

Local Transformation Plan for

Children and Young People's Emotional Well-being and Mental Health

**Bournemouth, Dorset and Poole
2015**

<u>Contents</u>	<u>Page</u>
Section 1: Introduction and Background	3
1.1 Local Commissioning Structure	4
1.2 Local Service Provision	5
1.3 Local Transformation	6
Section 2: Vision and Aims	8
Section 3: National Picture	9
Section 4: The Local Picture in Dorset	10
4.1 Understanding of Local Needs	10
4.1.1 General Population	10
4.1.2 Children and Young People	11
4.1.3 Emotional well-being and mental health needs of children and young people	13
4.2 Feedback from children, young people families and professionals	17
Section 5: Current Position	20
Section 6: Local Transformational Priorities from Additional Investment	22
6.1 CYP IAPT Programme	22
6.2 Expert by Experience (Peer) Project	23
6.3 Early Intervention and Prevention	23
6.3.1 Support to Schools	
6.3.2 School Nurse Service	
6.3.3 Support to Children’s Centres	
6.4 Targeted Support for the Most Vulnerable	25
6.4.1 Looked after Children (LAC), Care Leavers and CYP who have experienced abuse	
6.4.2 Provide Liaison with and Support though Other Professionals and Services	
6.5 Behaviour and Development Pathway	26
6.6 Provision of implementation, co-ordination, performance and monitoring support	27
6.7 Young People’s Eating Disorder Service (YPEDS)	27
6.8 Crisis Care Concordat	30
Section 7: Local Transformational Priorities within Existing Local Resource	30
7.1 Resilience Building	30
7.2 Youth Health Champions (Peer Support)	30
7.3 Improving Engagement and Participation of Children, Young People and their Families	30
7.4 Transition	31
7.5 Specialist Level Provision	31
7.6 Health and Justice	32
7.7 Children with a Learning Disability and Mental Health Condition	34
7.8 Perinatal Mental Health	34
7.9 Troubled Families	34
7.10 Workforce Development	35
7.11 Additional Detail To Meet Future in Mind	36
Section 8: Current Levels of Investment and Staffing	41
Section 9: Development of a Single Plan	44

Section 1: Introduction and Background

This Transformation Plan outlines Dorset's approach to meet the themes and recommendations in *Future in Mind: Promoting, protecting and improving our children and young people's mental health* (DH and NHS England, 2015) and the *Access And Waiting Time Standard for Children and Young People with an Eating Disorder* (NHS England, 2015) over the next five years.

This will build on considerable work and developments locally over previous years but recognises that this Plan represents a starting point upon which we will build further improvements.

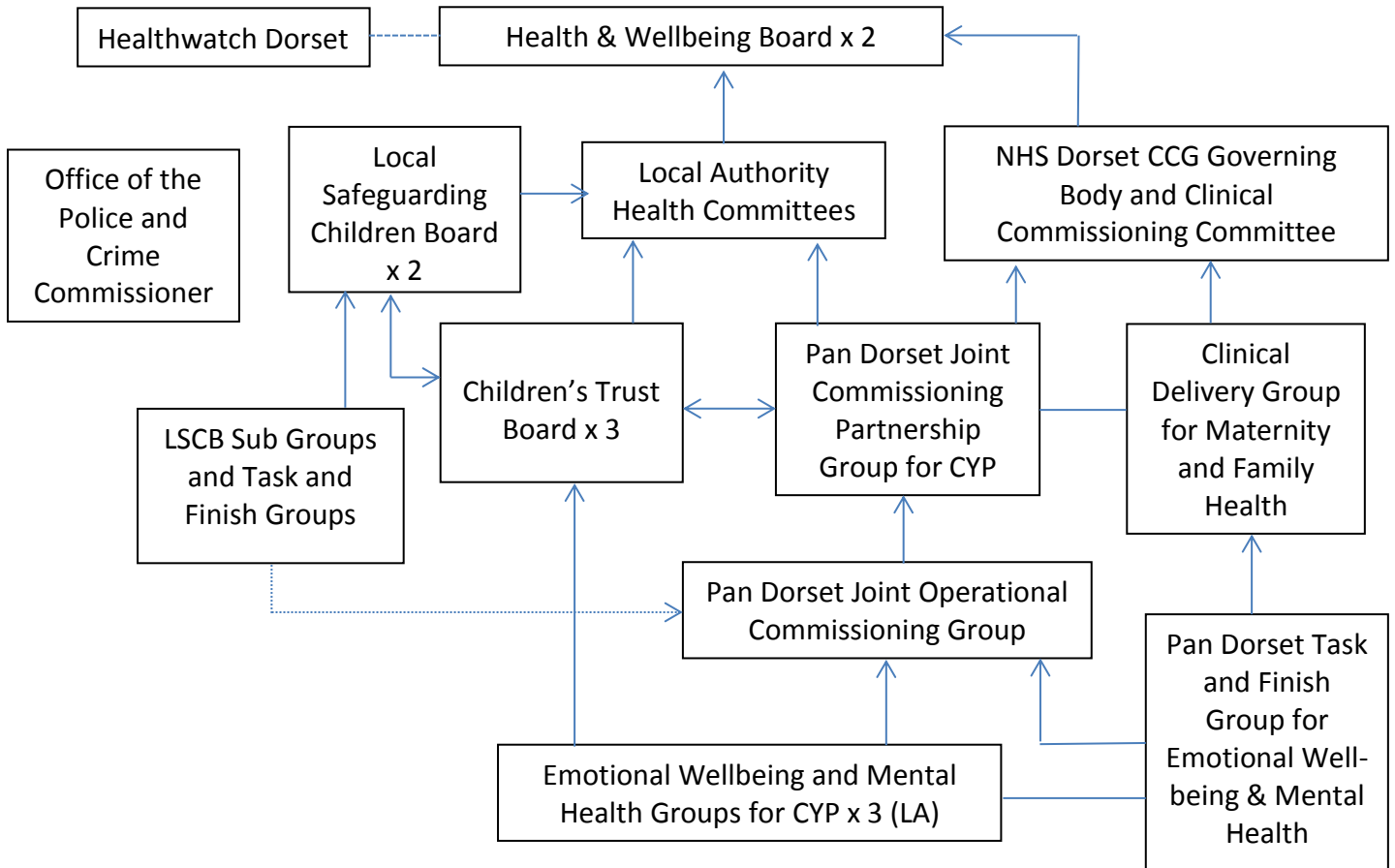
This Plan is based upon the following principles:

- A shared responsibility and commitment between all partners that encompasses the wide reach of emotional well-being and mental health for all children and young people.
- Prevention of the occurrence of problems and prevention of escalation.
- Identification and intervention at the earliest opportunity
- Provision and support is needs based and outcome focused
- Interventions are evidence based and embrace opportunities for innovation.
- Identification of and support to those who are more vulnerable and hard to reach
- Reduce escalation in need and demand for highly specialist support (including tier 4) and effective step down arrangements enable children and young people to be supported locally.
- Ensure the most effective use of resources.

We have a solid partnership in place in Dorset, which will be strengthened through this transformation agenda. This will include co-production with children, young people, families and communities; recognising the unique and important role of the voluntary and community sector; working with schools and education in their emerging role as commissioning partners and the youth justice sector and specialist commissioning in their roles to support those with the highest and most complex needs.

This Plan will be supported by a detailed implementation plan that will be developed and agreed by all partners and stakeholders including NHS England. This will support our ambition that this Plan represents a flexible and responsive approach that can accommodate changes in local needs and priorities across partners as well as any emerging evidence base, guidance and best practice.

1.1 Local Commissioning Structure



The NHS Dorset CCG area has two Health and Wellbeing Boards (one for Dorset and one for Bournemouth and Poole) and is co-terminus with three local authorities (Dorset County Council, and the two unitary authorities of Bournemouth Borough Council and the Borough of Poole Council). Public Health Dorset is the single joint Public Health team, hosted by Dorset County Council on behalf of the three local authorities. The CCG area is also co-terminus with the Dorset Office of the Police and Crime Commissioner.

There are two Local Children Safeguarding Boards, one for Dorset and one for Bournemouth and Poole, currently with a single independent Chair and joint (pan Dorset) Inter-Agency procedures in place.

There is an established joint commissioning approach in place supported by effective governance arrangements in place for children and young people as outlined in the structure above. This Plan will be the responsibility of the Pan Dorset Joint Commissioning Partnership for Children and Young People. This group's core membership includes the three Directors of Children's Services, CCG Director of Service Delivery, Director of Public Health, CCG Clinical Lead for Maternity and Paediatrics, NHS England Public Health, Office of the Police and Crime Commissioner.

The Pan Dorset Joint Commissioning Operational Group, as the delegated sub group to The Partnership Group, will work with the relevant workstream related sub groups to lead the assurance process across local partners including the monitoring and reporting of outcomes and KPI's.

A newly formed task and finish group for emotional well-being and mental health is responsible for the development of plans and strategies as a sub group of the Joint Commissioning Operational Group. Key stakeholders include NHS Dorset CCG, the three local authorities (both commissioners and services), local education partners, Dorset Healthcare Trust, Dorset Police and Healthwatch Dorset.

There is a local commitment to ensure that membership of these groups accurately reflects the partners and stakeholders that will be key to the success of this agenda. This will include children, young people and their families as well as local providers and commissioners including schools and education provision.

1.2 Local Service Provision

Dorset HealthCare NHS University Foundation Trust (DHC) is the commissioned provider for the provision of CAMHS at targeted and specialist level (previously Tier 2 and 3) across the whole of Dorset (pan Dorset) by NHS Dorset CCG and the main commissioner. DHC is commissioned to provide a service to support CYP with a learning disability and behaviour development and mental health conditions and the Young Peoples Eating Disorder Service (YPEDS) for Dorset. They are also commissioned to provide the school nursing service, health visiting (in transition) by Public health Dorset and Looked After Children (LAC) nursing and MASH among other community services for children. They are also commissioned by NHS England to provide adolescent in-patient care at the Pebble Lodge unit in Westbourne. At their St Anne' Hospital site DHC also provide a Place of Safety (POS) for all ages, including under 18's.

CAMHS services are provided across the CCG area through a locality team approach. This brings with it opportunities to further our local transformation agenda across all partners to support care closer to home and based upon the wider needs of the family, decreasing dependency on inpatient services.

Following a recent change, we now have a single Youth Offending Team (YOT) across Dorset, Bournemouth and Poole. This team has a dedicated health team who focus their work on young people's mental health and substance use (drugs and alcohol) needs. The team includes professionals seconded from the CAMH service to enable effective local joint working.

The next table shows the type and number of schools located in the CCG area. There are different structures in each of the three local authority areas which will need to be considered when implementing this plan. Structures will continue to change over the next few years with more school transferring to academies. Dorset also a number of independent schools, which bring individuals into the area and need to be considered when planning local provision especially the type of provision as well as general capacity.

Type Of School	Dorset	Bournemouth as of 01/11/2015	Bournemouth Planned for Future	Poole
All Through Academy	1 (1)	1 [1]	3 (3)	-
First	37 (8)	-	-	-
Infant	4	3 (2)	3 (2)	11 (5)
Junior	4	3 (1)	3 (1)	7 (4)
Primary	85 (18)	24 (17) [1]	22 (15) [1]	10 (3)
Middle	10 (5)			1 (1)
Secondary	21 (7)	11 (10) [1]	9 (8) [1]	8 (6)
Pupil Referral Unit	5	2 (2)	2 (2)	-
Special	5 (1)	1	1	3 (2)
Alternative	(1)	1 (1)	1 (1)	1 (1)
Independent	19	6	6	5
Total	192 (44)	54 (33) [2]	50 (29) [2]	46 (22)

The numbers in round brackets are the numbers that are academies and numbers in square brackets are free schools.

We have a strong voluntary sector landscape in Dorset with both local and national providers. Locally there is a Consortium that brings together a number of smaller organisations under a single umbrella.

This is supported by the 0-19 VCS (Voluntary and Community Sector) Forum run by Dorset Youth Association (DYA). This project plays a lead role in providing support to 3rd Sector organisations in Dorset working with our Children, Young People and their Families. It supports the development of the Children's Workforce Agenda by encouraging the continued development of those who work with and plan services for children and young people through support and guidance and representation at key local strategic meetings.

1.3 Local Transformation

We have a real local drive to transform our whole health and social care system in Dorset. To ensure that our local healthcare system in Dorset is able to respond to the future needs of our population through services that are high quality, safe and sustainable. NHS Dorset CCG is has undertaken a review of all clinical services both in and out of hospital, and is now developing proposals to reshape the way services are delivered. This is a significant undertaking moving at great pace and requiring commitment from a wide range of local partners to make the changes needed.

The key aims of the programme are:

- Greater focus on prevention and early targeting
- More clinical management of patients in the community
- Collaborative working across primary, secondary and social care
- More and better use of multi-disciplinary teams
- 24/7 services where required
- Meeting national quality guidance on specialist services
- More effective senior level assessment and signposting to services – ensuring patients are seen by the right person in the right place at the right time.

A key priority within this major transformation programme (under the responsibility of the Clinical Delivery Group for Maternity and Paediatrics) is to improve local Child and Adolescent Mental Health Services (CAMHS) and is supported across the local partnership for children and young people.

Further information about the programme can be found at www.dorsetsvision.nhs.uk

Alongside this, Dorset County Council is developing their Forward Together for Children programme. The programme is focusing on a whole system change approach to ensure that in the future all support is child centred and family focused by a confident and capable workforce, with partnerships that make a difference. Key objectives are to ensure that they are able to:

- Spot problems early on
- Help parents become more self-reliant
- Build emotional resilience in young people
- Base services on need, rather than demand
- Work more effectively with partners
- Enable communities to support children and families

This Transformation Plan for children and young people's emotional wellbeing and mental health (referred to as the Plan) outlines the local response to the work undertaken for the national taskforce and the resulting recommendation of the Government document *Future in Mind*.

This report highlights how less than 25-35% of young people with a diagnosable mental health disorder access support and that 75% of mental health problems in adult life emerge in childhood. The Dorset Joint Commissioning Partnership for children and young people is committed to developing an approach locally which promotes earlier intervention and the emotional well-being for young people by simplifying structures so improving access to services with seamless pathways for advice, support, referrals and intervention.

The Partnership is overseeing the review of our local Pan Dorset Emotional Well-being and Mental Health Strategy for Children and Young People 2012-15. This work is currently on-going and will include our agreed and assured Transformation Plan alongside our developing local strategy and implementation plans (first draft to meeting in December).

While local partners may have different approaches in place, we recognise this as an opportunity to build on agreed joint working practices, developing and trialling approaches to feed into a consistent approach across all geographical areas giving the flexibility to meet local needs and differences in population demand. The Partnership will further support this through:

- Building on existing strong relationships
- Having a local commitment to decommission provision (in/by any of the partner organisations) so that we can jointly recommission local services
- Recognising we undertake this as a partnership and not operate in silos as separate organisations in order to impact change and realise the benefits of this across Dorset.
- Agreeing central priorities that we all work towards.

We recognise and are committed to the partnership working required to successfully implement this plan.

Section 2: Vision and Aims

Aims:

The three Children's Trusts covering Bournemouth, Dorset and Poole, and their constituent partner organisations want every child and young person to be happy, enjoy life and have every opportunity to reach their potential.

Our aim is to improve the emotional well-being and mental health of children and young people in Bournemouth, Dorset and Poole by ensuring that they are able to access the right support in the right place as early as possible and that the support they receive is effective and evidence informed.

Parties to this Plan will support children and young people to stay emotionally healthy, provide personalised, and evidence based services at the earliest possible opportunity when problems arise.

The whole of the children's workforce recognise their responsibility in promoting the emotional health of children and young people and universal, targeted and specialist services will work effectively together to provide well-integrated child and family-centred services that deliver improved outcomes for the child/young person.

Our local vision is that there are **"no gaps for a child to fall into" (thus, there cannot be any "inappropriate" referrals)**

Have a clear pathway of need and all organisations have a place on the pathway.

- Pathway is adequately resourced at all points and will inform future commissioning priorities
- Clarity about what each service does – clear role, responsibility and criteria
- Everyone is clear what they all do so that children and young people are supported in the right place and the right time and do not fall between provision
- Roll out of CYP IAPT principles across the pathway
- All services work to a single set of outcomes
- All elements of the pathway are evidence based with clear evaluation approaches

As a local partnership, we fully support the aims presented within Future in Mind and are committed to the transformation agenda that is needed to achieve these through new and innovative approaches. We have undertaken a number of developments over recent years to improve local services and support to children, young people and families. We recognise and embrace all future opportunities for us to challenge ourselves and make significant changes in our local system working alongside national partners such as the NHS England specialist commissioning team.

We will therefore work towards achieving the following five themes from Future in Mind:

- Theme 1: Promoting resilience, prevention and early intervention
- Theme 2: Improving access to effective support and the creation of a system without tiers
- Theme 3: Care for the most vulnerable
- Theme 4: Accountability and transparency
- Theme 5: Developing the workforce

This will be supported through a commitment to joint working both within and across all sectors.

Section 3: National Picture

There are compelling reasons for change:

- Nationally one in ten children and young people needs support or treatment for mental health problems
- Mental health problems can result in lower educational attainment and are strongly associated with “risk-taking” behaviours
- The economic case for investment is strong as 75% of mental health problems in adult life (excluding dementia) start by the age of 18. Early intervention avoids young people falling into crisis and avoids expensive and longer term interventions in childhood and adulthood.

The prevalence of mental health problems is significantly higher in Looked After Children, care leavers and those adopted from care. About 42% of children aged 5–10 years who have been in care develop mental health problems compared with 8% who have not been in care; the figures for young people aged 11–15 years are 49% (in care) and 11% (not in care). (NICE)

An estimated 36% of children and young people with learning disabilities experience mental health problems (12% relate to conduct disorders). These rates are much higher than for people who do not have a learning disability. Psychosis, autism, attention deficit hyperactivity disorder, problem behaviours and conduct disorders are all more common among those with a Learning Disability than in the general population. Emotional disorders are at least as common as in the general population. (NICE)

Current challenges include:

- Significant gaps in data and information
- A treatment gap: suggests that less than 25%-35% of those with a diagnosable mental health condition accessed support and there is evidence of increased need e.g. young women with emotional problems and young people who self-harm
- Difficulties in access (increases in referrals and waiting times with increased complexity and severity is reported by service providers)
- Complexity of current commissioning arrangements; lack of clear leadership and accountability, which could lead to children and young people falling through the net
- Variable access to crisis, out of hours and liaison psychiatry (a lack of designated places of safety for under 18's)
- Specific issues facing highly vulnerable groups of children, young people and their families such as children in care, or those who experience trauma
- delays in the development of payment and other incentives

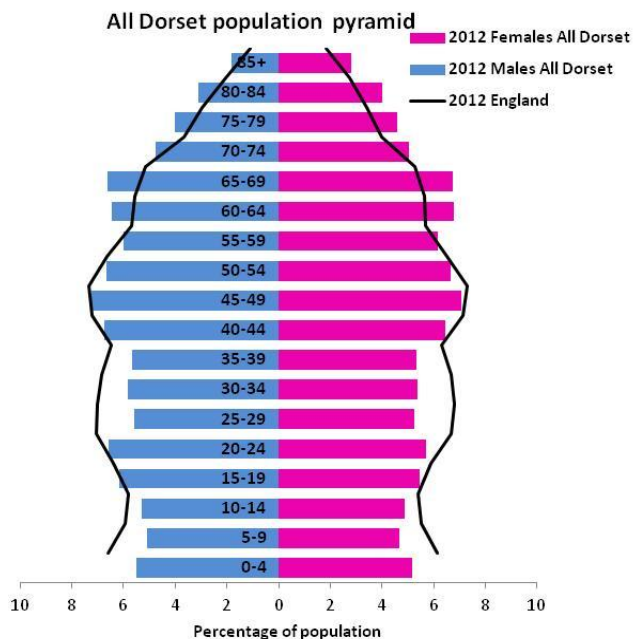
The best mental health and support must involve children, young people and their parents/carers in making choices about their priorities and that evidence based treatments are provided to meet their goals and address their priorities. Interventions need to be offered in ways they find acceptable, accessible and useful. Services need to be:

- simple and easy to access
- built around the needs of children young people and their families
- outcomes focused
- based on best evidence

The NHS, public health, local authorities, social care, schools and police and youth justice sectors will need to work together to deliver this agenda. In Dorset, all of these organisations are part of the Joint Commissioning Partnership for children and young people and are committed to working together on this agenda.

Section 4: The Local Picture in Dorset

4.1 Understanding of Local Needs



4.1.1 General Population

NHS Dorset GP registered population is 782,692 (HSCIC July 2015). The total resident populations of the three local authority areas co-terminus with the NHS Dorset CCG area, Bournemouth 191,390; Dorset 418,269; and Poole 150,109 (ONS Mid-year est 2014)

The population across Dorset is estimated to increase by 6% by 2020 compared to a national estimated increase of 7.8%. Of this 6 % growth, approximately 30% will be under the age of 20 years old.

In the same time period, the population of children aged under 15 years locally is expected to increase by 15.6% in Dorset, by 24.1% in Bournemouth and 19% in Poole compared to a national increase in the child population of 12.6%.

For England as a whole, 23.8% of the population is under 20 years. This compares to 22% in Dorset, 21% in Bournemouth and 23% in Poole.

The next table shows the population estimates for children compared to both regional and national data.

	Total population aged 10-14 (%) (2012)	Total population aged 15-19 (%) (2012)
Dorset	5.40	5.80
Bournemouth	4.40	5.80
Poole	5.20	5.70
South West	5.40	6.10
England	5.60	6.10

Source: Office for National Statistics (ONS)

Dorset enjoys relatively good health, although this does vary across the county. There are inequalities in life expectancy across Dorset and although these have fallen, gaps still exist (Public Health Outcomes Framework 2010-2012 data/ Health Profile 2014). These are:

- In Dorset: 6.7yrs for men and 4.7yrs for women;
- In Bournemouth: 10yrs for men and 4.4yrs for women;
- In Poole: 6.8yrs for men and 5.7yrs for women.

Major causes of death in Dorset are cardiovascular disease (CVD) and cancer; accounting for 29% of deaths in 2011 (Health and Social Care Information Centre). In 2011 in Dorset 19% of people are living with a Long-Term Condition (LTC) or disability, (including children and young people), which impacts on their overall health (ONS 2011).

Health related behaviours in the main compare well to England. However, issues such as smoking, smoking in pregnancy, sexual health, alcohol consumption, and obesity are still a cause for concern particularly in the younger age groups.

A new Joint Strategic Needs Assessment (JSNA) process led by Public Health Dorset, will bring together information and assessments across the two local Health & Wellbeing boards. This work is proactively supported by NHS Dorset CCG and local partners via the Health and Well-being Commissioning Intelligence Group. Detailed work focusing on children and young people will involve the development of a profiling matrix based upon the indicators in **Appendix 1** (school age focus) and will enable a more accurate profiling approach to identify needs and priorities at a localised level to support work across all stakeholders, ensuring effective service responses.

4.1.2 Children and Young People

The Public Health England Child Health Profiles for 2015 report the following key findings across Dorset:

- The health and wellbeing of children in Bournemouth and Poole is mixed compared with the England average while in Dorset it is generally better.
- Infant and child mortality rates across all areas are similar to the England average.
- The level of child poverty is better than the England average across all areas, with 18.4% of children aged under 16 years in Bournemouth, 12.3% in Dorset and 15.3% in Poole living in poverty.
- The rate of family homelessness is better in all areas than the England average.
- Levels of children age ages 4-5 and 10-11 who are classified as obese, are below England averages in all areas.

- In all areas, the hospital admission rate for alcohol specific conditions is worse than the England average. The hospital admission rate for substance misuse is similar to the England average in Dorset but worse in Bournemouth and Poole.
- In 2013/14, the number of attendances in ED by children aged four years and under were 3,873 in Bournemouth, 7,675 in Dorset and 3,092 in Poole. The rates in all areas were lower than the England average.
- The hospital admission rates for injury in children and injury in young people are higher than the England average in Dorset and Poole while both rates are similar to the England average in Bournemouth.
- Specifically related to young people's mental health, the profiles report that across all of Dorset, in comparison with the 2008/09-2010/11 period, the rate of young people aged 10 to 24 years who are admitted to hospital as a result of self-harm is higher in the 2011/12-2013/14 period. The admission rate in the 2011/12-2013/14 period is higher than the England average. Nationally, levels of self-harm are higher among young women than young men.

The ethnic profile of the local population aged 0-15 years across Dorset is predominantly white (Dorset 94.8%, Bournemouth 92.5%, Poole 93.9%) with the largest ethnic minority group of children and young people across Dorset being Mixed.

The next table shows the proportions of the total BME population aged 15 years or under across Dorset from each BME group.

	Bournemouth	Dorset	Poole
Mixed	47.4%	44%	46.7
Asian or Asian British	21.1%	25%	26.7
Black or Black British	15.8%	16.7%	13.3
Other	15.8%	13.9%	13.3

Source: Office for National Statistics (ONS)

The table below shows how Dorset, Bournemouth and Poole are ranked against all local authorities for each Child Well-Being Index (CWI) domain.

Child well-being index ranks

	Dorset	Bournemouth	Poole
Child Well-being Index (2009)	19	60	47
Material well-being (2009)	19	67	45
Health and disability (2009)	44	75	80
Education (2009)	22	82	67
Crime (2009)	3	58	20
Housing (2009)	61	91	75
Environment (2009)	37	8	62
Children in need (2009)	21	71	46

Source: Department for Communities and Local Government.

Locally all areas are within the top 50% with Dorset ranked 19 out 152 top tier local authorities in

the overall Child Well-Being Index, Bournemouth is ranked 60 and Poole is ranked 47 (with the area ranked at 1 having the highest levels of overall child well-being).

Participation in Education, Employment or Training

There are links between levels of participation in education, employment or training and mental health. Levels of attendance will often also be affected by those experiencing mental health problems as well as by having time off school to attend appointments.

The data in **Appendix 2** details the proportion of young people aged 16 to 18 who participated in full-time education or work-based learning, and those who were not, or who were excluded, in 2009 locally compared to national and regional data.

The local proportions of young people aged 16 and 17 who participated in full-time education or work-based learning are similar or slightly lower to those nationally. Bournemouth was the same as the southwest and England (89%) while Poole was 86% and Dorset 84%.

The proportion of 16 to 18 year olds locally who are not in education, employment or training (NEET) has fallen in varying degrees in Dorset and Poole, but has increased in Bournemouth. This needs to be considered when planning support an engaging young people.

Bullying

The TellUs4 survey said that in 12.9% of pupils in Bournemouth, 12.5% in Dorset and 11.9% in Poole reported that they had been bullied, compared to 9.6% nationally. In addition to this 32% of pupils in Bournemouth, 25% in Dorset and 33% in Poole considered that their school dealt with bullying 'not very well' or 'badly', compared to 26% nationally.

4.1.3 Emotional well-being and mental health needs of children and young people

A local needs assessment processes was undertaken to inform the Pan Dorset Children and Young People's Emotional Well-being and Mental Health Strategy for 2012-15 which is currently being rewritten with an initial draft to be presented to the Pan Dorset Joint Commissioning Partnership in December 2015.

Appendix 2 includes a detailed assessment of the emotional wellbeing and mental health needs of children and young people in Dorset, based on both national and local activity data and prevalence profiling. This detail includes the needs of specific hard to reach groups and those at greater risk, as well as those with an Eating Disorder. The local activity recorded will form a baseline for the implementation of Plan inclusive of all future development and transformation work.

We will also ensure that further consideration through the current local JSNA process of the emotional wellbeing and mental health needs of children and young people will be acted upon. Particularly in to identifying and targeting those who are more vulnerable or hard to reach and to ensure they are met through the implementation of this transformation agenda.

Future work will also incorporate national data sources that are currently in development such as:

1. The Health and Social Care Information Centre's new Mental Health Services data set (MHSDS).
2. The What About YOUTH? Study (results for each local authority are expected in December 2015)

We know from local intelligence that the demand for support from our local CAMH service is increasing, along with the presenting levels of complexity, resulting in significant pressures in capacity resulting in increased waiting times.

The need to increase the levels of early identification, prevention and support, has never been so important. The ability of the wide range of universal and targeted provision, through a range of local services, to be skilled and confident, so having the capacity to undertake this work as soon as possible and therefore improve outcomes for children and young people is a key requirement. This will then enable children and young people who do have higher levels of need to access high quality specialist services in a timely manner thus improving their outcomes and reducing further escalation of need such as in-patient provision.

Many factors can impact on, and be impacted by, levels of emotional wellbeing and mental health. Therefore, it is important to ensure that it is not considered on its own, but through an approach that works as part of a holistic network. Able to identify children and young people at risk early and able to provide the right level of support to prevent both escalation in need, for example involvement in risk taking behaviours such as substance use and smoking, risky sexual behaviours and teenage pregnancy, and offending.

A key focus locally is to ensure that we have the right amount of provision and support mechanisms in the right places at the right time which is co-ordinated, high quality and effective. This needs to be supported by skilled and confident workforces that can work together across organisational and other boundaries to meet common outcomes.

The following groups of children and young people have been identified locally as being more vulnerable or hard to reach and need additional consideration and involvement when designing and implementing local provision of emotional health and wellbeing services.

These are:

Looked After Children (LAC):

- The numbers of looked after children in Dorset, although lower than the national averages, have been increasing over recent years like the national trend. However, we are starting to see a slow down in this growth with a reduction in Children in Need and LAC locally, in areas where Early Help initiatives have been implemented.
- It is recognised that local systems have been predominantly designed to support LAC and care leavers with the highest level of mental health conditions, rather than as part of an integrated systematic approach to understand the emotional wellbeing needs of every child who comes into contact with the care system.
- Looked after children experience significantly worse mental health than their peers. The national indicator measure assesses progress in improving the emotional and behavioural health of looked after children. The scores in the next table across Dorset show the mean value scores of the child Strengths and Difficulties Questionnaire (SDQ), undertaken for each child or young person aged 4 to 16 who had been looked after for a year.

Local Authority, Region and England	2009	2010	2011	2012	2013	2014	Trend
Dorset	17.90	13.90	13.60	14.30	14.60	14.10	↓-0.50
Bournemouth	9.70	13.90	15.60	13.80	13.50	13.90	↑0.40

Poole	14.20	13.80	12.30	12.60	12.80	14.70	↑1.90
South West	14.30	14.70	15.00	15.10	15.20	14.80	-
England	13.90	14.20	13.90	13.90	14.00	13.90	-

- The scores are fairly similar across the area and in line with regional and national. In the last 12 months, Bournemouth and Poole have seen their mean score rise slightly. However, Dorset had reduced slightly indicating a slight improvement. (The higher the score, the higher the level of difficulties being experienced and indicating higher levels of need)

Those in contact or at risk of the Youth Justice system:

- First time entrants to the Youth Justice system locally have reduced in line with regional and national trends.
- Locally, support to mental health needs includes the continued work of the YOT and the piloting of Liaison and Diversion and Street Triage programmes.
- There is a need to ensure that all pathways and initiatives are effectively integrated as part of a holistic approach, so support is able to identify risky behaviours early and intervene to improve outcomes for this group of children and young people and the impact upon adulthood.

Children and Young People from Gypsy and Traveller Families:

- We will consider any additional EWB needs of this group and develop approaches to ensure that they can be supported
- This may involve consideration of any sites in certain localities where the response needs to be targeted by local services while gathering of intelligence to understand any additional local needs.
- A piece of work has already been undertaken locally (**Appendix 3**) to understand the profile and needs of these families. The findings of this will need to be considered in the development of support to improve emotional wellbeing and mental health for these children and young people.

Children and Young People from BME groups:

- Although numbers are relatively low locally, compared to nationally we do experience local variation with higher numbers in Bournemouth and Poole than in Dorset. We will need to understand any specific needs for this group and ensure provision is appropriate and accessible.

Children of Military Personnel:

- These children and young people are a key target group for building resilience.
- So far, we know that there are 1191 children of military personnel in Dorset schools and 68 in Bournemouth. (further detail is included in **Appendix 2**)
- We need to understand whether there are any differences to the level and types of need in certain geographical areas (i.e. where bases are located i.e. Blandford, Bovington and Hamworthy)
- We need to undertake liaison with local schools and services in these localities to understand any additional needs and approaches to support.

Children and Young People with Special Educational Needs / Disabilities:

- The recently completed pan Dorset SEND needs assessment (in **Appendix 4**) details the current (and projected) local picture and profile of children and young age 0-25 with SEND.

- SEN has also been shown to be a strong predictor of poorer outcomes for children and young people, in particular with education and employment, mental health and social issues.
- A local youth survey of children in school years 4 to 6, found a strong association between SEN and feeling uninformed, being bullied, feeling unsafe when out and about and, of having tried smoking.
- Young people who identify themselves as having special educational needs (SEN) also describe themselves as significantly less happy than others. They are also more likely to experience name-calling and they also feel less safe (local survey)

Children and Young People with Behavioural and Development (ASD / ADHD) Needs:

- Approximately 70% of people with autism also meet diagnostic criteria for at least one other psychiatric disorder and intellectual disability is present in approximately 50% of children and young people with autism.
- An estimated 50% of referrals for ASD in the east of the county lead to a diagnosis, whereas this is 80-85% in the west. In the west of the county, there is a peak in diagnosis for those aged between 5 to 10 years
- More boys than girls are requesting diagnosis or support.
The January 2013 school census figures reported the number of children with a Statement or at School Action Plus was 53 in Bournemouth, 39 in Poole and 151 in Dorset.
- Common support needs of children and young people with ASD or ADHD include:
 - Sleep problems
 - Anxiety & Depression
 - Behaviour management strategies
 - Education

Young People with an Eating Disorder:

- The population of Dorset is 782,692 registered with a GP (HSCIC July 2015) with 39,623 females and 41,243 males aged 10-19 suggesting a likely prevalence of 48 females and 13 males with an eating disorder in this age group.
- The Young People's Eating Disorder Service (YPEDS) received 138 referrals from April 2014-March 15 and so far between 1st April 2015 to 31st August 2015 have received 94 referrals. This is a higher rate of referral than would be suggested by the incidence figures above and indicates an increase from 2014-15.
- From the referrals for 2014-15, 84 were taken on for treatment and to date in 2015-16, 67 have been taken on which, although still higher than the predicted incidence, are closer to the prevalence figure.

The table below outlines the detail of inpatient usage by Dorset young people with an Eating Disorder since 2012. A review of these inpatient episodes has identified that the main reasons for admission were;

- Late presentation
- Deterioration in community treatment
- Risk associated with physical health
- Risk associated with mental health.

Occupied beds by specialist placement, local paediatric beds and local Tier 4 CAMHS provision per year:

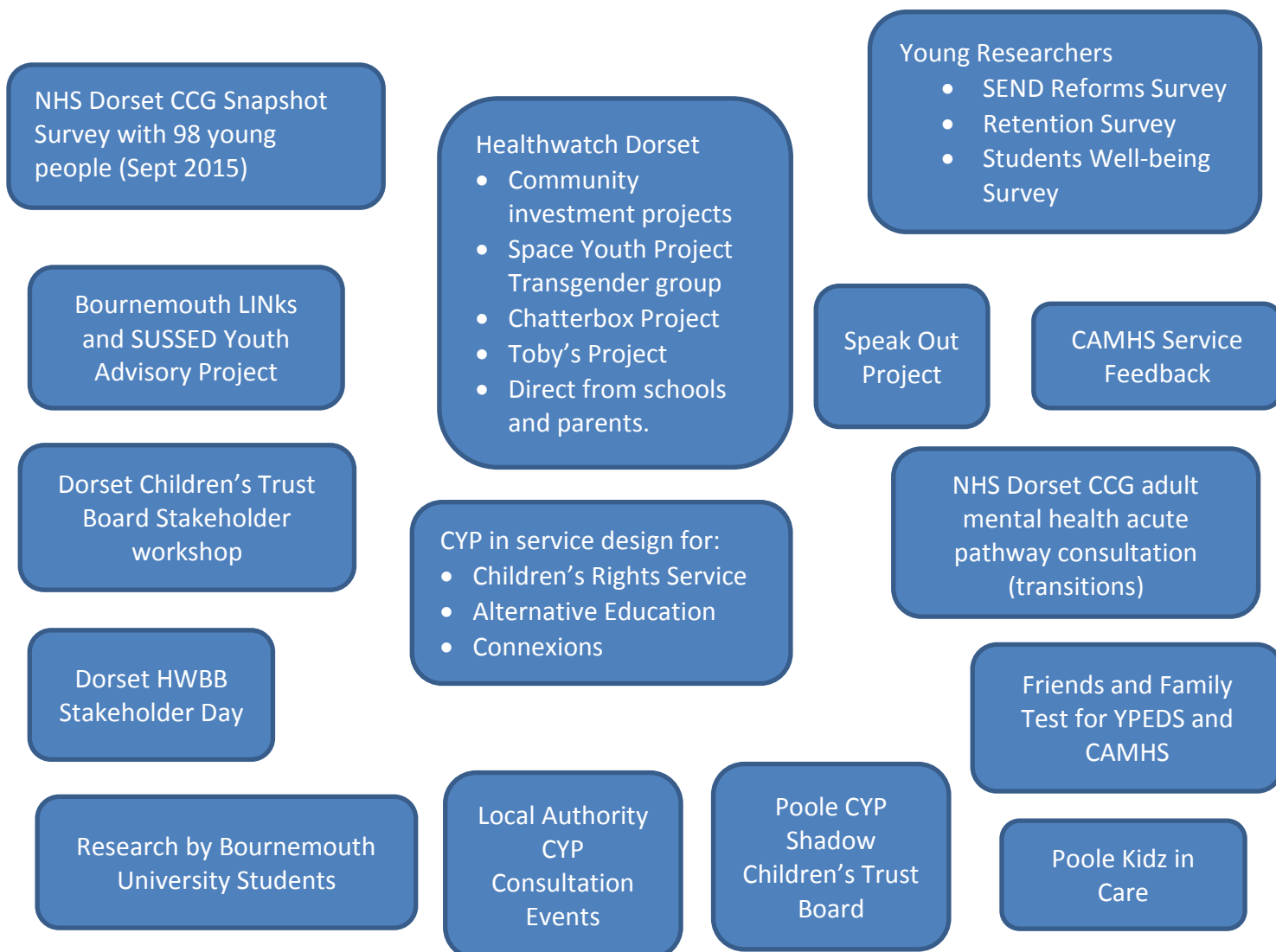
	Specialist	Paediatrics	Pebble Lodge
2012	648 (3)	70 (9)	4(1)
2013	771 (5)	64 (7)	0
2014	790 (8)	49 (6)	30(1)
2015 (to date)	432 (4)	53 (6)	0(1)

(*)The figures in brackets represent the number of individual patients

Further detail about all groups of children and young people is included in Appendix 2.

4.2 Feedback from children, young people families and professionals

A variety of approaches have been undertaken locally to gather and understand the views, needs and priorities of children, young people, families, professionals and other stakeholders which have informed the development of this plan. These include:



In addition to this, the Dorset Young Inspectors team are currently inspecting our local CAMH service, focusing on access to support, and an initial report is expected by the end of December 2015.

Through the activities outlined, children, young people, families and professionals told us that:

The following things are working well:	The following areas need improvement:
<ul style="list-style-type: none"> • Benefits of someone to talk to – trust, non-judgemental, impartial • Being listened to, supported, understood and taken seriously • Value of regular, ongoing and consistent service/appointments • Level of support and care given was valued • Support with action plan and coping methods • Services put into place quickly • Signposting to other services e.g. counselling, mindfulness workshops, meditation • Confidentiality – approach was personal, professional and non-prying • The service and support was clearly explained • Flexible treatments and appointments • Seeing the same person • Being supported to find the right balance of medication • Being supported to use the tools given independently • Provided with a safe space to explore emotions and feelings of depression etc. • Listening to parents concerns and improving communication in the family. 	<ul style="list-style-type: none"> • Clear, accurate information when advertising services and support • Names of services should be clear about what they are for • Waiting times and access to flexible support • Barriers due to eligibility criteria or because the "child won't engage with the service". • More support and understanding around specific areas and problems e.g. “trans stuff or mental health/ addiction stuff”. • Discuss topics in basic terms (non sciency terms) and how to talk to young people" • Improve numbers of staff, availability, consistency, time allocation and length of service provision • Communication with and awareness of services • A less patronising approach, more approachable, understanding, considerate and listen • Confidentiality especially when telling teachers at school • Barriers from having to complete a parenting course. • Support in a time of crisis • Location and environment of service - open, comfortable and young people friendly • Appointments / opening times could be at more convenient times • Hard to make progress and begin again with a new counsellor. • Variable quality of PSHE in schools <p>Transition from children’s to adult services:</p> <ul style="list-style-type: none"> • people can feel lost in the system and abandoned. • concerns about lack of support for people once they have been discharged from inpatient care – meaning that their condition is more likely to deteriorate.
<p>That we need to consider the following:</p>	
<ul style="list-style-type: none"> • Young people will turn to friends and/or family significantly more than anybody else for help. 	

- Development and promotion of service user and carer led training sessions for staff using the skills and knowledge of local groups and projects.
- Increased focus on low level mental health support for children, families and schools before the problems escalate.
- Opportunities for the local voluntary sector to provide support.
- Making services more relevant and person centred, for example:
 - "Specific LGBT (Lesbian, Gay, Bisexual and Transgender) support for mental health issues"
 - "More training to understand individuals with disabilities"
- Co-production of information and feedback mechanisms with the young people and their families who use the services, to help get the look and feel of the information right.
- Services need to take account of the wider family context. For example, the parents may themselves be struggling with problems of their own at the same time.
- Having a "One stop" person
- Mental health nurse connected to the school / specialist in mental health problems based in school
- Telephone helpline or online services
 - web sites should be easily accessible for young people and easy to navigate to the relevant topic.
- Young people need information at a time when the issues begin to arise.
- Openness about issues - education of others to remove stigma
- Improved awareness of how to recognise mental health issues
- Peer support from others who have experienced the same
- Reduce the stigma surrounding counselling services and make them more accessible to all young people, particularly access to school counsellors. Careful thought about access arrangements to these types of services in schools.
- Clarification of what crisis is and means and the support available - what the person is experiencing as a "crisis" may not meet the definition of "crisis" for that service
- The right ways of working:
 - Work in places CYP go to already – where there are things to do
 - Provide informal drop in sessions in venues with free Wi-fi
 - Be available at different times of day – flexible
 - Need to go to CYP or nearby
 - Access to information through phone
 - Signposting to other services
 - Internet information including adverts on social media including Facebook
 - Friendly, welcoming and understanding

Young People from some harder to reach groups (e.g. LAC, Alternative education, SEND) provided some clear advice on how to best support them:

What we need is	In order to help us you should.....
<ul style="list-style-type: none"> • Emotional help • Self-confidence • Not feeling shut out • Friendships • Boost our ego • Understand consequences • Use words we understand • Listen to us • Support 	<ul style="list-style-type: none"> • Consistent • Use words that we understand • Listen to CYP and help us have our voice heard • Honest and reliable, do what you say • Be a good role model • Don't judge a book by its cover • Trustworthy and discrete • Someone who listens to you

<ul style="list-style-type: none"> • Someone to talk to • Space • Just be left alone sometimes • Feel safe • Anger management / work out our anger • Feel we can trust people • People to show us the right path • Honesty • Understanding other people • Being clear with us • Not putting ourselves down. • Reassurance • Positive things to do • Staff who are streetwise • Perseverance and not walking away • Patience and sticking with me • Non-judgemental – ok to make mistakes • Having a voice and feeling listened to • Someone that understands us • Being discrete • Relationships that we can trust • Help • Boundaries • Honesty and reality • Understand of the issues that affect young people in care • Help with becoming independent • Advice with family problems • Help with making decisions • Help with mental health issues such as depression, suicide and anxiety • Information on health services such as drugs and alcohol and contraceptive and sexual health • Build up self-esteem and boost confidence 	<ul style="list-style-type: none"> • Treat people as you would like to be treated • Help you with situations • Training • Don't intimidate • Giving experiences • Take time to get to know them • Be positive about that person • Space is important. • Help us to learn new skills • Sets clear boundaries and stick to them themselves • Understand the difficulties of working with children in care • Respond quickly and be organised • Help us to be safe • Non-judgemental – it's ok to make mistakes • Make sure everyone gets the same quality of service • Staff who like young people • Value what we do • Be discrete • Admit to mistakes • Relate to young people – being approachable, relaxed, confident and friendly • Be creative in how you communicate • Help us to become independent <p>Children in Care have highlighted</p> <ul style="list-style-type: none"> • The importance of maintaining contact with siblings and birth parents • The importance of having a say in decisions and being allowed to make mistakes • The importance of having a say in the choice of worker
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We will undertake work to ensure that consistent approaches are in place to regularly publish a “you said, we did” approach to children and young people across both commissioning and provider partners.

Section 5: Current Position

A recent independent review of our local CAMHS provision found that there is a good service in place compared to other areas elsewhere in England. However, the service is struggling to respond to an increasing demand for support through specialist level intervention.

This has resulted in a local priority to transform the approach across all partners to ensure that there is a consolidated, consistent focus on early intervention and prevention, so that specialist services are able to effectively respond to children and young people with more complex needs in a timely manner, to achieve better outcomes for them and their family.

Other priorities from the Review include:

- Improvement in waiting times, particularly following initial assessment
- Reducing the rate at which young people fail to attend their appointments
- Ensuring that staff in universal services have training and support to be able to provide effective care for young people who do not meet referral thresholds to CAMHS
- Development of an external Communications and Engagement Strategy, in order to clarify the service offer, scope and boundaries
- Inter-agency communication needs to be strengthened, particularly when designing care for very complex young people
- Clarity around the CAMHS pathway for LAC and Care Leavers
- Improved participation of young people in service design, delivery and review
- Additional commissioning support and capacity for the multi-agency developmental work underway to improve services for children with ASD / ADHD

These have led to a service improvement plan to reshape existing resources in CAMHS to ensure that provision is able to respond appropriately.

We have recently undertaken a review of our local service for children and young people with a learning disability who are experiencing mental health issues and are implementing a new model that removes the use of beds by providing an enhanced level of outreach treatment and support.

A review of our Looked After Children service has resulted in a proposed new model and investment needed to support the expansion and improvement of services to identify and support the emotional wellbeing and mental health needs of all looked after children and care leavers.

A review has been undertaken of our Behaviour and Development (ASD and ADHD) Pathway (including identification, diagnosis and support) for children and young people, making recommendations. The proposed models for implementation of these recommendations have been included in Section 6 of this Plan.

Other pieces of work undertaken locally to respond to local priorities include:

- A local deep dive into Deliberate Self Harm with a resulting action plan. Additional resource has been agreed to enable CAMHS to work with the two acute hospital paediatric units providing support to staff, children and young people who present at the Emergency Department and/or who are admitted into our acute hospitals.
- A local deep dive into incidences of DNA for CAMHS appointments with a resulting action plan reporting at the end of this calendar year.
- Technology project working with Bournemouth University students to look at the potential development and application of social media to inform local service improvement plan. Initial funding has been agreed to support this development work.
- Additional funding has been agreed for nurse prescribers to undertake medication reviews, which will also support the new Behaviour and Development (ASD/ADHD) Pathway.
- Resource has been agreed to pilot the inclusion of a CAMHS worker in the Bournemouth Access to Resources (ART) Team as part of the Early Help Hub for Bournemouth.

Section 6: Local Transformational Priorities from Additional Investment

This section lays out the local priorities for the additional new investment available to Dorset CCG on behalf of the local partnership of £1,551,573.

Dorset CCG and its partners are aware that some children and young people are more vulnerable to mental health and emotional difficulties than others. We recognise that current provision can be further developed, and we are committed to working through a partnership approach to improve outcomes for these young people via our Joint Operational Group governance structure to the Joint Commissioning Partnership and the Clinical Delivery Group.

6.1 CYP IAPT Programme

The Dorset Joint Commissioning Partnership, with DHC, signed up as a pilot site for Wave 1 of the CYP IAPT Service Transformation Programme as part of the Oxford Health Learning Collaborative in 2011. CYP IAPT supports services through the provision of Higher Educational Learning for existing CAMHS staff with a national curriculum based on 'NICE' (National Institute of Clinical Excellence) approved treatments. CAMHS providers (DHC) are also required to improve participation by children, young people and families in service delivery and design and implement session by session routine outcome measures throughout treatment.

The aims of CYP IAPT are to embed key principles of care into CAMHS Services. These key principles are:

1. Participation
2. Accessibility
3. Evidence Based Practice
4. Routine use of Outcome Monitoring
5. Awareness
6. Accountability

For 2015-16, six therapeutic training places have been made available to our partnership The breakdown of which is, two places on Parenting, two places on CBT and two places on Systemic Family Practice (SFP). In addition to these, the local partnership is able to access a further two places on the supervisor training and two places on the leadership programme. (Acceptance onto all training is subject to applicants successfully achieving the recruitment criteria). The backfill costs for these places will be funded via a separate national stream supported by a Memorandum of Understanding (MOU) between NHS England and NHS Dorset CCG.

The additional investment will support service development including:

- Guided self-help materials Dorset wide
- Implementation and roll out across all services of use of sessions by session outcome measures

Although the use of outcome measures is becoming more embedded within local CAMH services, there is still the need to expand this. This will include in other mental health services, the in-patient unit, eating disorder service and LD CAMHs in the first instance. Following this it will be rolled out across other services and organisations working with children and young people to support the delivery of evidence based interventions in Dorset.

6.2 Expert by Experience (Peer) Project

We will develop a local Expert by Experience (EbE) programme to employ young people who will offer peer support and mentoring to fellow young people. An EbE specialist is an individual with lived experience who has been trained to help their peers gain and maintain hope moving their recovery forward.

This will include development of engagement with young people and their families, volunteer co-ordination, peer training and on-going support and supervision. This vocational pathway will move people from volunteers into paid employment, working in schools, colleges and mental health services through social networking.

We will work with the Voluntary Community and Social Enterprise (VCSE) Sector to deliver this as we have a priority to improve our engagement and joint working with the local VCSE community. Their skills and knowledge will be able to support our ambition to reduce the number of children and young people needing input from specialist services, while building emotional resilience for children and young people within the wider community.

6.3 Early Intervention and Prevention

6.3.1 Support to Schools

Local work has highlighted that the focus of future development work needs to target the 4 to 16 age group (school age). This is to enable the effective early identification of needs and provide appropriate levels of intervention to prevent escalation of issues that would otherwise require specialist support. In order for this approach to be most effective, it must be part of an approach that considers the wider needs of the children including the support from their family/carer.

Recent local feedback from schools has highlighted the need for greater support for staff to enable them to provide more effective support to young people with emotional/mental health difficulties. Schools have advised that they often feel unable to respond or support their students appropriately and in our recent proposal to be part of the CAMHS and School Link Pilot Scheme (which we were not successful in), local schools are highly supportive of the approach and are committed to this area of work.

The partnership will build on our proposal to work with schools to develop and implement a whole school approach to emotional well-being and mental health.

This will result in early intervention being focused on children and young people at greatest risk of developing mental health conditions and those considered socially vulnerable. Delivering training to schools and having an skilled education workforce, closely supported by the School Nursing and CAMHS workforce, will support better outcomes for children and young people (improving positive social, emotional and educational outcomes) as well as to reduce the demand on specialist services.

This is a whole school approach and working through a group of schools, either through existing clusters or new collaboratives will achieve this across the three structures pan Dorset.

Work with schools to develop support mechanisms assisting with the identification of needs within their collaboratives will ensure solutions are co-produced, evidence based and take into account learning while networking with other local pilots nearby (NHS Somerset CCG). We will build

effective partnerships and relationships with schools to enable them to be confident in investing their time, resource and finances in the evidence based approaches to achieve the best outcomes.

This approach will also implement the advice to school staff, leaders and counsellors regarding both mental health and behaviour and the blueprint for the future for counselling in schools from DfE in March 2015.

The aims of this approach will be to:

- Support schools to understand what good looks like
- Support and train a workforce of education staff to become more confident in supporting young people with mild to moderate mental health needs
- increase resilience levels in young people
- See a reduction in school exclusions and referrals to alternative education provisions
- Promote earlier identification of vulnerable young people
- For schools to contribute to, and where appropriate lead in, the development of person-centred support plans
- Ensure effective relationships are in place with CAMHS so that schools are able to provide the right support to young people receiving treatment from CAMHS, based on their individual care plan
- Develop group interventions within schools.
- Develop guided self-help materials through CYP IAPT
- Coach and supervise identified school staff, such as counsellors, support workers, SENCo's and mentors to be group facilitators. We are confident that this will build a culture of sustainability
- Foster a closer working relationship with Educational Psychologists to support schools in implementing the SEND Code of Practice
- Actively promote emotional wellbeing in schools by working with groups of children and young people to support service transformation, challenging the stigma associated with mental health conditions.

Initiatives and approaches that will be utilised will include the development of a consistent integrated PSHE offer based upon a core thread of well-being and the application of 5 Ways to Well-being to the school setting / curriculum. Work has been undertaken locally by the partnership to identify and understand the evidence based to support this area of work applying it to meet the needs of our local school populations.

6.3.2 School Nurse Service

We will increase the skills and capabilities in the school nursing service to provide support to pupils as part of a joint working approach to identify and support children and young people to reduce the need for referral and provide consistent support within the school environment to those who are receiving specialist support from CAMHS as well as parents where possible. An example of work that will be targeted to support schools when issue or trends emerge will be the following programme for Self-Harm:

'Self-Help not Self-Harm' campaign

- The "Self-Help not self-harm" campaign was promoted delivered throughout February 2015 by Worcestershire Trust. Positive anecdotal feedback has been received from schools, young people and parents.

- A key reason children self-harm is because they aren't aware of alternative coping strategies when they feel low, worried, stressed or anxious. The 'Self-help, not Self-Harm' Campaign raises awareness about self-harm, reducing the stigma and encourages more positive ways young people can cope with pressure, stress or anxiety. The Campaign encourages parents, teachers and young people to write positive ways of how they cope with adversity on their wrist or arm and post their self-help, not self-harm selfie on Facebook or Twitter including #selfhelpnotselfharm. Presentations will be delivered across schools, young people's services and churches to promote the campaign and raise awareness of self-harm. Posters and flyers will be distributed to give teachers and parent's simple steps on how to respond to disclosures of self-harm from young people.

We have received support from the Centre for Mental Health who agree to undertake an evaluation of the whole school approach if successful.

We are already embedding an approach to ensure that all schools have a named Primary Mental Health Worker (PMHW) as a link within their local CAMHS team. An advice and guidance help line is available during part of the working week.

6.3.3 Support to Children's Centres

A local review of provision and support for children and 0-5 years and their families identified that there is generally a good level available, but that it would benefit from being more effectively co-ordinated.

Hence there remains a need to ensure effective approaches to emotional wellbeing, including obesity, are developed and embedded within both the skills of the existing staff working in Children's Centres and through targeted programmes of support. We will provide a resource to develop this approach through our existing network of local children's centres in each area.

6.4 Targeted Support for the Most Vulnerable

6.4.1 Looked after Children (LAC), Care Leavers and CYP who have experienced abuse

We will increase the capacity, scope and skills of the existing LAC nursing service so that they are able to support all health needs including the emotional resilience, well-being and mental health needs of all looked after children. This will ensure that a holistic assessment and support through evidence based approaches occur at the earliest opportunity for these children with the aim to reduce the need for specialist CAMHS intervention, thus improving both individual and life outcomes, while reducing the need for hospital admission.

This service will support the ambition for all children and young people to have a positive placement and to reduce the risk of and incidence of those that run away while in care.

Local provision will develop new approaches to engage with and support boys, such as through physical activity or arts based approaches, as an alternative to traditional approaches of the delivery of psycho education.

The service will develop links and work with the newly commissioned Street Triage service and the Children's Sexual Exploitation (CSE) Service (and missing children's service) for children and young people pan Dorset. These services are good examples of multi-agency working across ambulance, police, local authorities, providers (statutory and voluntary) and the CCG.

Local provision will also develop a multi-agency response and clear pathway for young people who have experienced abuse.

6.4.2 Provide Liaison with and Support through Other Professionals and Services

6.4.2.1 Development of specific paediatric liaison posts across the county that would link with Royal Bournemouth, Poole, Dorchester Hospitals (with links to Salisbury and Yeovil - and any other hospital where our children may be) providing all age liaison psychiatry service across Dorset.

6.4.2.2 Co-locate a CAMHS professional within each of the three developing local authority Early Help Hubs. This will support multi-agency holistic assessment that considers the whole child in the context of their family. This will be supported by, effective joint working and information sharing processes between services and organisations to ensure robust assessment and the appropriate and safe allocation of resources to those families in most need. However, service structures and the difficulty in accessing clinical diagnosis, and information can sometimes be an unintentional barrier. These roles will contribute to the management of referrals to the teams and take direct phone calls from other agencies including primary care and families regarding health and social care problems. They will be central to training staff, and assisting them in signposting families and young people to the right service, supporting the child or young person from the beginning of their journey. They will offer training and supervision to staff and also provide intervention to children and young people in real time.

6.4.2.3 Development of effective support mechanisms over 7 days as part of our aim to move more services to 7 day working within this agenda

6.5 Behaviour and Development Pathway

Dorset is similar to most other areas in experiencing an increasing number of requests for support for behaviour and development for children and young people who may have ASD or ADHD .

Assessment, support and management of neuro-behavioural disorders such as Autistic Spectrum Disorders and Attention Deficit Hyperactivity Disorder are provided differently by different providers across the county. Concerns were raised by families and professionals about increasing demand, so a multi-disciplinary project group was convened to identify the key issues and develop solutions to address these. The group undertook needs assessment and stakeholder engagement. This resulted in the development of a new consistent and evidence based pathway for the assessment of behaviour and development. The implementation of this pathway will improve children and young people's outcomes and experience, minimise duplication, provide clarity and improve consistency across Dorset

The new streamlined behaviour and development pathway is designed to reflect the child, young person and family journey of managing concerns about behaviour and development. This will replace the current organisational orientated approaches of assessment and treatment/support.

The pathway now involves six key stages:

Stage 1: Identification of issues and requests for help

Stage 2: On-going support and referral for Behaviour and Developmental Assessment

Stage 3: The Assessment

Stage 4: Outcome of the assessment

Stage 5: Ongoing support and review

Stage 6: Transition planning

This will lead to the implementation of an already tested model of a joint clinic approach across all of Dorset.

This new resource will enable the implementation of the new pathway, which will be supported by a number of agreed workstreams across local services to improve working practices implementing meet this new model of service.

6.6 Provision of implementation, co-ordination, performance and monitoring support

- To ensure effective implementation, co-ordination, performance and monitoring of the Local Transformation Plan.
- A Band 7 post will be based within the CCG working on behalf of the local joint partnership to ensure that the required pace of change and impact of the proposed transformation plan will be realised across the joint partnership.
- Develop a robust implementation plan with supporting timetable and milestones, agreed by all partners and supported by Equality Impact Assessments.
- Work with communication and colleagues in the CCG, local authority commissioners and providers to co-ordinate this major service change (Communications Plan).
- Support the implementation of these new initiatives, co-ordinating through a project management approach.
- Undertake effective engagement with stakeholders and build relationships (including CYP and families and organisations) with partners to implement priorities in our transformation plan.
- Develop and embed opportunities for children, young people and families to play a full role in the co-production of the Implementation Plan and in the monitoring of progress.
- Ensure that local arrangements support the inclusion of new commissioning partners such as schools.
- Lead and coordinate evaluation of pilots and initiatives linking with providers and partners.
- Undertake decommissioning and recommissioning inclusive of procurement of new services linking across local authorities.
- Monitor progress against the planned KPI's and outcomes providing progress reports to meet key deadlines and governance processes.
- Co-ordination of communications, information, procurement and financial aspects of agreed projects.
- Agree management approaches highlighting any risks and report to JCOG.
- Development of service specifications inclusive of outcomes based commissioning and KPI's for all agreed projects.

6.7 Young People's Eating Disorder Service (YPEDS)

The current Eating Disorders community team for young people (YPEDS) provides assessment of individual needs and evidence based interventions for children and young people with eating disorders and their families and carers in Dorset. It is part of a wider all age eating disorders service for individuals and their families within Dorset. This is a unique strength of the service as it removes the need for transitions due to age, and leads to changes in care in line with patient need. The current service is a community-based service, providing the vast majority of its interventions outside of hospital at the person's home or at various clinics across Bournemouth, Poole and Dorset.

The team is concordant with NICE guidance and delivers evidence-based treatments, on an individual and family basis built around the young person's needs and goals. Specifically, it provides CBT, systemic work, mainly the Maudsley model as well as multifamily work. One member of the team has undergone the CYP IAPT training in Systemic therapy for those with an ED. Others are

undertaking training in CBT and all team members have had training in the Maudsley model provided by Professor Eisler.

The service currently operates to a 4 week waiting time for routine assessment and 8 weeks from assessment to treatment. The service is achieving the current standards over 95% of the time. This performance, although in line with current guidance, is below the standard set out in the new standards and is therefore a priority to be met through this Plan.

The additional resource will increase the capacity of the service to be able to offer a full range of support (i.e. co-morbidities) as well as meet the new access standards of contact on the same day for urgent referrals and within 15 days for referrals judged to be routine. This will be achieved through offering more frequent assessment appointments and include a more comprehensive assessment to complement the eating disorder assessment. This will be achieved through developing the assessment skills of senior staff, and introducing a rota system within the team to ensure the response can be achieved each and every time in line with the revised timescales. This will be achieved through proposed levels of additional staffing. These developments will enable the service to introduce self-referral and parental referral to the service within 3 months of increased staffing levels.

Where inpatient care is required at present this is provided in a number of ways. Locally this will be in the local Tier 4 Adolescent unit provided by DHC, Pebble Lodge, with input and support from the community ED team or via paediatric wards at Dorset county hospital or Poole Hospital with input from the Community ED team. If a more specialist provide is needed, this will be out of area at Leigh House in Winchester provided by Southern Health.

From initial local analysis of the reasons for in-patient care is the availability of more intensive therapy, more home treatment and/or more day care. When these services are increased further a reduction in inpatient care is foreseen. Further analysis will be undertaken to determine whether increases in either home treatment or day care provision would offer the best outcomes for the local population.

Acquisition of increased capacity and skills, mainly through advanced therapy skills, will increase the capability to assess and treat co-morbid presentations ensuring that those with a DSM V ED diagnosis would be accepted and treated. The additional resource for the transformed service will support expansion in the level of home treatment available, additional group work and individual therapy, which will add to the packages of care. If admission is needed (including out of county), robust liaison will maintain contact with patients and speed up discharge home. It will also support ensuring that in-patient care is only accessed when absolutely needed and all local community based approaches and resources have been exhausted. This will be measured against the baseline set in 2014-15). It will also support the provision of 7 day a week services with the availability of assessment and treatment options at weekends.

To ensure the service will be transformed and embrace the CYP IAPT service model outlined in the waiting time and access document, the additional resource will enable training and development in the skills of the team. The transformed team will have further staff members, 1-2 members at a time trained by the CYP IAPT over the next 12-18 months. The additional capacity acquired through the transformation approach will reflect the need for more dedicated and frequent supervision to embed evidence based practice.

The service will identify a Transformation Lead specifically tasked with ensuring the transition from current service provision to one where all staff are focused on CYP IAPT principles particularly outcome measures on a session by session basis.

The transformation of the service will also aim to achieve the following aspects through the revised service model:

- Dedicated liaison with colleagues in Paediatrics and Gastroenterology, building on current relationships. This would be built around the MARSIPAN guidance document leading to local multi agency protocols.
- Dedicated liaison with colleagues within CAMHS to ensure good communication and robust links across the services in complex cases where joint working is required. This would include cross team working and development of embedding of joint working protocols so no child falls between our services.

To enable this transformation the additional resource will increase staffing capacity in therapists, specialist nursing, occupational therapy, dietician, associated practitioners, administration and team leadership.

There is growing evidence that providing training/skills enhancement to parents and carers can reduce the burden of care and help with the longer-term outcome of treatment. This will be developed locally using the model developed by Professor Janet Treasure and her team who will provide training for parents and carers in Dorset. The service would arrange this training and run it within the next twelve months. The training will be evaluated to assess its impact on those who participated.

The transformed service will build on the links it has established and co deliver early intervention work with the voluntary sector in schools. This will be undertaken in conjunction with the local authorities and schools to ensure access is consistent and meet local needs and trends. The service will work with the third sector to agree the content of the session based on recent work published by Dr Pooky Knightsmith on the content of PHSE lessons on ED. This workstream will be delivered as part of the approach outlined in section 6.3 of this Plan to support schools in early intervention and prevention working alongside School Nurses.

Work to ensure that effective relationships with GP's are reflected across the whole local geography will be undertaken so that GP's are able to identify children and young people earlier and are able to support and monitor them meeting their responsibilities in the new access standards.

A robust communications plan to make the local community aware of the revised service will be developed and implemented with colleagues in CAMHS and the wider local partnership, to support this transformational work. The service will develop a detailed description of the service outlining how children and young people, parents and professionals can access the service and what they can expect to receive in terms of assessment, treatment and support and within agreed timescales.

DHC is currently reviewing its online presence and this involves the eating disorder service. A revised eating disorder section will have functionality to allow interaction with patients and carers as well as professionals alongside the provision of up to date evidence based information on support and care, with links to local and national resources for help.

6.8 Crisis Care Concordat

Resource from underspend in the new eating disorder investment will be diverted for agreed improved crisis support for children and young people across Dorset.

- The needs of and support required by CYP are embedded within the priorities in the local action plan. (can be found at <http://www.dorsetccg.nhs.uk/Downloads/Dorset%20CCC%20Action%20Plan%202015.pdf>)
- Joint commitment to ensure that custody suites are not used as places of safety for young people who are experiencing mental health crisis through work with Dorset Police.
- Through work with the ambulance service (SWAST) review and development of information for young people in mental distress will take place with NHS 111.
- Effective joint working between agencies to ensure that the all age Place of Safety in Dorset (which includes U18's) is accessed when required by children and young people.
- The Street Triage project sees children and young people under the age of 18. The service working hours would be extended under this project.

Section 7: Local Transformational Priorities within Existing Resource

The following areas of transformation will be developed through the existing resources of the partnership, building upon local development and improvement plans to meet the transformational priorities set out by NHS England.

7.1 Resilience Building

We will ensure that there is an effective focus on children and young people who are experiencing adverse life incidents (as factors that make them more vulnerable to poor emotional wellbeing and mental health conditions), establishing how their problems are identified and giving help and support. For example, schools will need to be aware of anything that occurs outside of school and be in a position to support, which could include working with the whole family as part of a multiagency approach.

This workstream will link into current transformation plans by local authority partners considering the future role of youth service provision and approaches that are more targeted and family support orientated, including liaison with schools.

7.2 Youth Health Champions (Peer Support)

We have a local Youth Health Champions programme focusing on mental health in Dorset. Sustainability plans for this approach through training, evaluation and harnessing the potential in a wide range of partner organisation (including CAMHS) who are offering Peer models of support. We will provide support to strengthen this project through Public Health Dorset and work jointly meeting the ambition to have effective peer support provision in place.

Youth health Champions is a well evaluated model and endorsed by the Royal Society of Public Health.

7.3 Improving Engagement and Participation of Children, Young People and their Families

The partnership is committed to the development of a communication strategy that will be based upon full engagement and ownership from all organisations.

Specific workstreams will include:

- Development of a central insite resource that can be accessed by all partners, to share feedback from children, young people parents/carers and professionals to local emotional wellbeing and mental health needs and provision avoiding repeating engagement work.
- Improved co-ordination of activities undertaken and planned by partners locally.
- Make best use of resources and opportunities avoiding duplication.
- Develop a proactive approach, working with existing groups across the partnership such as Dorset Youth Council Enables (DYCE) and existing consultation opportunities.
- As part of the Clinical Services Review and Forward Together for Children in Dorset, engagement with children and young people has been planned in the implementation phases.
- Develop opportunities so that co-production (service development and redesign) is at the heart of all local future commissioning, planning and implementation.

7.4 Transition

During 2014 – 2015 there were 57 young people transitioning between Children and Adult Mental Health services in Dorset.

We will develop a joint project with adult mental health commissioners and providers to look at a range of options to improve support, developing new approaches e.g. Role of transitional workers from in-patient care, promoting implementation of best practice in transition, including ending arbitrary cut-off dates based on age. The project will also look at other projects in the UK & their findings and evaluate their potential for local implementation.

An operational working group will support the project which will include CAMHS and CMHT practitioners, both child and adult services, including psychiatry, and participation from service users and families, consistent with national recommendations.

7.5 Specialist Level Provision

Information received from the NHS England Specialist commissioning team for 2014-15 shows that the spend on Tier 4 provision for Dorset CCG patients (in Section 8). The reasons for this will be explored further by the local joint commissioning partnership group, working with the local provider and NHS England. One of the reasons may be due to the size of the Dorset CCG population but following more detailed analysis and action plan will be developed and agreed with NHS England ensuring new strategies are actioned through this transformation agenda over the next five years.

This Plan supports our local priority to reduce the need for inpatient care and provide care closer to home through the development of new models and proactive approaches in the provision, keeping children and young people at home within their communities, with effective support from their families/carers through local networks and services. The data in Appendix 2 for in-patient activity will be used as a baseline so that the initiatives include in this Plan can be linked as part of a high-level ambition to reduce in-patient admission where possible and / or decrease the length of stay.

It must be noted that children's needs are increasing in complexity and cost. This has been reported by providers and Dorset CCG has seen an increase in cases with psychological needs within Childrens Continuing Care from 12% in 2013 to 21% in 2015.

A project has been agreed by the local partnership to undertake further investigation and analysis of all residential placements of children and young people across both the three local authorities and NHS Dorset CCG for health and social care (linking with Childrens Continuing Care). This will look at the number of children and young people, the level of needs, the costs across the system

and make recommendations on how needs can be identified and supported earlier and through more effective approaches. Discussion will be undertaken with NHS England to agree inclusion of Tier 4 admissions in this project.

Local provision already includes approaches to support step down from Tier 4 facilities including day programmes and intensive community support through home treatment to enable effective discharge. Further work will be undertaken to develop more effective partnership working with health and social care teams (across all levels of need and provision) to support families, which may impact upon the young person being able to return home or move to an appropriate level of residential care.

NHS England currently commissions the Secure CAMHS Outreach service for Wessex and Thames Valley. The service has a strong evidence base and demonstrates good outcomes in terms of diversion away from inpatient services and supporting the wider CAMHS in managing extremely complex young people. NHS Dorset CCG will undertake further work with Specialist Commissioning to understand the local needs in Dorset to ensure effective pathways are in place to support future commissioning priorities and provision.

We have a local priority to undertake further work to ensure that appropriate support is available to children and young people who have been subject to abuse or neglect. A key element of this will be to ensure that there are effective pathways in place for appropriate emotional support for the individuals as which also may be part of family approach. This work will link to the sub groups of the children's safeguarding boards inclusive of local authority social care or educational support.

Links with the paediatric element the Dorset Sexual Assault and Referral Centre (SARC) will be strengthened. There may be a low number of referrals but individuals will be experiencing high levels of need that will require rapid access to community led services at the point of referral. Research evidence is very clear that rapid access will mitigate (to some degree) longer-term mental and psychological ill health. Joint work with partners to understand numbers and complexity of those accessing this level of treatment and associated levels of provision will need to be undertaken.

We will work closely with colleagues in NHS England and welcome them as a member of the local joint commissioning group in Dorset to ensure that their priorities for specialised commissioning are fully embedded into local plans and effectively inform the implementation of this Plan and our local future commissioning priorities through the transformation period.

7.6 Health and Justice

There are a number of services and initiatives operating in Dorset that identify and support the mental health needs of children and young people who are in contact, or are at risk of contact with youth justice system. (Further detail on numbers can be found in **Appendix 2**)

Dorset Youth Offending Service (YOS).

- Locally we now have a single pan Dorset Youth Offending Service (YOS). The service includes a health team who undertake an initial general health assessment with the young person to cover alcohol use, drug use, mental and emotional health, physical health and sexual health to agree a care plan.
- Pathways are in place between the health team and partner agencies, for substance misuse and emotional and mental health problems so that if the needs are higher than can be met by the team and a referral is made or joint working developed. This approach may also

support those coming to the end of a court order or if a young person is already in contact with another agency, but may need the support of the YOS health worker in order to attend appointments or to follow recommended treatment plans.

- While there are areas of very effective joint working between YOS and CAMHS this will to be strengthened and formalised across all areas as well as embedding in the early intervention and early help work across wider partners as part of a wider holistic family support approach.
- This will be supported through continued engagement at the local YOT Management Board as well as development of improved joint commissioning arrangements and operational working.

The Dorset Liaison and Diversion Service

- The service has been operating since 2012, firstly as an initial pathfinder pilot and then as one of ten sites chosen to participate in the first wave of a national evaluative pilot. The service supports all ages and has a specific pathway for supporting children and young people to identify mental health problems at each stage of the youth justice process.
- It is particularly important in being able to identify any issues pre custody as part of early identification of needs, typically from hard to reach populations, to support and divert away from future contacts. While the numbers coming into the service not known to CAMHS should be quite low, there needs to be an evaluation of local integrated working across the emotional well-being system by partners to ensure that appropriate support is provided by all services at the right time.
- Governance is through the Liaison and Diversion Monitoring group and additional relationships and links will be made to inform future commissioning for the mental health needs of this group.

Street Triage:

- The service is jointly commissioned as a pilot approach (currently in its second year) between Dorset CCG, NHS England the three local authorities and Dorset Police.
- This Plan will drive work to make sure that the Street Triage Service is the right model to meet the local needs of children and young people and that effective wrap around support is available by other services to identify and support any further mental health and wellbeing needs.

Secure Children Units:

- Young people from Dorset may be placed in either Local Authority units for welfare reasons or be placed by the court in joint Local Authority and Youth Justice Board units.
- As these units cover wide geographic areas it is important to make sure that there are effective pathways to support the mental health needs of children and young people returning to Dorset as well as support transition planning when they are out of area.

This Plan will support further work to evaluate the local pathways within the youth justice arena as part of the wider transformation of emotional wellbeing and mental health support. This will be supported through ensuring that commissioning structures are appropriately integrated between workstreams and organisations (such as CAMHS and YOT) to ensure better co-ordination and use of resource to meet joint outcomes. The aim will be to make sure that there is consistency in access and support across the CCG area that is evidence based and outcomes focused, and part of an integrated approach that makes best use of resources.

7.7 Children with a Learning Disability and Mental Health Condition

The number of children and young people with a learning disability who experience mental health problems are increasing and whilst the numbers are relatively small, these young people present significant challenges to the system.

Locally we have a community-based Tier 2/3 service that works with these young people and their families as an extension to our mainstream CAMHS provision. The service provides a wide range of interventions and support both to children, young people and their families and schools through assertive working. A key aim of the service is to manage support needs locally and in the community (at home, school, or care placement) to avoid the need for inpatient admission. The team works closely with and delivers clinics in local special schools.

This provision has recently been reviewed and JCOG has agreed to the remodelling of the service to ensure that access to provision is consistent across Dorset (both east and west) and to move away from any bed-based provision by developing a model which includes a new increased level of intensive support through a community outreach approach in the family environment. This work is being developed by a task and finish group with the ambition to implement the revised model by March 216. The service will also contribute to the implementation of the new Behaviour and Development pathway that will further support some for this patient group.

The service currently offers support to universal services such as special schools. Through this transformation agenda, this service will be included in the development of a wider and comprehensive offer of support to universal provision that best use of local skills and knowledge and ensure that capacity is focused to the right levels of need. This work will link into that proposed in Section 6.2 of this plan to support early identification and prevention.

7.8 Perinatal Mental Health

Perinatal mental health is a key priority in our Dorset Maternity Strategy, and has been the focus of considerable work recently to review, and implement a revised and improved pathway. Across Dorset, this dedicated pathway and community based provision to identify and support the perinatal mental health needs of all women aims to ensure that effective support is available to identify and meet all levels of need for all women across the geographical area while pregnant, and up to a year following the birth of their child.

A more detailed piece of work is underway to evaluate the implementation of the revised pathway to ensure that it is effectively meeting the needs of parents under the age of 18 (both under 16's and age 16 to 18) and to support the development of additional approaches and further joint working arrangements between services where required.

In Dorset, there is a dedicated five-bed inpatient mother and baby unit called Florence House, commissioned by NHS England and provided by DHC. It has been agreed with NHS England that the unit will support the admission of mothers who are age 16 upwards, where appropriate to meet their needs.

7.9 Troubled Families

We have Troubled Families Programmes being implemented in each of the three local authority areas. There are effective links with these programmes through the local partnership, and learning from the approaches that have been developed and implemented locally are informing this agenda as part of the aim to support the most vulnerable children, young people and their families.

7.10 Workforce Development

We will develop an evidence based workforce development programme, from Universal to Specialist, across all providers, which meets the needs of professionals and the individuals they support. This will support partners to embed the use of existing tools within the local workforce to ensure a consistent approach.

Approaches may include the use of MindEd, Mental Health First Aid (MHFA) and Psychological Perspectives in Education & Primary Care (PPEPC). We will also consider options to implement and support the Conversations approach including potential links to Making Every Contact Count and Health Education Wessex Healthy Conversations.

- Psychological Perspectives in Education & Primary Care training resource developed by Reading University as part of the CY-IAPT Programme. It contains a range of training modules and a number of mental health presentations and what people working with Children, young people & their families can do to support them within a primary care setting. Training will be promoted to staff in Education (e.g. teachers, SENCOs), Health (e.g. School Nurses, Health Visitors, G.Ps) and Social Care.
- MindEd: The MindEd portal is a Department of Health commissioned website aimed at adults with professional responsibilities for children and young people, which provides information relevant to assisting children and young people with mental health problems. As it offers completely open access, free online education in over 300 topics and is applicable to a wide range of learners across the health, social care, education, and criminal justice and community settings, we will support the local workforce to access the opportunities it provides.

There are also a number of specialist learning frameworks which will be utilised by the local workforce. These include:

- Counselling Specialist CAMHS (Entry Level)
- Specialist CAMHS (Therapeutic Approaches)
- Specialist CAMHS (Leadership)

The state of the art evidence based review of e-therapies available through MindEd will be used to inform local practice and piloting new approaches and interventions.

We will evaluate existing provision such as MHFA training to support public mental health awareness. MHFA has been piloted with a wide range of professionals working with individuals who experience poor mental health. Local evaluation is strong indicating improved knowledge and confidence to respond to mental health problems. Plans to extend the training for School facing staff are in progress and Public Health will evaluate the approach for application in school settings. There are also opportunities to explore application of MHFA Youth and 5 Ways to Wellbeing training in educational settings.

We will ensure that a key responsibility of the PMHW in each CAMHS locality team is to develop and maintain an effective interface with their local primary care colleagues and GP Federations and linking into work led by the Wessex Deanery. Support will be strengthened between CAMHS specialists and staff working in Energy Departments and Paediatric wards.

Dorset was a previous pilot site for Comprehensive CAMHS Integrated Workforce Planning Tool developed by the National CAMHS Support Service. This has informed local approaches in regard to

the use of skills mix reviews across services. This approach is used within service planning, remodeling and development to make the most effective use of skills and resource while embracing opportunities for innovative working to meet the needs of the local population. Examples of this include removing separate Tier based teams in CAMHS resulting in single integrated locality based teams and in the proposed development to support all health needs of Looked After Children (including emotional well-being and mental health).

7.11 Additional Detail

Further work will be developed to support the implementation of our Transformational Plan inclusive of the aims in Future in Mind as detailed below:

Future in Mind Theme 1: Promoting resilience, prevention and early intervention	Local Actions and Aims
<p>Promoting and driving established requirements and programmes of work on prevention and early intervention, including harnessing learning from the 0-2 year old early intervention pilots.</p> <p>Build whole school approaches to promoting mental health and wellbeing, including building on the DfE's current work on character and resilience, PSHE and counselling services in schools.</p> <p>Building on the success of the existing anti-stigma campaign led by Time to Change, and approaches piloted in 2014/15, to promote a broader national conversation about, and raise awareness of mental health issues for children and young people.</p> <p>Enhancing existing maternal, perinatal and early years health services and parenting programmes to strengthen attachment between parent and child, avoid early trauma, build resilience and improve behaviour by ensuring parents have access to evidence based programmes of intervention and support.</p> <p>Supporting self-care by incentivising the development of new apps and digital tools; and consider whether there is a need for a kite marking scheme in order to guide young people and their parents in respect of the quality of the different offers.</p>	<ul style="list-style-type: none"> ● Build resilience among CYP – link to Fostering Aspirations and Resilience (FAR) Project and resulting implementation of evidence-based programmes locally. ● Training for universal services workforce ● MH awareness programme as part of PH public mental health programme (inc. ED) ● Attachment work programme ● Early help hubs and structures ● Role of Children’s Centres ● Joint assessment and information sharing across organisations (CSR digital care record workstream) ● School nursing review recommendations ● DfE funding for Character education <ul style="list-style-type: none"> ○ Wimborne schools using “I Can Problem Solve” ● MHFA training in schools ● Develop and implement a multi-agency integrated and evidence based school facing support offer across all partners. ● Dorset pilot approach for those in certain school pathways that have poorer outcomes ● Use of the Conversations approach ● Youth Health Champions programme ● Parent support programmes – generic and targeted ● Perinatal pathway of support for teenage parents. ● Public health work on Young People Friendly Services- development of a branded local scheme / kitemark with YP, to be able to asses and accredit service to ensure that they are accessible and welcoming to YP.

	<ul style="list-style-type: none"> • Completion of PH work to research and document the evidence base which supports the best digital offer for parents, carers and YP recognising feedback from YP and examples of good practice nationally. • CAMHS and ED use of technology workstreams to provide high quality digital information to support self-help approaches. • Link to other risk taking behaviour workstreams that are linked to EWB and MH.(e.g. Sexual health and substance use) • Consider local use of THRIVE programmes.
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Future in Mind Theme 2: Improving access to effective support and the creation of a system without tiers	Local Actions and Aims
<p>Moving away from the current tiered system of mental health services to investigate other models of integrated service delivery based on existing best practice.</p> <p>Enabling single points of access and One-Stop-Shop services to increasingly become a key part of the local offer, harnessing the vital contribution of the voluntary sector.</p> <p>Improving communications and referrals, for example, local mental health commissioners and providers should consider assigning a named point of contact in specialist children and young people’s mental health services for schools and GP practices; and schools should consider assigning a named lead on mental health issues.</p> <p>Developing a joint training programme to support lead contacts in specialist children and young people’s mental health services and schools.</p> <p>Strengthening the links between children’s mental health and learning disabilities services and services for children and young people with special educational needs and disabilities (SEND).</p> <p>Extending use of peer support networks for young people and parents based on comprehensive evaluation of what works, when and how.</p> <p>Ensuring the support and intervention for young people being planned in the Mental Health Crisis</p>	<ul style="list-style-type: none"> • Links to early help hubs and consider the role of Tier 2 CAMHS within teams. • Transition approaches (age 14-25) • Apply learning from Self-referral pilot (Bournemouth in 2014) • Rurality issues and links to community hubs as part of a networked model (CSR). • Ensure equality of access across the county (east and west) • Family work – maybe as a treatment option of the CYP who won’t engage • CPA approach and risk prioritisation within CAMHS • Look at wider assessment approaches that support an approach around the child and family. • All schools to have a named PMHW link • CAMHS LD team assertive outreach intensive model • CAMHS LD team links with schools as needed • Implementation of a new local Behaviour and Development pathway (ASD/ADHD) • Development of structured peer support networks for CYP and families that support step down from specialist MH services (Greater Manchester pilot) • SIBS models (supporting siblings) • Lead for SW SEND Peer Network and local support in place already to meet requirements in SEND Code of Practice. • Home treatment approach and assertive

<p>Care Concordat are implemented.</p> <p>Implementing clear evidence-based pathways for community-based care, including intensive home treatment where appropriate, to avoid unnecessary admissions to inpatient care.</p> <p>Include appropriate mental health and behavioural assessment in admission gateways for inpatient care for young people with learning disabilities and/or challenging behaviour.</p> <p>Promoting implementation of best practice in transition, including ending arbitrary cut-off dates based on a particular age.</p> <p>Improving communications, referrals and access to support through every area having named points of contact in specialist mental health services and schools, single points of access and one-stop-shop services, as a key part of any universal local offer.</p> <p>Putting in place a comprehensive set of access and waiting time standards that bring the same rigour to mental health as is seen in physical health services.</p> <p>Enabling clear and safe access to high quality information and online support for children, young people and parents/carers, for example through a national, branded web-based portal.</p>	<p>outreach (CAMHS / LD / ED/ LAC) as prevention to admission as well as step down care.</p> <ul style="list-style-type: none"> • YPEDS looking at evidence and local cases for day programmes versus assertive outreach at home in preventing admissions • Early intervention in Psychosis Service for age 14-35) Improve out of hours support and response across service that is specific to CYP • To develop and pilot an approach that supports young people from the age of 16 to 25 where their treatment is anticipated to be required after the age of 18- transition. • ED joint teams approach and model or working for those age 17 for adult mental health services • PMHW links to schools but consider the potential to reshape so that there is a single point of contact for DHC (CAMHS, School Nurse, HV, ED, LD) • Local waiting time standards and threshold to be agreed for CAMHS. • Local approach to effective web information. • Consider the use of the THRIVE model.
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Future in Mind Theme 3: Care for the most vulnerable	Local Actions / Aims
<p>Making sure that children, young people and their parents who do not attend appointments are not discharged from services. Instead, their reasons for not attending should be actively followed up and they should be offered further support to help them engage. This can apply to all children and young people commissioners and providers across education, health, social care and youth justice sectors working together to develop appropriate and bespoke care pathways that incorporate models of effective evidence-based interventions for vulnerable children and young people, ensuring that those with protected characteristics such as learning disabilities are not turned away.</p> <p>Making multi-agency teams available with flexible</p>	<ul style="list-style-type: none"> • DNA rates and new approach to engagement to reduce them – link to social care teams • Evidence based interventions • LD and protected characteristics • YP who have been subject to abuse • Lead professional approach • Adoption – pan Dorset (sub regional) • Link to Troubled Families progs in each LA area • Deliberate self-harm initiatives and action plans. • DNA deep dive implementation • Look at use of digital technology and assertive follow up

acceptance criteria for referrals concerning vulnerable children and young people. These should not be based only on clinical diagnosis, but on the presenting needs of the child or young person and the level of professional or family concern.

Mental health assessments should include sensitive enquiry about the possibility of neglect, violence and abuse, including sexual abuse or exploitation and, for those aged 16 and above, routine enquiry, so that every young person is asked about violence and abuse.

Ensuring those who have been sexually abused and/or exploited receive a comprehensive assessment and referral to appropriate evidence based services. Those who are found to be more symptomatic who are suffering from a mental health disorder should be referred to a specialist mental health service.

Specialist services for children and young people's mental health should be actively represented on Multi-agency safeguarding Hubs to identify those at high risk who would benefit from referral at an earlier stage.

For the most vulnerable young people with multiple or complex needs, strengthening the lead professional approach to coordinate support and services to prevent them falling between services.

Improving the skills of staff working with children and young people with mental health problems by working with the professional bodies, NHS England, PHE and HEE, to ensure that staff are more aware of the impact that trauma has on mental health and on the wider use of appropriate evidence-based interventions.

Piloting the rollout of teams specialising in supporting vulnerable children and young people such as those who are looked after and adopted, possibly on sub regional basis, rolling these out if successful.

Improving the care of children and young people who are most excluded from society, such as those involved in gangs, those who are homeless

- Services to link and work together to understand individual circumstances that may impact on engagement and undertake appropriate engagement strategies through most trusted individual (lead professional)
- Virtual teams models across services and organisations
- Ensure pathways to and from SARC are effective
- Commission further capacity to support emotional health model within DHC Specialist Nursing Teams for LAC
- Arrange face to face consultation with Young people in care to gain their views
- Explore opportunities for joint commissioning to address young people's risk taking services / support

Pan Dorset YOT:

- Mapping of current provision and commissioning arrangements for the health team that support EWB & MH
- Ensure effective working practices and arrangements are in place between team and CAMHS and other support services around MH
- Families are supported
- Link NHSE re support for those leaving custody

Perinatal MH of U18's work programme

- Identify needs and appropriate response
- Link to main PNMH work and pathway
- May need different approaches for U16's and 16-18 but needs based
- Links to attachment
- Training for midwives in the emotional needs of young mums

- CSE and Missing Children Service
- Street Triage Service
- Work with substance misuse services

or sexually exploited, looked after children and/or those in contact with the youth justice system by embedding mental health practitioners in services or teams working with them.	
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Future in Mind Theme 4: Accountability and Transparency	Local Actions / Aims
<p>Having lead commissioning arrangements in every area for children and young people’s mental health and wellbeing services with aligned or pooled budgets by developing a single integrated plan for child mental health services in each area, supported by a strong Joint Strategic Needs Assessment.</p> <p>Health and Wellbeing Boards ensuring that both the Joint Strategic Needs Assessments and the Health and Wellbeing Strategies address the mental and physical health needs of children, young people and their families, effectively and comprehensively.</p> <p>By co-commissioning community mental health and inpatient care between local areas and NHS England to ensure smooth care pathways to prevent inappropriate admission and facilitate safe and timely discharge.</p> <p>Ensuring Quality Standards from the National Institute for Health and Care Excellence (NICE) inform and shape commissioning decisions. Developing and implementing a detailed and transparent set of measures covering access, waiting times and outcomes to allow benchmarking of local services at national level, in line with the vision set out in Achieving Better Access to Mental Health Services by 2020.</p> <p>Monitoring access and wait measurement against pathway standards – linked to outcome measures and the delivery of NICE-concordant treatment at every step. Making the investment of those who commission children and young people’s mental health services fully.</p> <p>Committing to a prevalence survey being repeated every five years.</p>	<ul style="list-style-type: none"> • Information sharing • Commissioning partnership in place <ul style="list-style-type: none"> ○ pooled budget to be developed • Pan Dorset CYP EWB & MH Strategy refresh in 2015 • JSNA for Pan Dorset to include increased focus on CYP and family EWB&MH • Develop effective relationships with spec commissioning at a commissioning group level that support effective identification of needs and joint prioritisation to inform future planning and commissioning decisions. • Use NICE guidance and DHC audit compliance. Look at cross guidance and agenda needs and priorities locally. • Local Engagement and Communications Strategy for EWB & MH <ul style="list-style-type: none"> • Support the co-ordination of existing activity across organisations • Identified gaps in information and undertake targeted activity to gather and develop • Parents: <ul style="list-style-type: none"> ○ What they have found helpful ○ what other types of support would help / different things that could be tried • CYP <ul style="list-style-type: none"> ○ Main issues / problems they are facing and best ways of helping them with these • Professionals workshops • Children and families event <ul style="list-style-type: none"> ○ Town centre at a weekend ○ Graffiti walls • CCG website to collect feedback and publish you said we did.

Future in Mind Theme 5: Developing the workforce	Local Actions / Aims
<p>Targeting the training of health and social care professionals and their continuous professional development to create a workforce with the appropriate skills, knowledge and values to deliver the full range of evidence based treatments.</p> <p>By continuing investment in commissioning capability and development through the national mental health commissioning capability development programme.</p> <p>Extending the Children and Young People's Improved Access to Psychological Therapies (CYP-IAPT) curricula and training programmes to train staff to meet the needs of children and young people who are currently not supported by the existing programmes.</p>	<ul style="list-style-type: none"> • Use of resource to develop a sustainable co-ordinated multi-agency workforce development offer. • Extending competencies based on the IAPT programme's principles

Section 8: Current Levels of Investment and Staffing

8.1 The current local investment and staffing breakdown for CAMHS (Tier 2 and 3) is:

Description	Tier 2	Tier 3	Tier 3 Plus
	WTE	WTE	WTE
Medical Staff		5.80	
Nursing - Qualified	2.68	17.20	
Nursing -Support Workers	1.30	3.30	4.40
Psychologist	18.97	9.68	1.00
Other Therapists	0.64	8.52	1.69
Admin	0.40		3.00
Shared Admin	6.79	12.59	2.85
TOTAL WTE	30.78	57.09	12.94
NHS DORSET CCG CONTRACTED VALUE	£2,033,296	£5,092,576	£908,764
		Total	£8,034,637

This contract value includes investment of £584,213 from the three local authorities.

8.2 The following additional investment of £250K has been agreed to support children and young people through the Mental Health resilience (Parity of esteem) funding:

1. Dedicated Role for Hospital Liaison and Emergency Assessments and Deliberate Self-Harm £42,576 (East Dorset)

- To improve communication and liaison with colleagues in the general hospitals

- To release capacity for CAMHS crisis workers to undertake intensive home based crisis interventions to prevent in patient admission (instead of DSH assessments)
- To provide training and consultation to staff in physical health setting
- To reduce referrals to CAMHS from physical health settings and improve access
- Part of the DSH pathway in and out of hours staff to ensure effective handover of day cases to out of hours staff to avoid bed blocking which is a concern for our Acute colleagues

2. Improve Skill Mix across Weymouth and Portland, North and West Dorset to facilitate Hospital Liaison and Emergency assessments and Deliberate Self Harm £65,821

- Appointment of an additional 0.8 WTE Behavioural Nurse Practitioner and 1 WTE Occupational Therapist
- Improve skill mix to release capacity for a Duty worker to support emergency assessment to make the team more responsive to requests from Dorset County Hospital for DSH assessments.
- To free crisis workers in the teams from undertaking DSH assessments to allow them to undertake intensive home based crisis interventions to prevent in patient admission
- Improve liaison, training and consultation with the Paediatric staff and provide an improvement in and Out of Hours DSH pathway
- Improve liaison with Yeovil Hospital

3. Dedicated Nurse Prescriber roles to support CAMHS Teams £100,400

- Two dedicated posts will support Consultant Medical Staff to manage ADHD and Autistic Spectrum Disorder patients.
- Reduction in waiting times to see a Medical Consultant.
- Ensure effective management and regular review of patient group
- Increase capacity for Consultants to offer consultation and support to team members and to manage complex cases as well as to develop links with GPs and other external agencies

4. Pan Dorset Development Worker to improve Pathways and Training Programmes £45,000

- The focus of this post is to improve Early Intervention and Preventative work
- Develop pathways Pan Dorset with Local Authority and Voluntary Sector Partners
- Support Early Intervention and school facing work Pan Dorset
- Integrate Pan Dorset LAC development

8.3 Dorset Healthcare NHS Trust has also committed investment of £38,000 in 2015-16 (non-recurrent) to support the following projects:

1. Pilot model for Early Intervention/Prevention with Bournemouth Borough Council (Access to Resources Team - ART) £18,000

- To implement six month pilot of Early Intervention/Prevention work based with Bournemouth ART team and evaluate success of model to inform future Service Delivery

2. Support to young people through Social Media and Online Offer £20,000 (set up contribution)

- Deliver new vision for supporting young people Pan Dorset via single gateway in partnership with Local Authority Partners
- Improve access for young people and improve engagement
- Introduce self-help information, resources and online helpline and advice

8.4 The current local investment and staffing breakdown for the Young People’s Eating Disorder Service is:

The Service Level Budget for this service for 2015-16 is £736,000 for Children’s Eating Disorders.

The current staffing breakdown for the service is:

Consultant psychiatrist	0.5 WTE
Team Leader	0.75 WTE Band 8
Therapies	0.8 WTE band 8a 1.0 WTE Band 7
Specialist Nurses/ Community Practitioner	3.2 WTE Band 6 1.0 WTE Band 6
Occupational Therapist	0.49 WTE band 6
Dietician	0.5 WTE Band 6
Associate Practitioners	4.4 WTE Band 4
Administration	1.0 WTE Band 4

8.5 The following table details the spend on Tier 4 provision in 2014-15 for Dorset CCG patients through specialist provision commissioned by NHS England. Using this table as a baseline, further work is required to fully understand activity through improved working relationships between the local joint commissioning group, inclusive of health providers (DHC), and NHS England. This will help to understand the key drivers for this demand so planning for future local service responses for treatment can take place and divert the need for in-patient provision with the aim to identify local alternatives to treatment where possible, for a more cost effective approach to treatment of inpatients for shorter periods of time.

Sum of Total Costs £s		CCG Name
Hub Region	Provider Name	NHS Dorset CCG
London	East London NHS Foundation Trust	£26,771
	Ellern Mede Centre For Eating Disorders	£65,396
	South London And Maudsley NHS Foundation Trust	£3,655
	South West London And St George's Mental Health NHS Trust	£2,806
London Total		£98,628
Midlands and East	St Andrew's Healthcare	£218,300
	The Huntercombe Group	£493,522
Midlands and East Total		£711,822
North	Alder Hey Children's NHS Foundation Trust	£1
	Sheffield Children's NHS Foundation Trust	£141,419
	Staffing Costs	£1,089
North Total		£142,509
South	Cygnnet Health Care Limited	£37,610
	Dorset Healthcare University NHS Foundation Trust	£1,508,099
	Oxford Health NHS Foundation Trust	£95,573
	Priory Group Limited	£773,416
	Southern Health NHS Foundation Trust	£94,298
	Sussex Partnership NHS Foundation Trust	£26,982
South Total		£2,535,978
Grand Total		£3,488,936

8.6 Investment into local provision to support the mental health needs of children and young people who are at risk, or who come into contact with, the justice system includes:

- Street Triage Service – total of £160K funding comes from a number of partners including NHS Dorset CCG, the three Local Authorities, Dorset PCC and Police and NHS England.
- NHS Dorset CCG invests £24,487 per year into the Pan Dorset YOT Health Team.
- Dorset County Council provides additional investment into the YOT Health Team of £41,858 for substance misuse support and £37,598 for clinical psychology.

Section 9: Development of a Single Plan

Our new Pan Dorset Strategy for Children and Young People's Emotional Well-being and Mental Health for 2015-20 is being developed to ensure that it meets the recommendations by Future in Mind and its transformation agenda. As well as the Local Transformation Plan, the Strategy will incorporate all associated local service development, improvement and action plans including:

- CYP IAPT Transformation Plan
- Recommendations from the local reviews of CAMHS and CAMHS LD services
- Service specific action Plans around addressing levels of self-harm and DNA's
- Crisis Care Concordat Action Plan
- Parity of Esteem developments
- All age psychiatric liaison proposals
- Peri-natal mental health pathway implementation
- Local authority Children and Young People Plans
- Public Health commissioning plans
- Youth Justice health provision
- NHS England commissioning plans

The Strategy is being developed by stakeholders, including professionals, children, young people and families and will be accessible and understandable by all.

This will result in a single, co-ordinated implementation plan that will clearly outline the roles and responsibilities of each partner and organisation, including families. It will enable monitoring of progress across all workstreams including against the KPI's and use of investment within the Local Transformation Plan and will also be published and updated to reflect progress.

All partners recognise that this will be a living document that will be reviewed and developed, clearly demonstrating our commitment to an integrated whole system approach.

Section 10: Signatures

10.1 Signed on behalf of Dorset Health & Well-being Board

A handwritten signature in black ink, appearing to read 'Sara Tough', written in a cursive style.

Sara Tough, Director of Children's Services, Dorset County Council

10.2 Signed on behalf of Bournemouth and Poole Health & Well-being Board

A handwritten signature in blue ink, appearing to read 'Jan Thurgood', written in a cursive style.

Jan Thurgood, Strategic Director- People Theme, Borough of Poole Council

A handwritten signature in black ink, appearing to read 'Jane Portman', written in a cursive style.

Jane Portman, Executive Director - Adults & Children, Bournemouth Borough Council

10.3 Signed on behalf of NHS Dorset CCG

A handwritten signature in black ink, appearing to read 'Tim Goodson', written in a cursive style.

Tim Goodson, Chief Officer