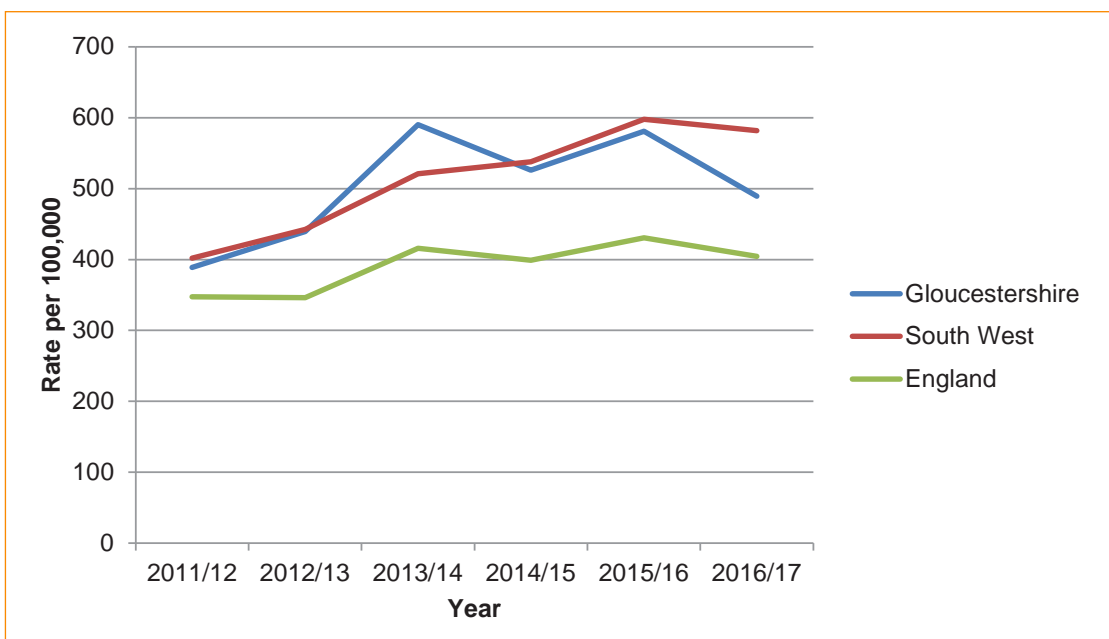


Figure 1. Hospital admissions as a result of self-harm: per 100,000 population aged 10-24

There are ongoing developments in Gloucestershire with the aim to support children and young people who self-harm which are discussed in more detail below.

### 2.1.2 Key issues for children and young people's mental health

Anxiety, worry and stress remain one of the key issues for children and young people accessing face to face counselling during 2017/18 with 84% of those surveyed stating that this was their reason for seeking help. At a low-moderate level, counselling is provided by a voluntary and community sector provider in Gloucestershire, TiC+. TiC+ utilise the YP core for all young people engaged in face to face counselling and 83% reported a measurable improvement in their emotional wellbeing following the counselling support.

### 2.1.3 Risk factors

In terms of risk factors, there have been some improvements in Gloucestershire in the percentage of children eligible for Free School Meals or living in poverty. However, the percentage of children who become the subject of a child protection plan for a second or subsequent time has increased slightly and remains higher than the regional and national rate. (N.B. Although the percentage has increased, the number has reduced from 189 to 156. This is because the rate is expressed as a percentage of all new child protection cases during the year, which will also change year to year.)

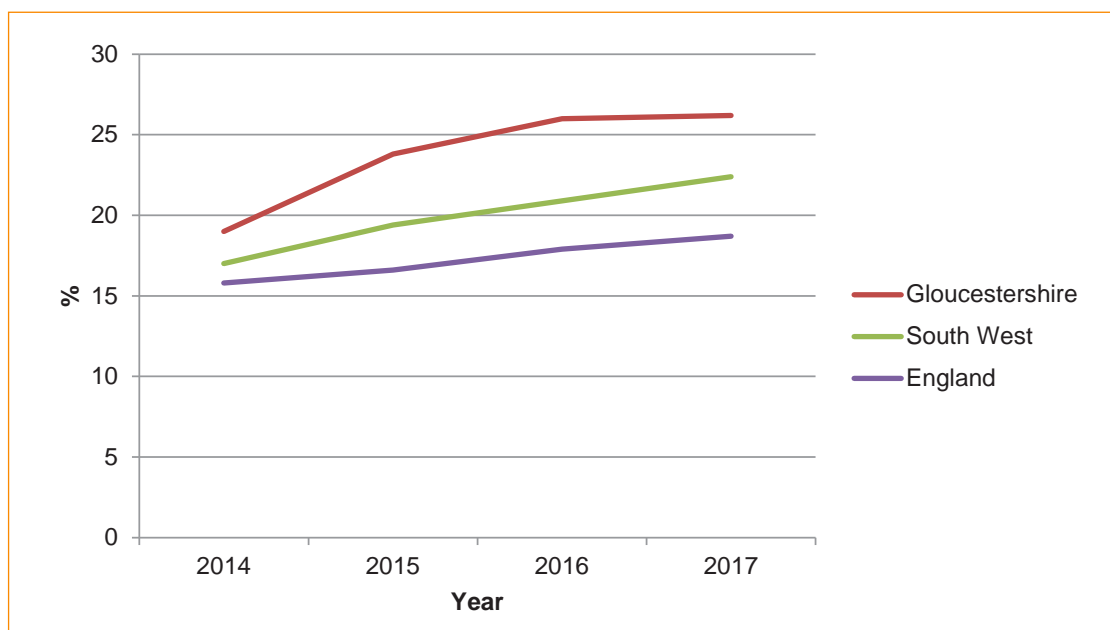


Figure 2. Repeat child protection cases: % of children who became subject of a child protection plan for a second or subsequent time

We know that some young people are more vulnerable to developing poor mental health. The 2015 needs assessment summarised this vulnerability across the Gloucestershire population, but the PHE profile highlights an increase in the % of school aged pupils in the county who have a learning disability from 2.1% in 2013 to 7.7% in 2017. This is higher than both the England rate (5.6%) and South West rate (5.7%). Because this indicator uses number of pupils with statements of SEN or as School Action Plus where primary need is a learning disability, this may reflect effective identification and support rather than a higher prevalence. However, taking this into account, developments in provision for children and young people with a learning disability have been taking place, described in more detail below.

#### 2.1.4 Online Pupil Survey

During 2018, a new Online Pupil Survey was undertaken, with children and young people in Gloucestershire responding with vital information about their health and wellbeing, including their Warwick Edinburgh Mental Wellbeing Score (WEMWBS) and their experience of anxiety and self-harm. It also asked about a range of other contributory factors, including new questions relating to Adverse Childhood Experiences (ACEs), which will help us to identify the potential scale of local need emerging from risk factors such as physical, emotional and sexual abuse and parental mental illness, substance misuse, separation and incarceration. At the time of writing this update, the results of this survey have not yet been published. However, this local intelligence will continue to be used to enhance the implementation of our plan and its refinement as it becomes available.

## 2.2 Young People's Use of Mental Health Services

The NHS Benchmarking Network produced its annual National CAMHS Benchmarking Report (2017) which shows that nationally referral rates for Children's Mental Health Services have shown a sustained increase since 2012 with a 56% increase in CAMHS referrals since 2012/13.

### CYPS Referrals into Level 2/Level 3 Services

	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
2017/18	3206	1907	4% increase

**Table 1.** CYPS Referrals into L2/L3 Services since 2014/2015

In Gloucestershire, although overall CYPS referral rates have remained static, there has been a relatively steady increase in children and young people being appropriately referred into services resulting in a measurable increase in the number of children and young people being accepted into CYPS for assessment and ongoing interventions. The service reports that children and young people with increasingly complex needs are accessing help from CYPS.

We cannot be sure whether the 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.

### 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	363	
2015/16	669	523	44% increase
2016/17	863	729	39% increase
2017/18	1076	958	31% increase

**Table 2.** Referrals into TiC+ Services since 2014/2015

Locally, between 2014/15 and 2016/17, we saw a 101% rise in the number of children and young people engaging with the face to face counselling services provided by TiC+. This increase has continued in 2017/18, with the additional online counselling provision provided by TiC+ broadening access to support.

## Source of referrals

90% of young people self-refer into TiC+ or are referred by their parents. However, when asked, 37.4% of the young people say they were signposted to TiC+ by their GP and a further 25.3% signposted by their school or college.

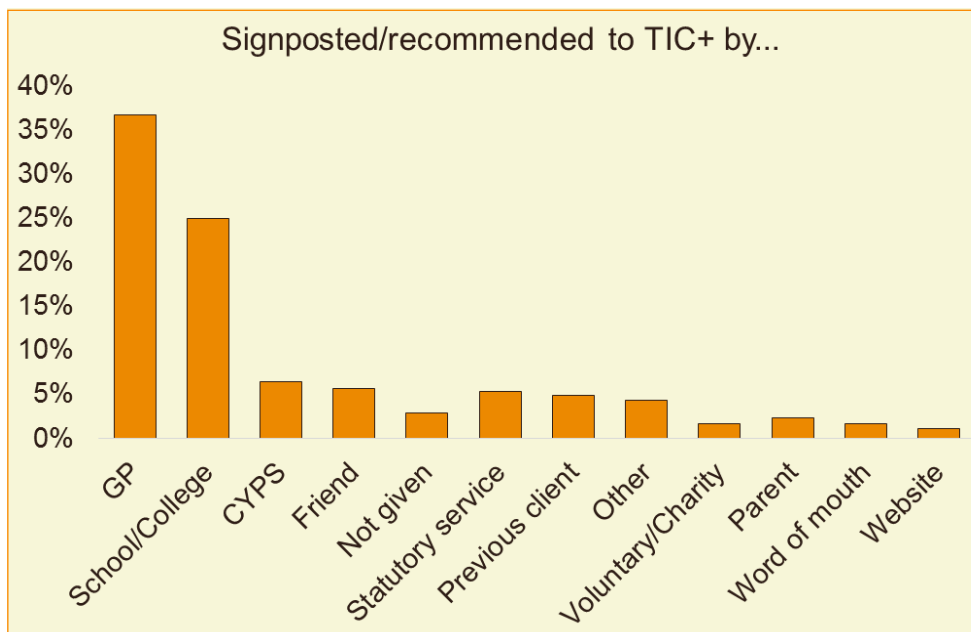


Figure 3. Source of referral into TiC+ services

## 3. Our continued engagement

Our Transformation Plan is a living document and has been co-produced with children and young people, their families and carers, commissioning partners, GPs, providers and key stakeholders working in the field to ensure the views and experiences of those who have, are or may use services and those who deliver them are listened to and respected.

### 3.1 Children and young people

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

- Co-production of the One Page Profile for the Personalised Commissioning Pilot for Children in Care, locally known as My Life My Plan with our Gloucestershire County Council (GCC) Ambassadors. Furthermore the project has engaged with the Stroud District Youth Council and received feedback on project documentation aimed at children aged 11-18 years old to ensure it is appropriate to the age range.
- Feedback has been gathered from the children involved in the Schools Link Pilot Project including production of a short film from pupils and staff at Berry Hill Primary School, in Gloucestershire highlighting how they are tackling mental health both in and out of the classroom
- The Online Pupil Survey has been refreshed in 2018, the results of which will be published in the autumn.



- During August 2017, 15 GCC Ambassadors helped develop and test a youth version of the Public Health Nursing consultation to inform proposed School Nursing Changes.
- Ambassadors, Young Gloucestershire, Gloucestershire Young Carers and many other organisations engaged with a recent "Action on ACES" event and have subsequently signed up to Gloucestershire's Strategy to tackle ACES with a view to become an ACES champion.

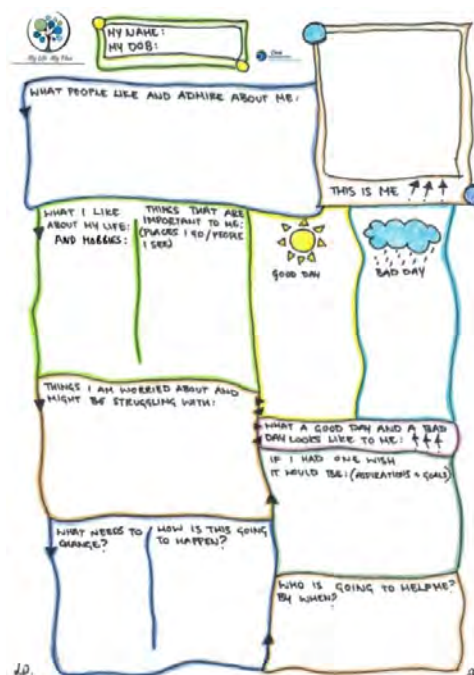
An engagement event with children and young people was held to review the priorities set out in our original Future in Mind Strategy, looking at ongoing work and identifying emerging priorities to inform our 2018 refresh. The approach to the session featured a "you said, we did" activity and encouraged young people to talk openly about work being done to date.

Young people commented that they were less informed of our On Your Mind website. On

review of page users, this has in fact increased 129% from 8,236 in 2016/17 to 18,832 in 2017/18. In response to feedback received we will however take action to relaunch the website including appropriate communication to schools via existing relationships built through the Schools Pilot and promotion of our informative film found: <https://www.youtube.com/watch?v=PBhx2JceJJI>



Further feedback from the event suggested that children and young people are aware and better informed about services such as TiC+. This is evidenced by the increase in engagement from children with TiC+ detailed within item 2.2 of this plan.





### 3.2 Parents and carers

We have also engaged with local parent groups. During the summer we produced two surveys, one for professionals and another for parents/carers which were completed by 71 and 321 people retrospectively. The aim of the survey was to understand how parents/carers want to access local information about guidance and available services and what method of support they would want to be made available to them. The feedback gathered has been analysed and has subsequently informed a pilot project to support parents and carers (for more information see item 4.1.2)



### 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. We also held an event in July to ask stakeholders what they would like in the plan going forward.

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, and early intervention

### Universal Support

**4.1.1 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, devising 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 Gloucestershire Healthy Living and Learning<sup>1</sup> (GHLL) annual conference where many schools are in attendance and at 'The Day in the Life of a Teen' event in Stroud.

The '5 Ways to Wellbeing' are continuing to be utilised within school settings to encourage children and young people to have conversations about mental health and emotional wellbeing. Examples of how these interventions are utilised can be seen here: <https://www.youtube.com/watch?v=A19v1sPRQQE>. In addition, the Wildlife Trust is working with GHLL to utilise this approach in a number of schools in areas of the Forest of Dean and 59 '5 Ways to Wellbeing' sessions for primary aged children have been carried out by Skillzone<sup>2</sup>.

Gloucestershire has been successful in gaining Wave 1 Trailblazer status to test out the recommendations in the Governments Green Paper published this year which will ensure that work to tackle stigma and normalise mental health can continue in 18/19 and beyond through dedicated mental health support teams. This is discussed in more detail below.

### 4.1.2 Information and advice for parents

Parent and carer groups have told us that they need local information, guidance and support to enable them to better understand and support their child's emotional needs. In response to this, webpages are in development which will provide information, advice and guidance for parents, including signposting to trusted sources of support. Furthermore, a survey has been undertaken with parents and carers in Gloucestershire to understand what method of support they would prefer when supporting their children and young people. Drop in sessions, a telephone advice line and anonymous text chat for parents and carers were the preferred methods. A pilot project has been set up to provide these services through TiC+. This will be trialled over a 2 year period to enable the approach to be fully tested and evaluated, beginning in April 2019.



<sup>1</sup><https://www.ghll.org.uk/about-ghll/what-is-ghll/>

<sup>2</sup><https://skillzone.glosfire.gov.uk/the-centre/>



Figure 4. Feedback from parents and carers about the kind of emotional support they would find useful to support their families

**4.1.3 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.

**4.1.4 A Mental Health Champions award** has been developed through GHLL which is being awarded to schools who 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).

- We have 352 schools in Gloucestershire (this includes all types of settings e.g. primary, secondary, independent, colleges, special, alternative provision, hospital e.g., faith, academies and free schools)
- To date 349 educational settings (99%) in Gloucestershire have registered an interest in the Mental Health Champions award through GHLL:
  - **260** of the educational settings are actively working towards the Mental Health Champions award
- 31 schools have achieved their Mental Health Champions Award –:
  - 18 Primary schools
  - 1 Infant school.
  - 6 Secondary schools,
  - 2 Special Schools
  - 4 Independent Schools



- Currently 5 schools are waiting to go through the Quality Assurance Process Panel for approval for the award. This includes one secondary school and four primary schools. There will be more schools and a college going forward as the next date for schools to get their submissions in is December with the Quality assurance group meeting in January 2019.
- 83% 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.

During 2017/18 support to achieve the award has been developed including:

- 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 as well as providing information and guidance.



**4.1.5 Facts 4 Life** aims to help children to understand that mental wellbeing and physical health and illness are inextricably linked, they don't always need medicine in order to get better, and good health and wellbeing is very much linked to their environment. Facts4Life is based on three key concepts:

- 'Riding the ups and downs'—as we move through life, our health status is constantly in flux;
- 'Keeping balanced'—we are faced with many illnesses which our bodies can often respond naturally to, to maintain balance and health;
- 'Smoothing the path'—the bodily response to many illness challenges can be enhanced through making informed choices to engage in a variety of healthy lifestyle behaviours.

Between 2015 and 2018 Facts4Life teacher training was delivered through 100 sessions to more than 1,000 Gloucestershire-based teachers. Evaluation of the initiative has shown that mental health was identified as a relevant concern for young people, and pupils highlighted examples of newly developed coping strategies resulting from Facts4Life.

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

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

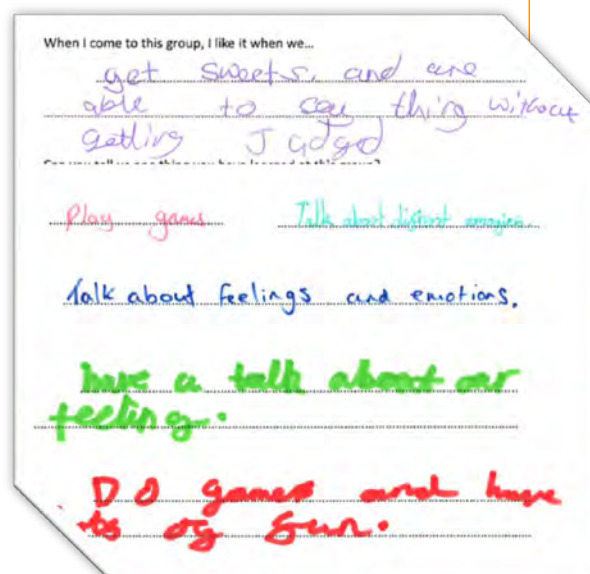
**4.2.1 Mandatory mental health training for staff in schools and in other universal or 'non-mental health-specialist' services.** We believe that mental health is 'everybody's business' and as such, the workforce who are not 'specialists' in this area should nevertheless have a consistent level of knowledge 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 and is being rolled out to schools via training leads. Since its launch, 72 staff have been trained from primary schools, secondary schools, further education and colleges, special schools, School Nurses and alternative provision schools.

**4.2.2 Online access to counselling support** has been piloted through a Voluntary and Community Sector organisation during 2016/17 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. 94% of young people self-refer or are referred by their parents to the online counselling but are mostly signposted by their GP (49%) or by their school (22%). The model ensures that those waiting for face to face counselling are able to access this support quickly. Based on the evaluation, a procurement exercise was undertaken to commission this service. TiC+ were the successful bidders and a 3 year contract commenced in July 2018 for online counselling to continue.

**4.2.3 Joining up Schools and Mental Health.** Following on from our successful Department for Education (DfE)/NHS England (NHSE) national pilot in Stroud in 2016/17, Gloucestershire has been successful in gaining Wave 1 Trailblazer status to test out the recommendations in the Governments Green Paper published this year. The proposals in the Green Paper include:

- Every school and college will be encouraged to appoint a designated lead for mental health;
- Creating community-based Mental Health Support Teams (MHSTs), helping children and young people in schools and colleges; and
- Pilots in a small number of areas to test the feasibility of achieving and maintaining a 4-week waiting time for NHS children and young people's mental health services

The trailblazers will be the first to implement and test the delivery model for the MHSTs, and in Gloucestershire we have also been successful as an area to test the 4-week referral to treatment pilot. Learning from the trailblazers will inform future roll-out of the proposals.





In Gloucestershire we will be developing four trailblazer sites, two in Gloucester city, one in the Forest of Dean and one in Cheltenham. The school populations covered will be 16,000 in Gloucester city, 9,000 in the Forest of Dean and 7,000 in Cheltenham over the ages of 5-16 and will include primary schools, secondary schools, special schools and alternative provision.

To support the roll out of the programme all schools taking part will have a Designated Mental Health Lead and training will be provided to all of the schools. There will also be training provided for new roles via Health Education England and the University of Reading. Eight staff will be undertaking a year's university and practice based training to become Children's Wellbeing Practitioners providing early interventions for children and young people. The team will comprise of more senior mental health workers and counsellors.

The pilot will commence in January 2019 with phased roll out over 2019 and 2020.

**4.2.4 Earlier Intervention Counselling.** As a result of the needs assessment and engagement undertaken in the original plan, GCCG has invested in direct face to face counselling. The demand for face to face counselling has continued to increase year on year since 2016 with a 32% increase in need between 2016/2017 and 2017/2018. Due to the increase in demand, access to the service has increased with a current 4 – 10 week wait to be seen. Young people are offered access to online counselling whilst on the waiting list. GCCG continue to work in partnership with TiC+ to reduce the waiting time. GCCG have increased their investment in this service to enable access to face to face counselling for 262 more young people in 2017/18 compared to 2016/17.

**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. In order to meet this need, we have commissioned a new Paediatric Liaison Service (incl. Emergency Department Liaison Team) within Gloucester Royal Hospital to support children and young people in outpatient and inpatient settings that experience emotional and mental health issues. This will be evaluated after 1 year to ensure that the service is meeting the needs of all children and young people diagnosed with a long term condition. We will also be building on the success of an arts based programme that supported children and young people with type 1 diabetes to now include those with epilepsy, developing peer support as well as looking at good practice and evidence of what works across the country.

#### **4.2.6 Developing a pathway for children and young people with Persistent Functional Symptoms.**

'Persistent physical or persistent functional symptoms' (PFS) describes health situations in which a child or young person suffers from physical symptoms. These are also known as children and young people with 'Medically Unexplained Symptoms'. These symptoms impact significantly on their access to important areas of their lives, including their ability to fully access education, and access to their activities and interests.

The effects of persisting physical symptoms can include;

- Children and young people spending significant amounts of time on inpatient wards both in and out of county.
- Missing a lot of school, the young person may not achieve what they should do socially and academically.
- Seeing less of their friends, this can mean fewer interests, hobbies and fun.
- Being less independent than other young people their age.
- Loss of confidence, or becoming increasingly worried, anxious or depressed.

There is currently no specific service for children and young people presenting with PFS and this has been identified as a gap in local provision. There is now a project underway that is developing a new pathway and multidisciplinary team meetings for these children and young people that will be able to provide earlier identification and specific interventions that will improve the experience and outcomes for these children and young people and their families.

**4.2.7 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 continue to engage with the programme and train staff as appropriate. Additionally, as part of the trailblazer pilot approach with schools we will be training 20 staff through the IAPT programme to deliver evidence based early intervention.

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.

Furthermore, the 2gether NHS Foundation Trust Mental Health workforce plan includes initiatives specifically around children's services looking to recruit, retain and develop new roles. There are a number of new roles that are emerging within mental health that are an integral part of the STP collaboration and these include scoping the training of nurse prescribers within the Children and Young people's service to make the most of the skills in the workforce and piloting new roles, such as the concept of a Health Care Assistant role working within children's mental health services which is now rolling out across the service.

Workforce training featured heavily in the Mental Health Champion Award, and training sessions were delivered by GHLL around emotional health and wellbeing with 1304 teaching staff attending (676 primary staff, 340 secondary/FE staff, 76 independent staff, 126 special schools staff, 28 Alternative Provision staff and 58 others e.g. school nurses etc.)

#### **4.2.8 Self Harm**

Admissions to hospital for self-harm amongst 10-24 year olds continue to be higher in Gloucestershire than the England rate, although we have started to see an improvement in the most recently reported data (2016/17) and admissions are now significantly below the regional rate, having been similar or higher for the last five years.

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 of self-harm amongst teachers and pupils. We have also seen significantly increased use of our Gloucestershire Self-Harm Helpline by young people since we improved text and online messaging options, with 29% of users (394 contacts) reporting that they are under 18 in 2017/18, compared with 6% (21 contacts) in 2016/17.

During 2017/18, we developed 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.

Working with stakeholders in statutory and voluntary sector organisations, as well as people who have self-harmed, we have agreed an action plan for improvement, which is now being implemented alongside this transformation plan. This includes the following priority actions for 2018/19:

- Ensuring that improved information, advice and support for parents and carers includes good quality information about self-harm;
- Developing and promoting an online tool for practitioners working with young people who disclose self-harm. This tool will give practitioners the confidence and knowledge to ask questions about the young person's self-harm, offer basic advice and support and signpost or refer to the most appropriate level of more specialist support;
- Improving understanding within certain parts of the pathway for young people who self-harm, specifically in primary care and minor injuries units;
- Ensuring timely and joined-up psychiatric support for young people who present at AandE having self-harmed.



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

#### Getting Help

**4.3.1 Access and Waiting times.** We have set challenging local referral to assessment and referral to treatment waiting times of 8-10 weeks. These waiting times were successfully met during 2017/18. With additional demand we are now seeing waiting times from referral to treatment becoming longer. We have also seen demand rise for face to face counselling sessions provided by TiC+ and GCCG invested in 2017/18 along with the County Council (GCC) and Public Health team to support this. Following a growing number of children and young people presenting with significant mental health concerns as outlined above at section 2.2, GCCG will be making an additional investment into access and waiting times, trialling a 4 week wait time supported by the DfE/NHSE trailblazer funding during 2019/20. See also below regarding Eating Disorder waiting times standards.

**4.3.2 Outcome Measures.** We have been working with our local partners to collect outcome measures for children and young people's services in Gloucestershire. TiC+ have routinely been collecting YP CORE which have consistently shown an improvement in CYP wellbeing following intervention. The YP CORE covers four dimensions – subjective wellbeing, problems/symptoms, life functioning and risk/harm.

We are working with 2gether NHS Foundation Trust to develop the recording of paired outcome measures through our statutory services in accordance with direction from NHS England and will be taking part in regional workshops together in order to feedback into the process and contribute to the development of the CYP MH dashboard.

**4.3.3 Parenting Programmes.** Children and Family Centre early years parenting work is now focused on the Solihull Approach Parenting Groups and "You and Me, Mum" (for mothers supporting children and young people who have lived with domestic violence).

In addition, some Webster Stratton programmes are delivered in partnership with CYPS, and Freedom programmes with Gloucestershire Domestic Abuse Support Service (GDASS). Some Video Interactive Guidance (VIG) is being delivered by trained Health Visitors. Targeted Family Support/Families First parenting programme work concentrates on Triple P, which now includes both Group Triple P and 1-1 courses with families that find it difficult to get to a group. Take up, completions and feedback are all positive. New developments include two-hour discussion groups to support parents (of 0-12s and teenagers) to manage common parenting difficulties and non-stigmatizing seminar groups via schools to create resilience through school-gate discussions.

CYPS work on parenting continues to involve Webster Stratton group programmes as an initial supportive intervention. Progress has been made on communicating the Webster Stratton pathway more effectively with referrers, such as schools, GPs, School Nurses and Health Visitors, to help reduce the stigma around attending parenting courses. Evaluation of routine outcomes now includes a focus on longer term outcomes of parenting courses at 6 and 12 months post completion. In response to feedback, we will be working with CYPS and parents going forward to look at accessibility to these programmes.

**4.3.4 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. The Eating Disorders pathway was published on G-Care during 17/18 and will be reviewed and revised to reflect the service developments identified below during Q3 18/19. 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. A business case and funding was agreed for 18/19 to enhance the Eating Disorder service and comprises three elements;

- **Prevention:** Implementation of 'The Body Project' primary prevention programme to contribute to the reduction in onset and therefore demand of eating disorder services. The Body Project is a school based primary preventative intervention, initially piloted in four Gloucestershire schools, and delivered by the Centre for Appearance Research at the University of the West of England (UWE).
- **Physical Healthcare:** Improve service offer to enhance the physical health care for people with a severe eating disorder by recruiting a GP practice to provide clinical support to the Eating Disorders Service (EDS).
- **Performance:** Increase the clinical capacity of the Eating Disorders Service to enable meeting the NHSE Access and Waiting Times Standards by focusing resources on early intervention.

Commissioners continue to work closely with 2gether NHS Foundation Trust, Gloucestershire Hospitals NHS Foundation Trust (GHNHSFT), University of the West of England (UWE) and the University of Gloucestershire (UoG) to embed delivery of The Body Project intervention within Gloucestershire.





**4.3.5 Early Intervention in Psychosis (EIP).** Gloucestershire operates a fully National Institute for Clinical Care and Excellence<sup>3</sup> (NICE) compliant service for young people who develop psychosis for the first time. This includes a clear pathway and joint working including shared team roles between the CYPS service and EIP to ensure young people receive joined up care and support.

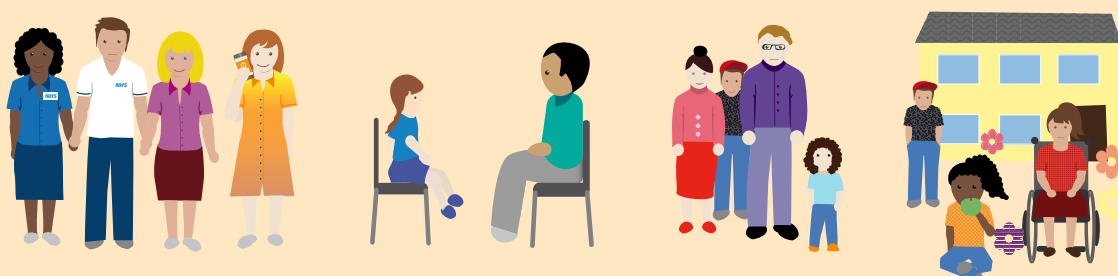
**4.3.6 Transition.** Work has been ongoing via a CQUIN to improve the experience and journey of young people into adult mental health services or onward care into the community. 2gether NHS Foundation Trust is working with young people and adult services to look at how adult services can better meet the needs and expectations of young people. A webpage has been developed on the trust intranet for staff with guidelines and frequently asked questions about transition. To date there have been over 600 views of these pages showing staff are engaging with the need for better transition of children and young people from CYPS.

2gether continue to work with GCCG and local partners to implement the National Transition CQUIN during 2018/19. The aim is to improve the experience and outcomes for young people who transition from CYPS either to adult or community services. In particular the work has focused, through consultation with young people and carers, on what makes a good transition. This includes building resilience through careful preparation and providing information to equip young people to make choices should they need further care. This work has included the development of discharge plans and information about further help being given to young people leaving the service.

Gloucestershire has implemented the 'Ready, Steady, Go' programme throughout its Learning Disabilities service following a pilot and positive feedback. Further work is underway to improve the experience and outcomes for this population.

A pre and post transition questionnaire for young people is helping to identify how services can improve. A review of information given to GPs will also 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 access further mental health support as an adult. Gloucestershire is also working to implement the NICE transition quality standard.

A review of the Trust Transition policy is underway to ensure it is still relevant and incorporates the NICE standards and CQUIN markers. Work continues to ensure that a further CQUIN (from Adult Mental Health Services) looking at the 100% requirement for 2 CPA reviews take place between CYPS and Adult Services is achieved.



<sup>3</sup><https://www.nice.org.uk/about>



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

##### Getting help, and help and support in a crisis

**4.4.1 Young People in crisis.** GCCG and GCC have been working to set up a more effective model of joint working including 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 or stable employment and training. They often have complex needs and present a challenge in terms of providing a joined up response, and engagement with services may often result in them being placed out of county.

Our 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. The model is currently in development with phased implementation. Day provision and some specialist foster care and therapeutic support is now in place. The next phase is to develop the day care/fostering further and the residential element of the model and to expand the therapeutic team.

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, training has taken place within these services to enable staff to start working within a younger age range and we are confident that further progress will be made over the coming year. This will be monitored via monthly 2gether NHS Foundation Trust performance meetings.

**4.4.2 GARAS (Gloucestershire Association for Refugees and Asylum Seekers).** GCCG have worked in partnership with 2gether NHS Foundation Trust and GARAS to provide specialist psychotherapy support delivered with an experienced interpreter for children and young people who are refugees or asylum seekers and have experienced severe trauma in their life. Between April and June of 2018, 25 children received direct 1-1 therapeutic support. GARAS are also providing support groups for carers of these children and young people.

**4.4.3 Children who suffer from sexual abuse and /or exploitation.** We are working collaboratively with our partners including the Sexual Assault Referral Centre Partnership Board and NHS England Health and Justice Commissioner to address gaps in the system which include victims of sexual abuse and /or exploitation. GCCG have had a grant funded pathway in place since April 2017 with local voluntary sector providers to enable children and young people who have been victims of sexual abuse/exploitation to access timely emotional support across the county.

**4.4.4 Learning Disabilities (LD).** In order to provide parity of esteem for children and young people in Gloucestershire with learning disabilities, the LD service is currently being re-modelled in a system wide approach. Feedback has been received from partners including Special School Head Teachers which has informed service development. In order to continue to support children and young people throughout the re-modelling phase and to meet increasing need, the team is being expanded with the recruitment of 2 additional specialist nurses. Increased psychology provision will also form part of the increased offer to children and young people with learning disabilities.



**4.4.5 Children and Young People on the edge of care or in care.** We will continue to work on developing a more comprehensive pathway of support for children 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 have developed a pilot with the fostering and adoption service to provide more intensive and focussed support for new foster carers and more specialist foster carers. This is in order to enable foster carers to better understand children's experiences and needs and support placement stability as we know that this has a huge impact on children's mental wellbeing. This development includes addressing capacity as the number of children in care has risen. We will continue to monitor demand and capacity going forward.



We are well underway with our local My Life My Plan pilot project for Children in Care, testing out integrated personal budgets to address mental health needs, until March 2019 as part of the **NHS England Integrated Personal Commissioning programme**. The pilot currently supports children and young people aged 11-18 years old, encouraging them to be involved in developing and delivering their own care plans. The pilot uses a One Page Profile to capture the voice of the young person and provides choice and control (where possible) about how they want to use their budget, providing a personalised yet effective way to improve outcomes. In response to Future in Mind which highlighted how children in care faced particular challenges in obtaining support at the

**4.4.6 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 until 2022 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 2017 and offers support that targets vulnerable young people at risk of contact with the criminal justice system, including those with emerging personality disorder, and/or in need of post trauma work. Historically this cohort has not been able to access services to address their needs. The pilot has improved integrated and effective multi-agency working. There are increased opportunities for joint assessment and direct work as well as building a shared understanding of presenting mental health needs and other vulnerabilities. Both CBT and DBT are offered alongside family work, and referral can be made to further specialist interventions such as neuro-developmental clinic, family therapy, Non Violent Resistance, Psychiatric appointments and the CYPS parenting programme. Good feedback has been received from both professionals and young people involved with the programme.

**4.4.7 Expected increase in workforce 2018-2020.** We have seen an increase in our workforce in Gloucestershire through the development of new and existing services for children and young people. Table 3. below outlines the anticipated increase in workforce over 2018-2020 and the element of service delivery to which this expected increase is attached.

Service	Job Role	Band	WTE
Learning Disabilities team	Specialist Nurse	6	2.0
Harmful Sexual Behaviour	Clinical Specialist	7	1.0
	Administrator	3	0.2
	Consultant Paediatrician	Consultant grade	0.4
	Team Administrator	3	0.6
	Paediatric Physiotherapist	6	0.4
	Paediatric OT	6	0.4
	Clinical Psychologist	8a	0.4
	Social Worker	N/A	0.4
	Educational Psychologist	N/A	0.2
Harmful Sexual Behaviour	HSB worker	7	1.0
Paediatric Liaison Service	Clinical Psychologist	8a	1.0
	Paediatric Liaison Mental Health Nurse	6	0.8
Schools Link Project (18/19)	Primary Mental Health Worker	6	6.0
Mental Health Support Teams pilot	Primary Mental Health Workers	6	7.0
	Education Mental Health Workers	6	1.6
	Counsellor	N/A	5.0
	Team Supervisor	7	2.0
	Service Manager	8a	1.0
4 week wait pilot	Mental Health Nurse	6	11.0
	Mental Health Nurse	7	3.0
Support for Parents/ Carers	Counsellor	N/A	0.8
<b>Total</b>			<b>61.6</b>

**Table 3.** Anticipated workforce expansion in Gloucestershire 2018-2020

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

Increased numbers of CYP being supported

700+

900+

1000+

1000+

Increased staffing

25+ whole time staff

## 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

This plan remains a working document that is added to, to assure partners that the resource for emotional health and wellbeing services is being utilised in an effective manner which meets the needs of the local population. We have a robust governance process in place described in our original plan which ensures that we deliver transformation for our children, young people and families. Finally, we will continue to track the progress of a number of initiatives over the final few years of funding through the outcomes and key performance framework and our action plan.

