

Annex 1: Local Transformation Plans for Children and Young People's Mental Health

Please use this template to provide a high level summary of your Local Transformation Plan and submit it together with your detailed Plan (see paragraph 5.1.4)

Developing your local offer to secure improvements in children and young people's mental health outcomes and release the additional funding: high level summary

Q1. Who is leading the development of this Plan?

(Please identify the lead accountable commissioning body for children and young people's mental health at local level. We envisage in most cases this will be the CCG working in close collaboration with Local Authorities and other partners. Please list wider partnerships in place, including with the voluntary sector and include the name and contact details of a single senior person best able to field queries about the application.)

Lead accountable commissioning body: Bath and North East Somerset CCG.

Supported by local Children's **Emotional Health and Wellbeing Strategic Group, the multi-agency strategy group that provides strategic direction to local provision;**

Membership: Joint LA/CCG Senior Commissioning Manager, Specialist Services , CCG Children's Health commissioner, CAMHS Service manager, CYP Voluntary Sector Network representative, LA Specialist Social Care Service Manager, LA Educational Psychologist, LA 0-11 Outcomes manager, LA 11-19 Outcomes Service Manager, FE College pastoral lead, School Nurse clinical lead, Public Health mental health commissioner, Director of Public Health Award coordinator, Headteacher of Bath & North East Somerset Virtual School for Children in Care , LA Preventative Services commissioner.

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Q2. What are you trying to do?

(Please outline your main objectives, and the principal changes you are planning to make to secure and sustain improvements in children and young people's mental health outcomes. What will the local offer look like for children and young people in your community and for your staff?). Please tell us in no more than 300 words

B&NES CCG and LA are currently reviewing community health and social care

services provision, through an innovative programme locally known as Your Care Your Way; <http://www.yourcareyourway.org/>. Mental health services for children, young people and adults are within the scope of the review. The results of this review, currently in stage 2, will contribute to the future provision of mental health service and to this transformational plan through 2020.

Currently there are a wide variety of support services in Bath and North East Somerset (B&NES) to promote, protect and maintain CYP's mental health. These range from universal to very specialist services and they have a variety of eligibility criteria and referral pathways. The new Transformation Plan will enable commissioners and providers to work even more collaboratively to improve the access and effectiveness of the services on offer and will particularly focus on five main priorities:

1. The consideration and development of a single point of access or 'single front door' to enable practitioners, parents/carers and CYP to contact and thereafter receive, at the earliest opportunity, the most appropriate help.
2. To improve school/college/CAMHS liaison by introducing 'Resilience Hubs' at each school and college. These Hubs will provide opportunities for monthly face-to-face meetings where CAMHS link workers, selected school/college staff, school/college nurses and independent counsellors can meet for consultation, training and mutual support.
3. To increase the level of therapeutic support offered to statutory social workers and parents/carers who are struggling to prevent the breakdown of fostering and adoptive placements. This will take the form of a CAMHS psychologist being seconded to the LA placements team.
4. To further increase the skills of a number of practitioners who work directly with families and schools whose younger children/pupils display behaviours which present barriers to learning
5. To improve the digital guidance for national and local EHWP services. This will include the published Transformation Plan, suggestions for CYP self-care, guidance for referrers etc. all presented in an informative and accessible manner.

Q3. Where have you got to?

(Please summarise the main concrete steps or achievements you have already made towards developing your local offer in line with the national ambition set out in *Future in Mind* e.g. progress made since publication in March 2015.) Please tell us in no more than 300 words

Since April 2015 a number of developments to support the transformation plan have begun:

1. *Pilot - Extended CAMHS support: for > 18 y/o's* who were receiving CAMHS interventions when they turned 18 and, although they are particularly vulnerable, do not meet the referral criteria for adult mental health services. This cohort will include, but is not restricted to, Care Leavers and will provide

intensive emotional support.

2. *Pilot - Early Intervention in Psychosis*: Pilot to improve fidelity to the early intervention in psychosis model by building links with CYP substance misuse, developmental disorder, CAMHS, schools and other services.
3. *Pilot - School Based Counselling*: Independent counsellors have been commissioned to provide individual 'drop in' advice sessions and formal counselling sessions at seven secondary schools from September.
4. *Pilot - Resilience Hubs*: (See above) These complement school based counselling and have also started in the new academic year.
5. *Pilot - Mindfulness Pilot*: 32 members of staff from 2 secondary schools have undertaken an 8 week Mindfulness course. 2 staff from each school will now be trained to deliver Mindfulness in Schools sessions/resources directly to young people.
6. *KS4 resource packs*: Mental Health PSHE Resource packs for Key stages 3&4 are being developed in partnership between School Improvement and the CAMHS participation group.
7. *Specialist Family Support and Play re-procurement*: A review has resulted in a new combined service model being procured to provide early intervention with 5-13 years olds with a range of emotional and social issues.
8. *Protocol between CAMHS and police*: has been implemented to reduce inappropriate attendances at the S136 suite.
9. *Pilot - CAMHS self-referral for 16 and 17 y/o's*: is being trialled by provider
10. *ASD support service*: Additional SLT sessions have been commissioned to 'speed' up ASD diagnosis and a new parent support worker will visit families whose children with ASD refuse to attend school.
11. *Eating Disorder Specialist service*:: Agreeing new service model with provider and neighbouring CCGs

Q4. Where do you think you could get to by April 2016?

(Please describe the changes, realistically, that could be achieved by then.) Please tell us in no more than 300 words

By April 2016 we would expect to have:

1. Published our agreed Transformation Plan
2. Published collaboratively developed digital resources (presently differently for CYP, parents/carers and practitioners) and received feedback evidencing their use.
3. Completed interim evaluations of some of our pilots and made decisions regarding whether or not to continue. To have secured funding for those that should continue.
4. A clinical psychologist providing therapeutic support to the statutory placement team and have collected feedback from the social workers regarding the effectiveness of the secondment.
5. Improved the specialist Eating Disorder Service whilst simultaneously releasing resources to reduce waiting lists for generic specialist CAMHS.

6. Collaboratively agreed the most appropriate Shared Point of Access to services supporting the emotional health and wellbeing of local CYP and hence creating a 'No wrong door' culture.
7. Evidenced the number of CYP who have been 'diverted' from the S136 Place of Safety.

Q5. What do you want from a structured programme of transformation support? Please tell us in no more than 300 words

It would be helpful to have good examples of websites and apps from other areas and permission to use similar material where appropriate for our local area.

Likewise it would be helpful to have good examples of Single Point of Access models, including costings, and feedback of how well they work from other areas.

More examples of Key Performance Indicators e.g from the current 15 schools/CAMHS pilots would be helpful to ensure we include sufficient ones to allow us to compare ourselves with other areas.

Plans and trackers should be submitted to your local DCOs with a copy to England.mentalhealthperformance@nhs.net within the agreed timescales

The quarterly updates should be submitted in Q3 and Q4. Deadline dates will be confirmed shortly and are likely to be shortly after quarter end. These dates will, where possible, be aligned with other submission deadlines (eg, for the system resilience trackers, or CCG assurance process).

DCOs will be asked to submit the trackers to england.camhs-data@nhs.net for analysis and to compile a master list